

19CF10737

05/2207

NR

691

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-19-131757							
Charge Type: Check as many as apply: ☒ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01									
Location of Arrest (Including Name of Business) 7894 S JOG ROAD, LAKE WORTH, FL 33467 /						Location of Offense (Business Name, Address) 2745 WORCESTER ROAD, LAKE WORTH, FL 33462							
Date of Arrest 10/30/2019		Time of Arrest 20:15		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle 7894 S JOG ROAD, LAKE WORTH, FL 33467	
Name (Last, First, Middle) Hartwell, Ira, Jordan												Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 12/17/1972		Height 5'09"		Weight 180		Eye Color Brown		Hair Color Bald	
Complexion Light		Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Mental Status Married		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence Y ☐ N ☐ Unk. ☐			
Local Address (Street, Apt. Number) 2745 Worcester Rd, Lake Worth, FL 33462 /						(City)		(State)		(Zip)		Phone (561) 676-9203 /	
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Residence Type 1. City 2. County 3. Florida 4. Out of State 3	
Business Address (Name, Street) PALM COAST MEDICAL BILLING /						(City)		(State)		(Zip)		Address Source DAVID	
D/L Number, State H634410724570, FL /						Soc. Sec. Number		INS Number		Place of Birth (City, State) HOLLYWOOD, FL /		Citizenship US	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile	
☐ Parent ☐ Legal Custodian ☐ Other:						Name (Last) (First) (Middle)						Residence Phone	
Address (Street, Apt. Number)						(City) (State) (Zip)						Business Phone	
Notified by: (Name)						Date						Time	
Released To: (Name)						Relationship						Date	
The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)						School Attended						Grade	
Property Crime? ☐ Yes ☐ 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/Derv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other	
Charge Description SIMPLE BATTERY (DOMESTIC RELATED)						Counts 1		Domestic Violence ☐ Y ☐ N		Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 19-131757		Warrant / Capias Number		Bond			
Charge Description TAMPERING WITH A WITNESS						Counts 1		Domestic Violence ☐ Y ☐ N		Statute Violation Number 914.22(1)(b)		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 19-131757		Warrant / Capias Number		Bond			
Charge Description						Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description						Counts		Domestic Violence ☐ Y ☐ 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													
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 10/30/2019													
HOLD for other Agency Name				Signature of Arresting Officer				Name Verification (Printed by Arrestee)					
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:				Name of Arresting Officer (Print) D/S E. GRAVERAN				I.D. # 30562					
Arresting Officer D/S B. SHATARA #1623				Transferring Officer D/S E. GRAVERAN				I.D. # 30562					
Agency PBSO				Witness here if subject signed with an "X"						PAGE 1 of 1			

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- 19-131757						
	Charge Type: Check as many as apply. ☒ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes								
DEF	Name (Last, First, Middle) Hartwell, Ira, Jordan				Alias		Race W	Sex M	Date of Birth 12/17/1972		
	Charge Description SIMPLE BATTERY (DOMESTIC RELATED)		784.03(1)(A)(1)		Charge Description TAMPERING WITH A WITNESS		914.22(1)(E)				
CHARGES	Charge Description		Charge Description								
	Charge Description		Charge Description								
VICTIM	Victim's Name (Last, First, Middle) Triplett, Pauline,				Race W		Sex F	Date of Birth 09/17/1969			
	Local Address (Street, Apt. Number) 2745 Worcester Rd, Lake Worth, FL 33462		(City)		(State)		(zip)		Phone (561) 513-2143		Address Source DAVID
	Business Address (Name, Street)		(City)		(State)		(zip)		Phone ()		Occupation
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 ☐ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the 29 day of October 20 19 at 1830 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.) On October 29, 2019, I responded to the above mentioned address in reference to a domestic disturbance. I met with Pauline Triplett who said she is undergoing a divorce from her husband, Ira Hartwell. Today, Ira texted Pauline about coming back to their house to have sex. Pauline turned down his offer and told him she was going to call the police. Ira shows up at the residence unannounced and confronts Pauline in the master bedroom. Ira grabs Pauline by the throat, forces her on the bed and climbs on top of her chest. Ira squeezes his hands around her neck but Pauline doesn't lose the ability to breathe. Ira is yelling at Pauline "you want to fuck with me!", removes his hands from her throat and starts to punch her in the head with both hands using closed fists as well as pulling her hair. Ira pulls Pauline off the bed and drags her into the hallway where he releases her and grabs her cellular phone from her nightstand. Ira makes his way to the kitchen, giving Pauline a chance to grab her other cellular phone, hide it in her pants and leave the residence. Pauline makes it out the residence, retrieves her second phone from her pants and calls police for help. While on the phone with police, Ira exits the house and runs at Pauline eastbound on Worcester Road until he catches up to her, grabs her phone and slams it on the street, ending the call with police. Ira goes back to the residence and is inside for some time until he leaves the residence, gets back into his vehicle, a white Volkswagen 5-door bearing FL Tag P05114, and drives away westbound on Worcester Road. Pauline waits down the street for police to arrive. After my arrival, Pauline goes back to her house and finds her other cellular phone smashed in her front yard. She goes inside the house and sees her office in disarray with her computer chair toppled over and her laptop on the other side of the room, broken with a cracked screen. I observed Pauline to be extremely upset and crying. Pauline had redness around her chest and neck area but no other visible injuries. I met with Carla Russo, who resides at 2716 Worcester Road, who said she was on the phone with some relatives when she looked out her front window and saw Pauline running down the street. Carla is familiar with them and their previous issues and went outside to help. She saw Ira get into his white Volkswagen and drive westbound on Worcester Road. Based on my investigation, I find probable cause to charge Ira Hartwell with Tampering With A Witness, pursuant to FSS 914.22(1)(E) and Simple Battery (Domestic Related), pursuant to FSS 784.03(1)(A)(1) STATE OF FLORIDA COUNTY OF PALM BEACH D/S E. GRAVERAN (Signature of Arresting Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of OCTOBER 20 19 by D/S E. GRAVERAN 30562 (Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO D/S D ROBINETTE ID 31773 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)											
ADMINISTRATIVE	PAGE 1 OF 1										

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

Suspect: Hartwell, Ira, Jordan DOB: 12/17/1972 Case #: 19-131757

Victim: Triplett, Pauline, DOB: 09/17/1969 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No Caller: Hartwell, Ira, Jordan

Weapon Used: ☐ Yes ☒ No Type: _____

Witness: ☒ Yes ☐ No Name: Russo, Carla,

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: _____ DOB: / /

Name: _____ DOB: / /

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: DEFENDANT NOT AT SCENE

Victim's Statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: HUSBAND PUSHED HER INTO ROOM AND BATTERED HER

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: 2745 Worcester Rd, Lake Worth, FL 33462

Phone: Home (561) 513-2143 Work () - Cell () -

Employer: _____

Name of Relative: _____ Phone () -

Address: _____

OCT 31 2019

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **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.)

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

1. Incident Report #: 19-131757 Agency: PBSO
Offense: SIMPLE BATTERY (DOMESTIC RELATED)
Suspect/Offender: Hartwell, Ira, Jordan
D.O.B. 12/17/1972 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Triplett, Pauline, D.O.B. 09/17/1969 Race: W Sex: F
Address: 2745 Worcester Rd
City: Lake Worth, FL 33462
Home #- (561) 513-2143 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: Triplett, Pauline,

Deputy's Name: D/S E. GRAVERAN 30562 I.D.# 30562 Date: 10/30/2019

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: **Hartwell, Ira, Jordan**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

SCANNED

OCT 31



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
Other	☐	415.107 (1)	Other: Elderly Abuse	
	☐	539.001(b)-(l)FSS, 539.003 FSS	Other: Pawn Broker Information	

REVIEW COMPLETED BY

Booking Number: 2019035289

Date: 10/31/2019

Specialist Name/ID: M. Tooks #8557

SCANNED
OCT 31 2019