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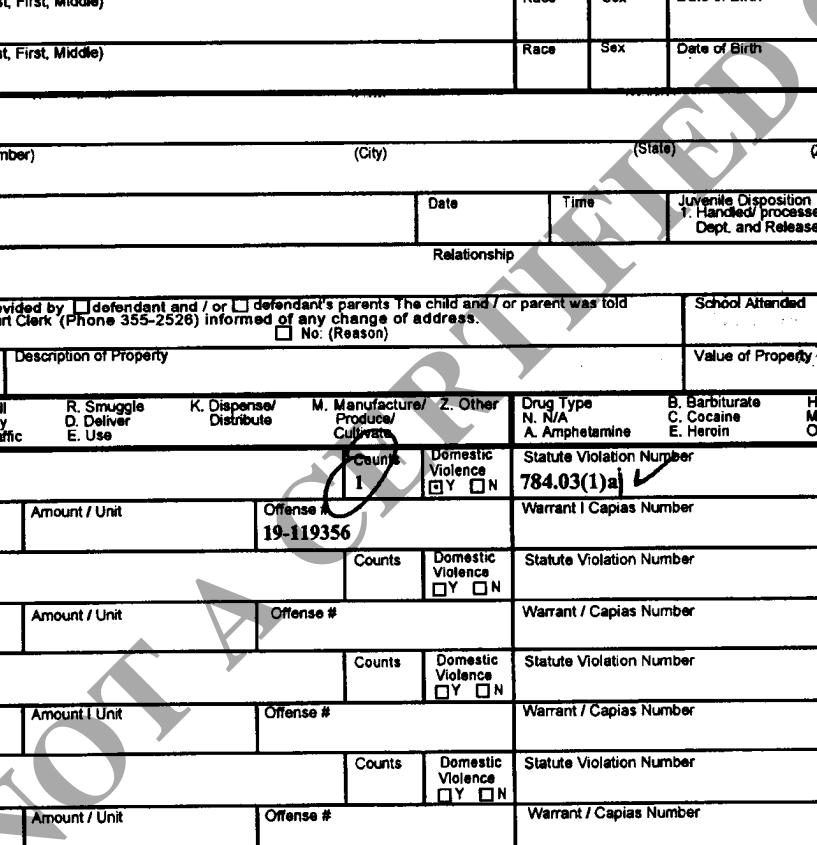
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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19-119356					
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) 3228 Gun Club Rd, WPB FL, 33406				Location of Offense (Business Name, Address) [REDACTED]						
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	09/28/2019	1800hrs									
	Name (Last, First, Middle) Morgan, Erin, Christine				Alias (Name, DOB, Soc. Sec. #, Etc.)						
CO-DEF	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
	W - White I - American Indian B - Black O - Oriental/Asian	W F	03/17/1981	5'05	220	bro	bro	fair	heavy		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion	Indication of Alcohol/Drug Influence				
					Divorced	NONE	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk				
	Local Address (Street, Apt. Number) (City) (State) (Zip) 8571 Se Bristol Way, Jupiter, FL 33458				Phone (561) 714-5667		Residence Type: 1. City 2. County 3. Florida 4. Out of State				
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source FL DL					
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation None					
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship			
M625203815970, FL		[REDACTED]				WPB FL		US			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Residence Phone							
Address (Street, Apt. Number) (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 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 (Phone 355-2526) informed of any change of address. <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 O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description domestic battery				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)a		Violation of ORD #			
Drug Activity a		Drug Type a		Amount / Unit		Offense # 19-119356		Warrant / Capias Number		Bond NONE	
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)											
Court Date and Time Month Day Year Time AM PM 09/28/2019											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I 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)						Date Signed 09/28/2019					
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Signature of Arresting Officer D/S T. Lee				Name Verification (Printed by Arrestee) (PRINT)			
Intake Deputy D/S C. GILYARD I.D. # #7392				Name of Arresting Officer (Print) D/S T. Lee I.D. # 28271				Agency PBSO			
Transporting Officer D/S T. Lee ID # 28271				Agency PBSO				Witness Signature (Printed by Court) "X" OF			



OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	n
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-19-119356					
	Charge Type: Check as many as apply.		Special Notes:					
CHARGES	Name (Last, First, Middle) Morgan, Erin, Christine		Alias	Race W	Sex F	Date of Birth 03/17/1981		
	Charge Description domestic battery		784.03(1)a					
VICTIM	Victim's Name (Last, First, Middle) Morgan, Ryan, Michael		Race W	Sex M	Date of Birth 01/31/1980			
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation		
<p>The undersigned certifies and 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</p> <p><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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27</u> day of <u>September</u> 20<u>19</u> at <u>1900</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On September 25, 2019 at 2204 hours I was dispatched to _____ in reference to a Domestic Battery.</p> <p>When I arrived I spoke with Ryan Morgan (victim) and he told me that today when his ex-wife, Erin Morgan (suspect), was dropping off their children she became upset and punched him one time in the stomach. Ms. Morgan got upset when Mr. Morgan told her that because she has been manipulating the children against him he no longer will need her to watch the girls for him in the evenings. When Mr. Morgan saw how upset she got he decided to end the conversation, he and walked back towards the house. Ms. Morgan followed him to the front door and pushed her way inside. While she was doing this Mr. Morgan was telling her that she cannot come inside, and asked not to be touched. Once she stepped in through the entryway she punched him one time in the stomach. Their daughters began to cry and scream and Ms. Morgan left. The children were on the stairs near the front door when the argument was taking place. Later Mr. Morgan and Ms. Morgan were texting and he told her that he would not continue the conversation until she admitted what she had done. Ms. Morgan replied in a text that she was sorry for hitting him. Ms. Morgan did not have permission to enter the house or hit Mr. Morgan. Mr. Morgan delayed reporting the incident by a few hours so that he could feed the children and get them ready for bed because they were very upset.</p> <p>Mr. Morgan provided a sworn written statement, will prosecute criminally, and testify in court. Mr. Morgan sent me a screen shot of the texts, and sent me a copy of his doorbell camera video. The video captures some of the argument, and Ms. Morgan touching Mr. Morgan in the doorway, but not the punch inside the house. I took pictures of Mr. Morgan but there were no visible injuries. This evidence was submitted to the photolab. Mr. Morgan was given a domestic violence packet, and case information form. A level two domestic notification was made, and DCF was notified. DCF call taker Jenaye (510) accepted the report.</p> <p>Based on my investigation and video evidence provided, I find that there is probable cause for the arrest of Erin Morgan for Domestic Battery. Erin Morgan did actually and intentionally touch or strike Ryan Morgan against his will. Ryan Morgan was a family or household member of Erin Morgan, contrary to Florida Statute 784.03(1) and 741.283 (1 DEG MISD)</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S T. Lee					
	(Signature of Arresting/Investigative Officer)							
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27</u> day of <u>September</u> 20 <u>19</u> by <u>D/S T. Lee</u>								
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
								PAGE OF _____

SCANNED

SEP 29 2019

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Morgan, Erin, Christine DOB: 03/17/1981 Case #: 19-119356

Victim: Morgan, Ryan, Michael DOB: 01/31/1980 Race: W Sex: M
 Relationship between Victim and Defendant: ex spouse

Photographs: Scene Yes No Victim Yes No Defendant Yes No
 911 Call: Yes No Caller: ryan morgan
 Weapon Used: Yes No Type: _____
 Witness: Yes No Name: _____
 Victim Pregnant: Yes No If yes, ___ weeks ___ months
 Injuries: Yes No Description: _____
 Medical Treatment: Yes No
 At Scene: Yes No Paramedics: _____
 At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No
 Name: morgan, mela DOB: 11/25/2009
 Name: morgan, sydney DOB: 11/15/2011
 Name: _____ DOB: ___/___/___

Injunction Yes No Case #: _____
 No Contact Order Yes No Case #: _____
 Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No
 Defendant's Statements Yes No If yes, written recorded oral
 First words Defendant said when you responded to scene: _____

Victim's Statements Yes No If yes, written recorded oral
 First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?
 Yes No If yes, name: _____ phone (____) ____ - ____

Observations of Victim (Physical & Emotional): _____
 Upset Crying Fearful Hysterical Afraid Calm Nervous
 Complained of pain Other _____

Victim Contact Information:
 Local Address: _____

Phone: Home (____) ____ - ____ Work (____) ____ - ____ Cell (____) ____ - ____
 Employer: _____
 Name of Relative: _____ Phone (____) ____ - ____
 Address: _____

SCANNED
 SEP 29 2019

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- **Attempted Murder**
- Stalking (F.S. 784.048)
- **Domestic Violence** - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

**Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.**

SUSPECT/OFFENDER: **Morgan, Erin, Christine**
COURT CASE/WARRANT#.

(FOR WARRANTS USE ONLY)

1. Incident Report #: 19-119356 Agency: 19-119356
Offense: domestic battery
Suspect/Offender: Morgan, Erin, Christine
D.O.B. 03/17/1981 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Morgan, Ryan, Michael D.O.B. 01/31/1980 Race: W Sex: M
Address: _____
City: _____
Home #- (_____) Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

- (check applicable boxes)
- Waiver:** I choose not to be notified when the arrestee is released from custody.
 - Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____
Printed name of person waiving notification: Morgan, Ryan, Michael

Deputy's Name: D/S T. Lee I.D.# 28271 Date: 09/28/2019
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SCANNED
SEP 29 2019



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	2-5
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019031694	Date: 09/29/2019
	Specialist Name/ID: AM/31562

SCANNED
SEP 29 2019