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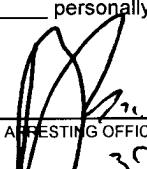
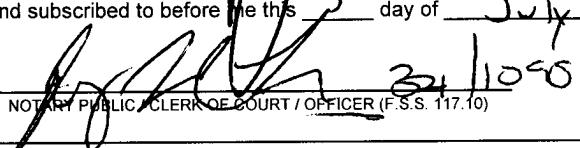
## ARREST / NOTICE TO APPEAR

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORJ Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5 1 4 17-003253</b>			
Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type <b>Hands, Feet, Fist, Teeth</b>	
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>					
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>None</b>							
Race W - White B - Black		Sex M		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>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>							
Marital Status <b>S</b>		Religion <b>CATHOLIC</b>				Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>1605 S US HIGHWAY 1, JUPITER, FL 33477</b>		(City)		(State)		(Zip)	
						Phone	
Permanent Address (Street, Apt. Number) <b>1605 S US HIGHWAY 1, JUPITER, FL 33477</b>		(City)		(State)		(Zip)	
						Phone	
Business Address (Name, Street) <b>None</b>		(City)		(State)		(Zip)	
						Phone	
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	
						<input checked="" type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input checked="" type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
						Date of Birth	
						<input checked="" type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input checked="" type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Name (Last, First, Middle) <b>None</b>							
Residence Phone							
Address (Street, Apt. Number) <b>None</b>							
(City) (State) (Zip)							
Business Phone							
Notified by: (Name) <b>None</b>				Date		Time	
						JUVENILE DISPOSITION	
						1. Handled/Processed within Department and Released	
						2. TOT JAC	
						3. Incarcerated	
Released To: (Name) <b>None</b>				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	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:				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. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other	
Drug Type <b>N</b>		Counts <b>1</b>		Drug Type N. N/A C. Cocaine A. Amphetamine		B. Barbiturate H. Hallucinogen E. Heroin M. Marijuana O. Opium/Deriv.	
Statute Violation Number <b>784.03(1)(A)(1)</b>				P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Violation of ORD #							
Charge Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>		Offense # <b>17-003253</b>		Counts <b>1</b>		Statute Violation Number	
Drug Activity <b>N</b>		Amount / Unit <b>/</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Violation of ORD #	
Drug Type		Offense #		Counts		Warrant / Capias Number	
Drug Activity <b>N</b>		Amount / Unit <b>/</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Type		Offense #		Counts		Warrant / Capias Number	
Drug Activity <b>N</b>		Amount / Unit <b>/</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Type		Offense #		Counts		Warrant / Capias Number	
Health / Apparent Physical Condition of Defendant				Any knowledge of the following:		Violation of ORD #	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		T.O.T. County Jail		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Released To	
Released To		Released To		Released To		Released To	
Transported By		Date Transported <b>/ / : :</b>		Time Transported		Other	
<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		No Photo Available	
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"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>KOLENICH, RYAN</b>		I.D. # <b>1175</b>	
Intake Deputy <b>D.S. C. GILYARD</b>		I.D. # <b>#7392</b>		Pouch #		(PRINT)	
Transporting Officer <b>J. Turner</b>		I.D. #				PAGE <b>1 OF 1</b>	
						Witness here if subject signed with an "X".	

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>07/03/2017 20:15</b>	AFFIDAVIT																																																														
D E F	Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5 4 17-003253</b>																																																													
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V I C T I M	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>		Race <b>W</b> Sex <b>F</b> Date of Birth <b>05/02/1962</b>	Address Source																																																												
	Victim's Name (Last, First, Middle)		Occupation																																																													
	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>																																																												
	DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM'S STATEMENTS: <input checked="" 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	<table> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input type="checkbox"/></td> <td>YES <input checked="" type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Victim:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER: <input type="checkbox"/></td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>TYPE: <input type="checkbox"/></td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>(If YES, attach witness list) <input type="checkbox"/></td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PARAMEDICS: <input type="checkbox"/></td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/></td> </tr> <tr> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NAMES/AGES: <input type="checkbox"/></td> </tr> <tr> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #: <input type="checkbox"/></td> </tr> <tr> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>				PHOTOGRAPHS:	Scene: <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <input type="checkbox"/>	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE: <input type="checkbox"/>	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list) <input type="checkbox"/>	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: <input type="checkbox"/>	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/>	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES: <input type="checkbox"/>	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 #: <input type="checkbox"/>	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 <input type="checkbox"/> for the report of a Domestic Battery. <input type="checkbox"/>																																																															
	<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><u></u></p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>3<sup>rd</sup></u> day of <u>July</u>, <u>2017</u>.</p> <p><u></u></p> <p>NOTARY PUBLIC CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																																															

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A	Date / Time
D	<b>07/03/2017 20:15</b>
M	Agency ORI Number
I	<b>FL 0501700</b>
N	

Agency Name

Agency Report Number

**5 | 4 | 17-003253**

N 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. The 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]

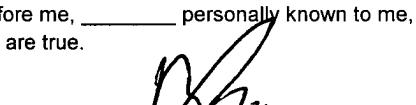
began yelling vulgarities in [REDACTED] Nelligan went into the [REDACTED]

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.

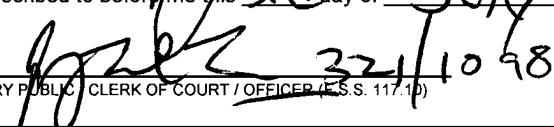
Nelligan did have a small red mark on his lower back and pictures were taken and logged into evidence. [REDACTED] did not have [REDACTED] to photograph. At this time Nelligan was placed under arrest Domestic Battery and placed into handcuffs [Double Locked and Safety Gapped]. He was then placed into 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.

SUSPECT/OFFENDER: \_\_\_\_\_

COURT CASE/WARRANT #: \_\_\_\_\_  
(FOR WARRANT USE ONLY)

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: \_\_\_\_\_  
City: \_\_\_\_\_  
Home: \_\_\_\_\_

3b. Victim's Next of Kin, Friend or Neighbor: N/A  
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:** 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