

0489409

N1R

1171

## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5 4 17-003253</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE	
D E F E N D A N T	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		Location of Arrest (Including Name of Business) <b>1605 S US HIGHWAY 1</b>		Location of Offense (Business Name, Address) <b>1605 S US HIGHWAY 1 M201, JUPITER, FL 33477</b>		If Weapon Seized Enter Type <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator		
	Date of Arrest <b>07/03/2017</b>	Time of Arrest <b>20:18</b>	Booking Date <b>07/03/2017</b>	Booking Time <b>20:28</b>	Jail Date <b>07/03/2017</b>	Jail Time <b>20:22</b>	Location of Vehicle				
	Name (Last, First, Middle) <b>NELLIGAN, JEFFREY A</b>		Alias: <b>NELLIGAN, JEFFREY A</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/27/1958</b>	Height <b>5'08</b>	Weight <b>141</b>	Eye Color <b>GREE</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>	Build <b>Thin</b>		
J U V E N I L E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>		Religion <b>CATHOLIC</b>		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
	Local Address (Street, Apt. Number) <b>1605 S US HIGHWAY 1, JUPITER, FL 33477</b>		(City) <b>JUPITER</b>		(State) <b>FL</b>		(Zip) <b>33477</b>		Phone		
	Permanent Address (Street, Apt. Number) <b>1605 S US HIGHWAY 1, JUPITER, FL 33477</b>		(City) <b>JUPITER</b>		(State) <b>FL</b>		(Zip) <b>33477</b>		Phone		
	Business Address (Name, Street) <b>SEA SIDE, NJ, United</b>		(City) <b>SEA SIDE</b>		(State) <b>NJ</b>		(Zip) <b>08410</b>		Phone		
C O D E F	D/L Number, State <b>N24013936109586 / NJ</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>SEA SIDE, NJ, United</b>		Citizenship		
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>		
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		
C O D E F	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone						
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State)		(Zip)		
	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated				
	Released To: (Name)		Relationship		Date		Time				
C O D E F	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						
	Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ 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		
C H A R G E	Charge Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>		Statute Violation Number <b>784.03(1)(A)(1)</b>		Violation of ORD #						
	Drug Activity <b>N</b>	Drug Type <b>/</b>	Amount / Unit <b>/</b>	Offense # <b>17-003253</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond <b>NONE</b>		
	Charge Description		Statute Violation Number		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond		
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #						
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	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	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 checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released To						
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported		Other				
	Transported By		Date Transported		Time Transported		Other				
N O T I C E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		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						
	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>KOLENICH, RYAN</b>		I.D. # <b>1175</b>						
A D M I N I S T R A T I O N	Intake Deputy <b>D/S. C. GILYARD</b>		I.D. # <b>#7392</b>		Pouch #		Transporting Officer <b>J. Turner</b>		I.D. # <b>321 Jupiter</b>		
	Witness here if subject signed with an "X"		Witness here if subject signed with an "X"		Witness here if subject signed with an "X"		Witness here if subject signed with an "X"		Witness here if subject signed with an "X"		
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## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>07/03/2017 20:15</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   17-003253</b>																																																																																										
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C H A R G E	Victim's Name (Last, First, Middle)			Race <b>W</b>	Date of Birth <b>05/02/1962</b>																																																																																									
				Sex <b>F</b>	Address Source																																																																																									
				Occupation																																																																																										
V I C T I M	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>																																																																																										
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																													
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]																																																																																													
	<table border="0"><tr><td>PHOTOGRAPHS:</td><td>Scene:</td><td><input type="checkbox"/></td><td>YES</td><td><input checked="" type="checkbox"/></td><td>NO</td></tr><tr><td></td><td>Victim:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>911 CALL:</td><td><input checked="" type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td>CALLER: [REDACTED]</td></tr><tr><td></td><td>WEAPON USED:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>TYPE:</td></tr><tr><td></td><td>WITNESSES:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>(If YES, attach witness list)</td></tr><tr><td></td><td>INJURIES:</td><td><input checked="" type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr><tr><td></td><td>MEDICAL TREATMENT:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>AT: Scene:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>PARAMEDICS:</td></tr><tr><td></td><td>Hospital:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>PHYSICIAN(S) / HOSPITAL:</td></tr><tr><td></td><td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>NAMES/AGES:</td></tr><tr><td></td><td>H. R. S. NOTIFIED:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>VICTIM PREGNANT:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>VIOLATION OF RESTRAINING ORDER:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>CASE #:</td></tr><tr><td></td><td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>ALCOHOL OR DRUGS INVOLVED:</td><td><input checked="" type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr></table>					PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO		Victim:	<input type="checkbox"/>		<input checked="" type="checkbox"/>			911 CALL:	<input checked="" type="checkbox"/>		<input type="checkbox"/>	CALLER: [REDACTED]		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 type="checkbox"/>		<input checked="" type="checkbox"/>			AT: Scene:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	PARAMEDICS:		Hospital:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>		<input checked="" type="checkbox"/>	NAMES/AGES:		H. R. S. NOTIFIED:	<input type="checkbox"/>		<input checked="" 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"/>
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N A R R	On 07/03/2017 at approximately 1927hrs I responded to [REDACTED] for the report of a Domestic Battery.																																																																																													
	STATE OF FLORIDA COUNTY OF PALM BEACH App[REDACTED] before me, [REDACTED] 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 <u>3<sup>rd</sup></u> day of <u>July</u> , 20 <u>17</u> .  _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																																																													

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>07/03/2017 20:15</b>		
	Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   17-003253</b>

Upon arrival I heard a couple arguing inside of the door at which time I knocked and made contact with the victim/reportee [REDACTED] and stood behind me. There was a male in the doorway and I then asked [REDACTED] and speak with other arriving officers while I spoke with the suspect, later identified as [Jeffrey A Nelligan; W/M; 09/27/58].

I then spoke with Nelligan who smelled and appeared to be highly intoxicated at this time. Nelligan was unable to stay focused and/or answer basic questions relating to the incident. Ofc. C. Connor along with PFC. R. Counts and Ofc. K. Anderson arrived on scene to assist with the incident. I then asked Nelligan what had occurred at which point he responded with slurred words with "We were arguing about [REDACTED]". Let it be noted that [REDACTED]. According to Nelligan who could not stay on task, [REDACTED]. During some point in our conversation Nelligan stated "Take me to Jail"[sic].

Ofc. C. Connor stood by with Nelligan while I then spoke with [REDACTED]. Let it be noted that [REDACTED]. Nelligan had been drinking for some time and he got mad about [REDACTED].

[REDACTED] began yelling vulgarities in [REDACTED]. Nelligan went into the [REDACTED] stated Nelligan began throwing [REDACTED] control of the items to [REDACTED] did state that in an attempt to protect [REDACTED] Nelligan away causing him to fall and scrape his lower back [REDACTED] verbal statement on scene was consistent with what Nelligan stated that he was pushed onto a nightstand. Also [REDACTED] did complete a sworn written victim/witness statement on scene.

Nelligan did have a small red mark on his lower back and pictures were taken and logged into evidence. [REDACTED] did not have [REDACTED] to photograph. At this time Nelligan was placed under arrest Domestic Battery and placed into handcuffs [Double Locked and Safety Gapped]. He was then placed into the rear of Jupiter Police Patrol vehicle #1608 and transported to the Jupiter Police Department. Upon his arrival he was booked and processed in accordance with departmental policy. Upon completion of that process Nelligan was then transported and turned over to the Palm Beach County Sheriffs Office.

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 3rd day of July, 2017

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## 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)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **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 #: 17-003253 Agency: Jupiter Police Department  
Offense: DOMESTIC BATTERY [SIMPLE]  
Suspect/Offender: JEFFREY A NELLIGAN  
D.O.B. 09/27/1958 Race: WHITE Sex: MALE

2. Warrant #(s): N/A

3a. Victim  
Address: [REDACTED]  
City: [REDACTED]  
Home: [REDACTED]

3b. Victim's Next of Kin, Friend or Neighbor: N/A  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] ZIP: [REDACTED]  
Home #: [REDACTED] Work #: [REDACTED] Other: [REDACTED]

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: \_\_\_\_\_

Officer's Name: R. KOLENICH I.D. # 314 Date: 07/03/2017