

0500189

00532

2718

NH

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

U

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-010056		Charge Type: Check as many <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: Hands, Feet, Fist, Teeth		Multiple Clearances Indicator <input checked="" type="checkbox"/> Y										
R E C O R D	Location of Arrest (Including Name of Business) 501 E CAMINO REAL				Location of Offense (Business Name, Address) 501 E CAMINO REAL, BOCA RATON, FL 33432																	
	Date of Arrest 07/28/2018	Time of Arrest 00:49	Booking Date 07/28/2018	Booking Time 04:16	Arrest Date 07/28/2018	Arrest Time 04:08	Location of Vehicle															
D E F E N D A N T	Name (Last, First, Middle) ELMORE, JACK C											Alias:										
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 12/07/1987	Height 5'06	Weight 150	Eye Color BL	Hair Color BK	Complexion LIGHT	Build	Indication of Alcohol Intoxication Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Intoxication Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>										
	Local Address (Street, Apt. Number) 5844 SOLAR DR, KNOXVILLE, TN 37921				(City)	(State)	(Zip)	Phone		Residence Type 1 City 3 Florida 2 County 4 Out of State 4		Address Source										
	Permanent Address (Street, Apt. Number) 5844 SOLAR DR, KNOXVILLE, TN 37921				(City)	(State)	(Zip)	Phone		Occupation												
C O D E D	DVI Number, State 139930711 / TN		Sex Sec Number	INS Number	Place of Birth (City, State) Orlando FL		Citizenship 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"/> 5 Juvenile		<input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor												
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile		<input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor												
	Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian <input type="checkbox"/>				Name (Last, First, Middle)				Residence Phone													
J U V E N I L E	Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone														
	Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT IAC 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 355-2526) informed of any change of address.				School Attended		Grade															
C H A R G E	Property Crossed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property																	
	Drug Activity S Sell N N/A P Possess				B 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/Opiv		P Paraphernalia/ Equipment S Synthetic		U Unknown Z Other	
	Charge Description BATTERY / DOMESTIC BATTERY				Statute Violation Number 784.03(1A)		Violation of ORD # NONE															
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond													
Charge Description				Statute Violation Number		Violation of ORD #																
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond														
Charge Description				Statute Violation Number		Violation of ORD #																
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond														
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain																		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT County Jail				PROPERTY - Received By		Released By		Released To														
Transported By SAAVEDRA				Date Transported 07/28/2018	Time Transported 04:09	Other																
INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time																
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		No Photo Available														
FIELD for Other Agency SUICIDAL				Signature of Arresting Officer		Name Verification (Printed by Arrestee) @DS46hwa		PAGE														
<input type="checkbox"/> Dangerous <input type="checkbox"/> Referred Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) DE ARMAS, D.		I.D. # 790		1 of 1														
Inmate Deputy DS Thompson				I.D. # 777		Agency BOCA		Witness here if subject signed with an "X"														

2018 JUL 29 AM 5:35
JUL 29 2018
BOCA RATON
POLICE

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/28/2018 00:49	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-010056
	Name (Last, First, Middle) ELMORE, JACK C				

D E F	Name (Last, First, Middle) ELMORE, JACK C			Race W	Sex M	Date of Birth 12/07/1987
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C H A R G E	Charge Description 784.03(1) BATTERY / DOMESTIC BATTERY
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V I C T I M	Victim's Name (Last, First, Middle) [REDACTED]	Race W	Sex F	Date of Birth [REDACTED]
	Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]	Phone [REDACTED]	Address Source	
	Business Address (Name, Street) (City) (State) (Zip) [REDACTED]	Phone [REDACTED]	Occupation	

DEFENDANT'S STATEMENTS	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL)
VICTIM'S STATEMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT

A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS. Scene.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
		Victim.	<input checked="" type="checkbox"/> <input type="checkbox"/>
	911 CALL.	<input checked="" type="checkbox"/>	<input type="checkbox"/> CALLER
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/> TYPE.
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/> (If YES, attach witness list)
	INJURIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MEDICAL TREATMENT:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	AT. Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/> PARAMEDICS
	Hospital.	<input checked="" type="checkbox"/>	<input type="checkbox"/> PHYSICIAN(S) / HOSPITAL.
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/>	<input type="checkbox"/> NAMES/AGES: [REDACTED]
	H R. S. NOTIFIED:	<input type="checkbox"/>	<input type="checkbox"/>
	VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/> CASE #:
	PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

On 7/28/18, at approximately 0021 hours, I was dispatched to the lobby of the Boca Raton Hotel & Club (501 East Camino Real) in reference to a subject who called 911 stating that he was just involved in a domestic disturbance with his [REDACTED], and that he wanted to go to jail.

STATE OF FLORIDA
COUNTY OF PALM BEACH
Appeared before me, 7/28/18 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28 day of July, 2018.

VAZQUEZ-BELLO, YVETTE D
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 07/28/2018 00:49	Agency OR# Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-010056
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Upon my arrival, I made contact with a white male outside of the hotel. The subject was later identified as Jack Elmore through his driver's license (TN 139930711). While speaking with Jack, I noticed a green shirt wrapped around his left wrist. I asked Jack what happened, and he said that he had punched a lamp in his room (10211) instead of punching his [REDACTED]. Jack said that he was sleeping on the bed, when [REDACTED] began to punch his face. I looked at Jack's face, however; he did not have any visible injuries or marks that would indicate that he was punched. Jack appeared to be heavily intoxicated.

Officer Chriswiser then spoke with [REDACTED]. [REDACTED] stated that Jack and she were involved in a verbal argument. In addition, [REDACTED] told Officer Chriswiser that Jack appeared to be suicidal, because he began to say that he didn't want to live when she told him that she did not want him in bed with her. [REDACTED] said that she attempted to go to sleep, however she heard the sound of a gun being chambered, and she woke up. According to [REDACTED], Jack placed the gun to his head and he said I don't want to live anymore. [REDACTED] attempted to get Jack to put the gun away, during this, Jack pushed [REDACTED] against the bedroom wall causing her to fall onto the ground. It should be noted that [REDACTED] had scratches on her right bicep area. [REDACTED] was transported to the Boca Raton Regional Hospital as a result of shoulder pain.

Jack's [REDACTED] (8 years old) was in the other bed in the room, and she witnessed the incident. Officer Chriswiser made contact with [REDACTED] stated that she saw her father, Jack, place a gun to his head. [REDACTED] said that when Jack placed the gun to his head, she saw [REDACTED] give him pushes to his chest in an attempt to get him to put the gun down. [REDACTED] said that she never saw Jack push [REDACTED] however she saw them both fall onto the ground.

It should be noted that Jack and [REDACTED] are in a romantic relationship and they live together as family. Jack knowingly and intentionally struck [REDACTED] with the intent to cause bodily harm. Probable cause exists to charge Jack under F.S. 784.03(1) for Simple Battery (Domestic). Jack was transported to BRRH for medical clearance due to the superficial cuts he sustained on his right wrist. While at the hospital and handcuffed to the hospital bed by his right wrist, Jack attempted to bite the medical staff that was present at the time and therefore, Officers Fong and Coon had to restrain his left wrist to the hospital bed. Jack was medically cleared and later transported to PBCJ. Baker Act form completed.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, 7/28/18 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] 740
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28 day of July, 2018

VAZQUEZ-BELLO, YVETTE D
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

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#: 18-1005C Agency: Boca Raton PD
Offense: Domestic Battery
Suspect/Offender: Jack Elmore
D.O.B. 12/7/87 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim's name: _____ D.O.B. _____ Race: W Sex: F
Address: _____
City: _____ State: _____ Zip: _____
Home#: _____ Work#: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
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:** Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: De Armas I.D.# 790 Date: 7/28/18
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

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



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 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: 2018025090	Date: 07/29/2018
	Specialist Name/ID: AM/31562