

17 CF 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		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 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 <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator 0 1				
Location of Arrest (Including Name of Business) 9530 HALL BLVD LOXAHATCHEE, FL, 33470		Location of Offense (Including Name of Business) 9530 HALL BLVD LOXAHATCHEE, FL, 33470						
Date of Arrest 6/30/2017	Time of Arrest 2128	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A		
Name (Last, First, Middle) PATTERSON ELAM MORGAN		Alias (Name, DOB, Soc. Sec. #, Etc.) /						
Race W - White I - American Indian B - Black O - Oriental/Asian W M	Sex M	Date of Birth 2/10/1962	Height 5-10	Weight 230	Eye Color BROWN	Hair Color GREY	Complexion LIGHT	Build MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status DIVORCED		Religion METHODIST		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) 14956 TANGELO BLVD		City WEST PALM BEACH		State FL		Zip 33412		Phone 561-722-0095
Permanent Address (Street, Apt. Number) 14956 TANGELO BLVD		City WEST PALM BEACH		State FL		Zip 33412		Phone 561-722-0095
Business Address (Street, Apt. Number)		City		State		Zip		Address Source FLORIDA D/L
D/L Number, State P-362-213-62-050-0		Social Security Number		INS Number /		Place of Birth GAINSVILLE, FL		Citizenship USA
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"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
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"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		City		State		Zip
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		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property				
Drug Activity N. 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. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		P. Paraphernalia/ Equipment
U. Unknown Z. Other		Charge Description BATTERY ON MEDICAL		Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.07(2)(B)
Drug Activity N		Drug Type N		Amount/Unit /		Offense # 17-097012		Warrant/Capias Number
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Location (Court, Address, Room Number)								
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>								
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)		Signature of Arresting Officer		Date Signed				
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S ANDERSON		ID # 24100		(PRINT)		
Intake Deputy ID # Pouch #		Transporting Officer 24100		Agency PBSO		Witness here if subject signed with an "X"		
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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-097012	
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Defendant Name (Last, First, Middle) PATTERSON ELAM MORGAN				Race W	Sex M	Date of Birth 2/10/1962	
Charge BATTERY ON MEDICAL				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) JACOB ALLISON /				Race B	Sex F	Date of Birth 11/11/1965	
Local Address (Street, Apt. Number) 9530 HALL BLVD		City WEST PALM BEACH	State FL	Zip 33412	Phone 561-791-0628	Address Source FLORIDA D/L	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation MEDICAL CARE	

The undersign 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...

☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☐ confessed to admitting to the below facts. ☒ was found to have committed the below acts, resulting from (described) investigation.

On the **30** day of **JUNE** 20 **17** at **2128** ☐ AM ☒ PM

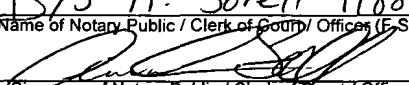
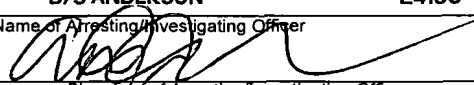
On 6/30/2017 at approximately 2015 hours I responded to 9530 Hall Blvd in west palm beach for a battery at ANR Personal Touch Assisted Living.

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 30 day of JUNE 20 17 , by:	
D/S A. Sorell 9188 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	D/S ANDERSON 24100 Name of Arresting/Investigating Officer
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	 Signature of Arresting/Investigating Officer

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