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N.H.

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18MM7563

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N			
Agency ORI Number FL 0500300			Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-18-034261							
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type		Multiple Clearance Indicator		01			
Location of Arrest (Including Name of Business) 509 MANATEE BAY DR, BOYNTON BEACH FLORIDA 33435						Location of Offense (Business Name, Address) 509 MANATEE BAY DR, BOYNTON BEACH FLORIDA 33435							
Date of Arrest 07/02/2018		Time of Arrest 1842		Booking Date		Booking Time		Jail Date		Jail Time	Location of Vehicle		
Name (Last, First, Middle) WHEELER, ETHAN, EDWARD													
Alias (Name, DOB, Soc. Sec. #, Etc)													
W - White B - Black		I - American Indian O - Oriental / Asian		Race W	Sex M	Date of Birth 06/14/1984		Height 602	Weight 175	Eye Color HAZ	Hair Color BROWN	Complexion LIGHT	Build THIN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status SINGLE		Religion N/A		Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Y N Unk	
Local Address (Street, Apt. Number) 509 MANATEE BAY DR, BOYNTON BEACH				(City) FLORIDA		(State) 33435		Phone (315)762-3585		Residence Type 1. City 3. Florida 2. County 4. Out of State			1
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source SCENE	
Business Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Occupation SELF EMPLOYED	
DL Number, State 688513934, NEW YORK				INS Number		Place of Birth NEW YORK, HAMILTON		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 Custodian <input type="checkbox"/> Other				Name (Last) (First) (Middle)		Address (Street, Apt. Number)		(City) (State) (Zip)		Residence 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 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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other			
Charge Description SIMPLE BATTERY				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03.1A1		Violation of ORD#			
Drug Activity N/A		Drug Type N/A		Amount/Unit N/A		Offense # 18-034261		Warrant/Capias Number		Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond			
Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444						Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.							
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							
HOLD for other Agency Name:				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Sublethal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) OFF. ROBERTS		I.D.# 975		BU# 111469		Page 1 OF 1			
Intake Deputy [Signature]		I.D.# 4813		Pouch #		Transporting Officer ROBERTS		I.D.# 975		Witness here is subject Signed with an "X". [Signature]			

ALSO BOND DOMESTIC

SCANNED
JUL 03 2018

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

On the 2ND day of JULY 2018 at 1848
Subject: WHEELER, ETHAN, EDWARD DOB: 06/14/1984 Case #: 18-034261
Charge Description: SIMPLE BATTERY Statute #: 784.03.1A1
Victim: OLEG BAUER DOB: 08/30/1997 Race: W Sex: M
Local Address: 509 MANATEE BAY DR, BOYNTON BEACH FL, 33435
Personal Contact: 561-862-3953

Narrative:

On July 2, 2018 at approximately 1801 hours, I responded to 509 Manatee Bay Dr, Boynton Beach Florida in reference to a Domestic Disturbance. B.B.P.D Communications Personnel advised that the caller/victim, w/m, Oleg Bauer (08/30/1997) reported his boyfriend w/m, Ethan Edward Wheeler (06/14/1984) battered him and broke his nose.

On arrival, I made contact with Bauer who was crying and bleeding from an open cut to the bridge of his nose. Bauer provided a sworn statement captured via BWC. Bauer advised that prior to calling, he was involved in an argument with Wheeler in regards to alcohol. During the argument, Bauer, stated that Wheeler struck him in the face with a closed fist multiple times which caused the injury. It should be noted; the injury to the bridge of Bauer's nose was swollen and split in a manner consistent with being punched with a closed fist. I also observed a scratch on the back of Bauer's head which was approximately (2) inches long. Bauer did not remember how he received the injury to the back of his head but he stated it was during the scuffle. I offered medical treatment; however, Bauer refused.

Wheeler later returned to the scene and provided a sworn statement captured via BWC. Wheeler confirmed having a confrontation in regards to alcohol; however, he stated Bauer initiated an attack. Wheeler advised that Bauer attacked him which led to a scuffle but stated he did not remember striking Bauer. Despite the injury to Bauer, Wheeler made no statements indicating he punched Bauer. Wheeler had a small abrasion behind his left ear and a on his hairline (treatment offer/ BBFR refused).

Based on the facts of my investigation, Bauer's statement was consistent with his injuries. Wheeler was placed under arrest for (1) count of Simple Battery pursuant to F.S.S 784.03.1A1. Wheeler was transported to BBPD for processing prior to being turned over to Palm Beach County Jail. Photos of both parties were taken and will be submitted into evidence via ADAMS. Bauer signed and Exemption from Public Records Form and was given a Domestic Rights Pamphlet/ Victims' Rights Brochure. N/FCIC checks yielded negative results.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

UPSET, CRYING, BLEEDING FROM THE NOSE

Relationship Between Victim and Suspect:

LIVE IN BOYFRIEND

SCANNED
JUL 03 2018

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 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.

1. Incident Report #: 18-034261 Agency: Boynton Beach Police Department
Offense: SIMPLE BATTERY
Suspect/Offender: WHEELER, ETHAN, EDWARD
DOB: 06/14/1984 Race: W Sex: M
2. Warrant # (s): _____
3. Complete one (1) of the following:
 - A. Victim's Name: OLEG BAUER
Address: 509 MANATEE BAY DR
City: BOYNTON BEACH State: FL Zip: 33435
Home #: 561-862-3953 Work #: _____ Other: _____
 - B. Victim's Next of Kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
 - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of Victim: _____

Printed Name of Victim: OLEG BAUER

Officer's Name: OFC. ROBERTS I.D.# 975 Date: 07/02/2018

SUSPECT/OFFENDER:

WHEELER, ETHAN, EDWARD

COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)

SCANNED
JUL 03 2018



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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 type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018022001	Date: 07/03/2018
	Specialist Name/ID: howardt/7185

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JUL 03 2018