

ARREST / NOTICE TO APPEAR

18MM 1778

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

1 JUVENILE

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 2018-0002536</b>
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>ARRESTEES HOME</b>		Location of Offense (Business Name, Address) <b>5011 50TH WAY, WEST PALM BEACH, FL 33407</b>	
Date of Arrest <b>02/12/2018</b>	Time of Arrest <b>23:44</b>	Booking Date <b>02/12/2018</b>	Booking Time <b>23:54</b>

Name (Last, First, Middle) <b>DOWNING, JENNIFER ANNE</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black <b>W</b>	1 - American Indian O - Oriental/Asian <b>F</b>	Date of Birth <b>04/21/1992</b>	Height <b>5'08</b>	Weight <b>150</b>	Eye Color <b>BROWN</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>	Religion	Complexion <b>FAIR</b>	Build <b>Small</b>
Local Address (Street, Apt. Number) <b>5011 50TH WAY, WEST PALM BEACH, FL 33401</b>		(City)	(State)	(Zip)	Phone <b>(631) 335-7910</b>
Permanent Address (Street, Apt. Number) <b>5011 50TH WAY, WEST PALM BEACH, FL 33401</b>		(City)	(State)	(Zip)	Phone <b>(631) 335-7910</b>
Business Address (Name, Street) <b>5011 50TH WAY, WEST PALM BEACH, FL 33401</b>		(City)	(State)	(Zip)	Phone <b>(631) 335-7910</b>
D/L Number, State <b>D552421926410 / FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>PALM BEACH</b>	Citizenship	

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
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
Name (Last, First, Middle)			Residence Phone		Business Phone	
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	VICTIM NOTIFICATION REQUIRED		Grade	
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	

Drug Activity S. Sell N. N/A P. Possess	S. 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	U. Unknown Z. Other
Charge Description <b>BATTERY - BATTERY (SIMPLE)</b>						Statute Violation Number <b>784.03(1A)</b>	Violation of ORD #			
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>2018-0002536</b>	Counts <b>2</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: <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"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input type="checkbox"/> T.O.T. County Jail
Transported By	PROPERTY - Received By	Released By
Date Transported <b>02/12/2018</b>	Time Transported <b>23:49</b>	Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	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 COMTEMPT 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 <b>NOEL, DREW</b>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>NOEL, DREW</b>	I.D. # <b>02045</b>
Intake Deputy I.D. #	Pouch #	Transporting Officer <b>NOEL</b>
	I.D. # <b>2045</b>	Agency <b>WPBPD</b>
Witness here if subject signed with an "X".		PAGE <b>1 OF 1</b>

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

SCANNED FEB 13 2018

2018 FEB 13 AM 5:45  
SHARON R. JONES  
PALM BEACH COUNTY  
GUN CLUBS BRANCH

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>02/12/2018 22:39</b>		Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>9   4   2018-0002536</b>			
	Name (Last, First, Middle) <b>DOWNING, JENNIFER ANNE</b>							Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/21/1992</b>
Charge Description <b>41 784.03(1) BATTERY - BATTERY (SIMPLE)</b>										
V I C T I M	Victim's Name (Last, First, Middle) <b>Potter, Michael</b>							Race <b>W</b>	Sex <b>M</b>	Date of Birth
	Local Address (Street, Apt. Number) <b>5011 Sbt Way</b>		(City) <b>WPRB</b>	(State) <b>FL</b>	(Zip) <b>33407</b>	Phone <b>561-629-6829</b>		Address Source		
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation		
Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/> DEFENDANT'S STATEMENTS:				OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):						
VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				<b>SCARED; INJURED</b>						
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>CHILD IN COMMON</b>										
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 checked="" type="checkbox"/>	NO <input type="checkbox"/>						
	Victim:		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <b>VICTIM</b>					
	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 type="checkbox"/>	PARAMEDICS:					
	Hospital:		<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:					
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES: <b>MICHAEL POTTER JR 8MONTHS OLD</b>					
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 #: <b>17-20931, 18-185, 18-913</b>						
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input checked="" type="checkbox"/>	<input type="checkbox"/>							
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>							
N A R R	The following narrative provides the facts that establish supplemental probable cause for the charge of Simple Battery on Jennifer Downing:									
	On 02/12/2018 at approximately 1749hrs, I, Officer Drew Noel with West Palm Beach Police Department responded									
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 <u>13</u> day of <u>Feb</u> <u>18</u> .										
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)										

CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>9   4   2018-0002536</b>
Charge Type: Check as many as apply.					Special Notes:
<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance			
<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other			

Name (Last, First, Middle) <b>DOWNING, JENNIFER ANNE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/21/1992</b>
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Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>POTTER, MICHAEL J</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/26/1969</b>
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Local Address (Street, Apt. Number) <b>5011 50TH WAY, WEST PALM BEACH, FL 33409</b>	(City)	(State)	(Zip)	Phone <b>(561) 629-3869</b>	Address Source <b>VERBAL</b>
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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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 **Ofc. LaFrance** 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 **12** day of **February**, **2018** at **07:59** (Specifically include facts constituting cause for arrest.)

I responded to 5011 50th Wy in reference to a disturbance.

Ofc. LaFrance was there upon my arrival. The female, Jennifer Downing, had already left the residence. The male half, Michael Potter, told me and Ofc. LaFrance that Downing got upset this morning and they began to argue. Potter said that Downing hit him and then pointed to a red mark on his neck. Ofc. LaFrance made contact with Downing via landline. Downing told Ofc LaFrance that Potter refuses to help her with their 6mth old son and talks down to her. Downing told Ofc. LaFrance that she hit Potter because he would not let her leave the house. Ofc. LaFrance asked Downing if Potter hit her and she said no.

I spoke with Potter. He said that Downing started breaking things in the living room and the kitchen. Potter advises that Downing is bipolar and probably is not taking her medicine. Downing called Potter's phone while I there. I spoke with Downing, via cell phone, and I asked her how Potter got that red mark on his neck? She said that Potter was blocking her from going into the kitchen and she had to move him.

Based on the above stated confession I believe probable cause exists to charge Downing with simple battery. I completed probable cause for Downing and placed it in dispatch. Photos of injury was taken and uploaded to evidence.com. BWC was activated.

SWORN AND SUBSCRIBED BEFORE ME

*[Signature]*  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**2/12/2018**  
DATE

*[Signature]* #1277  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**GORDON, ELISABETH C. (01277)**  
NAME OF OFFICER (PLEASE PRINT)

**02/12/2018**  
DATE

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 <b>02/12/2018 22:39</b>	Agency ORI Number <b>FL 0500800</b>	Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>9   4   2018-0002536</b>
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to 5011 50th Way, West Palm Beach, FL in reference to a domestic incident. I made contact with Michael Potter who advised that his child's mother Jennifer Downing hit him. Downing was no longer on scene at the time I arrived. I observed a visible large red mark on the upper left part of Potter's back which could be seen as an obvious right hand print. Potter provided video of the incident which depicted Downing approach Potter inside the living room, swing her right hand toward him hitting him and reportedly causing the red marks on his back. She then leaves the house while kicking and pushing over items around the home. Potter also provided text messages from Downing stating that she wishes he was dead among other insults. ~~Downing was unable to be reached to obtain a statement.~~ (DN)

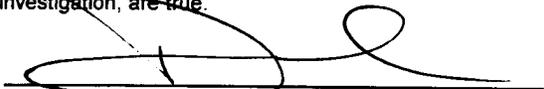
Since November 2017, there have been multiple documented incidents of violence from Downing toward Potter. Potter has called police several times to report that he does not feel safe nor does he feel his children are safe around Downing.

Based upon my investigation, I have determined the primary aggressor to be Downing. Probable cause has been established to arrest and charge Jennifer Downing with Simple Battery (Domestic) pursuant to FSS 784.03(1)A1

NOT A CERTIFIED COPY

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 13 day of Feb, 2018.

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