

17 OF 6705

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias

1 Juvenile N

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report								
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06</b>		17-097012			
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance <input type="checkbox"/> 6. Other _____				If Weapon Seized Enter Type _____		Multiple Clearance Indicator <b>0 1</b>			
Location of Arrest (Including Name of Business) <b>9530 HALL BLVD</b>		Location of Offense (Including Name of Business) <b>LOXAHATCHEE,FL,33470</b>				Location of Offense (Including Name of Business) <b>9530 HALL BLVD</b>					
Date of Arrest <b>6/30/2017</b>		Time of Arrest <b>2128</b>		Booking Date		Booking Time		Jail Date			
								Jail Time			
								Location of Vehicle <b>N/A</b>			
Name (Last, First, Middle) <b>PATTERSON ELAM MORGAN</b>											
Race W- White I- American Indian B- Black O- Oriental/Asian		Sex <b>W M</b>		Date of Birth <b>2/10/1962</b>		Height <b>5-10</b>		Weight <b>230</b>			
Eye Color <b>BROWN</b>		Hair Color <b>GREY</b>		Complexion <b>LIGHT</b>		Build <b>MEDIUM</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>						Marital Status <b>DIVORCED</b>		Religion <b>METHODIST</b>			
						Indication of: Alcohol Influence <input checked="" type="checkbox"/> Drug Influence		Y N Unk			
Local Address (Street, Apt. Number) <b>14956 TANGELO BLVD</b>						City <b>WEST PALM BEACH</b>		State <b>FL</b>			
						Zip <b>33412</b>		Phone <b>561-722-0095</b>			
Permanent Address (Street, Apt. Number) <b>14956 TANGELO BLVD</b>						City <b>WEST PALM BEACH</b>		State <b>FL</b>			
						Zip <b>33412</b>		Phone <b>561-722-0095</b>			
Business Address (Street, Apt. Number)						City		State Zip		Phone	
										Occupation <b>SECURITY/ALARM</b>	
D/L Number, State <b>P-362-213-62-050-0</b>		Social Security Number [REDACTED]		INS Number /		Place of Birth <b>GAINSVILLE,FL</b>		Citizenship <b>USA</b>			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
										<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
										<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)						Phone			
Address (Street, Apt. No.)						City		State Zip		Business Phone	
Notified By (Name)						Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated	
Released To (Name)						Relationship		Date		Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change <input type="checkbox"/> Yes, by. (Name) <input type="checkbox"/> No. (Reason)						School Attended					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property					
						Value of Property					
Drug Activity N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce Cultivate		Z. Other	
Drug Type N		Amount/Unit /		Offense # <b>17-097012</b>		Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>784.07(2)(B)</b>	
										Violation or ORD. #	
Charge Description											
BATTERY ON MEDICAL											
Drug Activity N		Drug Type N		Amount/Unit /		Offense # <b>17-097012</b>		Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
										Statute Violation Number	
Warrant/Capias Number										Violation or ORD. #	
Bond											
Charge Description											
Warrant/Capias Number										Violation or ORD. #	
Bond											
Charge Description											
Warrant/Capias Number										Violation or ORD. #	
Bond											
Charge Description											
Warrant/Capias Number										Violation or ORD. #	
Bond											
Location (Court, Address, Room Number)										10:54 AM	
Court Date and Time										10:54 AM	
Month		Day		Year		Time		AM <input type="checkbox"/>		10:54 AM	
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
Signature of Defendant (or Juvenile and Parent/Custodian)											
HOLD for Other Agency Name				Signature of Arresting Officer <i>[Signature]</i>				Name Verification (Printed by Arrestee) (PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other _____				Name of Arresting Officer <b>D/S ANDERSON</b>			
								ID # <b>24100</b>			
Intake Deputy				ID #		Pouch #		Transporting Officer		Agency	
								<b>24100</b>		<b>PBSO</b>	
Witness here if subject signed with an "X"											
Page <b>1</b> of <b>1</b>											

## PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias

Juvenile

1

N

OBTS Number	
-------------	--

Agency ORI Number <b>FLO 5 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>	<b>17-097012</b>			
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes				
Defendant Name (Last, First, Middle) <b>PATTERSON</b>		<b>ELAM</b>	<b>MORGAN</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>2/10/1962</b>
Charge <b>BATTERY ON MEDICAL</b>		Charge				
Charge		Charge				
Victim Name (Last, First, Middle) <b>JACOB</b>		<b>ALLISON</b>	/	Race <b>B</b>	Sex <b>F</b>	Date of Birth <b>11/11/1965</b>
Local Address (Street, Apt. Number) <b>9530 HALL BLVD</b>		City <b>WEST PALM BEACH</b>	State <b>FL</b>	Zip <b>33412</b>	Phone <b>561-791-0628</b>	Address Source <b>FLORIDA D/L</b>
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation <b>MEDICAL CARE</b>
The undersigned swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...						
<input type="checkbox"/> committed the below acts in my presence.			<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.			
<input type="checkbox"/> confessed to admitting to the below facts.			<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.			
On the	<b>30</b>	day of	<b>JUNE</b>	20	<b>17</b>	at <b>2128</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

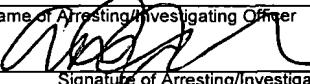
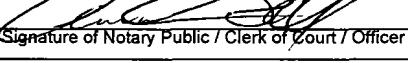
On 6/30/2017 at approximately 2015 hours I responded to 9530 Hall Blvd in west palm beach for a battery at ANR Personal Touch Assisted Living.

On arrival I spoke to the victim, medical care provider, Allison Jacob who stated that she had been hit by Elam Patterson. She stated that Mr. Patterson had come over to see his mother Carole Patterson. She stated that due to her progressing dementia Ms. Patterson had been refusing to eat and Mr. Patterson had brought her food. She explained that when she went to open the driveway gate to allow Mr. Patterson entry to the residence he became irate and began to accuse her of not feeding his mother. She stated that she did not want him on the property yelling due to upsetting the other patients. She stated that she began to close the gate when Mr. Patterson reached over the gate and struck her on the right side of her face with the back of his hand. She stated that he then forced the gate open, injuring his right hand in the process.

Ms. Jacob showed me security video of the incident in which I observed Mr. Patterson and Ms. Jacob yelling at each other. Mr. Patterson then reached over the gate and struck Ms. Jacob on the right side of her face.

Due to my above investigation I find that Elam Patterson did commit simple battery on medical personal by actually and intentionally striking Allison Jacob on the right side of her face with the back of his hand, against her will.

I placed Mr. Patterson in handcuffs which were checked for proper fit and double locked. I placed Mr. Patterson in the back seat of my marked patrol car with the camera recording and transported him to the west detention center without incident.

The foregoing instrument was sworn to and affirmed before me this <b>30</b> day of <b>JUNE</b> 20 <b>17</b> , by:					
 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			<b>D/S ANDERSON</b> <b>24100</b> Name of Arresting/Investigating Officer  Signature of Arresting/Investigating Officer		
 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)					