

0490/80

NH

3544

## ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9   4   2017-0014597</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE								
	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		If Weapon Seized		Enter Type <b>Hands/feet/teeth</b>		Multiple Clearance Indicator																
	Location of Arrest (Including Name of Business) <b>500-BLK FERN ST</b>						Location of Offense (Business Name, Address) <b>500 FERN ST BLK, WEST PALM BEACH, FL 33401</b>																
	Date of Arrest <b>07/30/2017</b>		Time of Arrest <b>22:31</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle										
D E F E N D A N T	Name (Last, First, Middle) <b>BARNELL, GREGORY DAREN</b>														Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black O - Oriental/Asian		Sex <b>W</b>		Date of Birth <b>04/27/1984</b>		Height <b>5'10</b>		Weight <b>190</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>MED</b>						
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>S</b>		Religion <b>UNK</b>		Indication of: Alcohol Influence Drug Influence		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>						
	Local Address (Street, Apt. Number) <b>2561 GALLIANO CIR, WINTER PARK, FL 32792</b>						(City)		(State)		(Zip)		Phone <b>(321) 624-3517</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		3						
C O D E F	Permanent Address (Street, Apt. Number) <b>2561 GALLIANO CIR, WINTER PARK, FL 32792</b>						(City)		(State)		(Zip)		Phone <b>(321) 624-3517</b>		Address Source <b>FL DL</b>								
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation								
	D/L Number, State <b>B654284841470 / FL</b>				Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>MI, United States</b>				Citizenship <b>US</b>										
	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		
J U V E N I L E	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"/> Other: _____ <input type="checkbox"/> Legal Custodian														Name (Last, First, Middle)		Residence Phone						
	Address (Street, Apt. Number)														(City)		(State)		(Zip)		Business Phone		
	Notified by: (Name)														Date		Time		JUVENILE DISPOSITION 1. Adjudicated within Department and Released 2. TOT JAC 3. Incarcerated				
C H A R G E	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 355-2526) informed of any change of address.														Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property				
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____																						
	Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Snuggle D. Deliver E. Use K. Disperses/ 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. Synthetic		U. Unknown Z. Other
C H A R G E	Charge Description <b>BATTERY - BATTERY (SIMPLE)</b>														Statute Violation Number <b>784.03(1)(A)</b>		Violation of ORD #						
	Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>2017-0014597</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond								
	Charge Description														Statute Violation Number		Violation of ORD #						
	Drug Activity		Drug Type		Amount / Unit <b>/</b>		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond								
C H A R G E	Charge Description														Statute Violation Number		Violation of ORD #						
	Drug Activity		Drug Type		Amount / Unit <b>/</b>		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond								
	Charge Description														Statute Violation Number		Violation of ORD #						
	Drug Activity		Drug Type		Amount / Unit <b>/</b>		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond								
I N T A K E	Health / Apparent Physical Condition of Defendant														Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries								
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health														PROPERTY - Received By		Released By		Released To				
	Transported By														Date Transported		Time Transported		Other				
	INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.														Location (Court, Room) <b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>								
N O T I C E T O A P P E A R	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.														Court Date and Time <b>08/29/2017 13:00:00</b>				3228 GUN CLUB ROAD				
	Signature of Defendant (or Juvenile and Parent Custodian)														Date Signed								
	HOLD for Other Agency														Name Verification (Printed by Arrestee) <b>JL SHARLIS</b>								
	<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <b>DA B. SHATARA #7623</b> Intake Deputy I.D. # _____ Pouch # _____														Signature of Arresting Officer <b>BRIDEAU, CHARLES</b> Name of Arresting Officer (Print) <b>BRIDEAU, CHARLES</b> I.D. # <b>01928</b>				(PRINT) <b>SCANNED</b> Witness here if subject signed with an "X"				
A D M I N	Intake Deputy I.D. # _____ Pouch # _____ Transporting Officer <b>BRIDEAU 1928 UPSPD</b> I.D. # _____ Agency														PAGE <b>1 OF 1</b>								

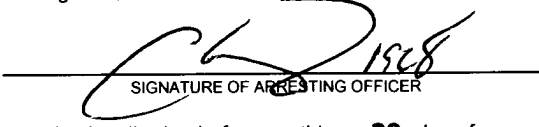
☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

JUL 31 2017

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>07/30/2017 21:35</b>		Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>9   4   2017-0014597</b>	
	Name (Last, First, Middle) <b>BARNELL, GREGORY DAREN</b>						Race <b>W</b>	Sex <b>M</b>
C H R G	Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>							
	Victim's Name (Last, First, Middle) <b>BARR, AMANDA NICHOLE</b>						Race <b>W</b>	Sex <b>F</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2561 GALLIANO CIRCLE, WINTER PARK, FL 32792</b>						Phone <b>(407) 797-0101</b>	
	Business Address (Name, Street) (City) (State) (Zip)						Address Source <b>FL DL</b>	
A D D I T I O N A L  I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>				
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>							
N A R R	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>BYFRND / GRLFND</b>							
	<p>PHOTOGRAPHS: Scene: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Victim: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>911 CALL: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CALLER: <b>WITNESS</b></p> <p>WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> TYPE:</p> <p>WITNESSES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>MEDICAL TREATMENT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>AT: Scene: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARAMEDICS: <b>WPBFR #1</b></p> <p>Hospital: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/></p>							
<p>On Sunday, July 30, 2017, at 2045 hours, I responded to the 500-Blk of Fern St in reference to a Domestic Battery incident. While on scene, I made contact with all parties involved.</p> <p>The witness, Kimberly Key (W/F DOB 03/21/1952) advised that she was walking on the south side of the</p>								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>30</u> day of <u>July</u>, <u>2017</u>.</p> <p><b>REKDAHL, CHRISTOPHER</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>								

SCANNED

JUL 31 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>07/30/2017 21:35</b>	Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>9   4   2017-0014597</b>	
	Agency ORI Number <b>FL 0500800</b>				

500-Blk of Fern St when she heard screaming. Key then observed a W/M, later identified as Gregory Barnell (DOB 04/27/1984), and a W/F, later identified as Amanda Barr (DOB 10/20/1988), engaged in a physical altercation on the north side of the street. Key stated (Sworn / BWC) that she watched as Barnell held Barr by both arms, slammed her into a vehicle, and threw her down to the ground.

Barnell and Barr, who have been intimately involved for more than a year, live together but do not have children in common.

Barnell stated (post Miranda / BWC) that he was trying to get his cell phone from Barr's purse but she was resisting. According to Barnell, in an attempt to retrieve his phone from the purse, Barr fell to the ground. Barnell stated that he did not intend to cause harm to Barr.

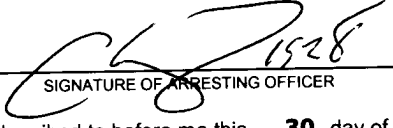
Barr, who was visibly upset, stated that she did not believe Barnell meant to hurt her. She also indicated that she did not want to "press charges."

Barr suffered minor abrasions on her elbows and lower back from the fall to the pavement. Barr, who suffers from anxiety, was transported to Good Samaritan Hospital as a precaution.

Based on the above facts, I find Probable Cause exists to charge Gregory Barnell with Domestic Simple Battery pursuant to F.S.S. 784.03(1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 30 day of July, 2017.

**REKDAHL, CHRISTOPHER**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**SCANNED**  
**JUL 31 2017**

COURT

STATE ATTORNEY

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