

#0174016

## ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)	
0501700		Jupiter Police Department				5 4 17-000555	
Charge Type Check as many as apply		1. Felony    2. Traffic Felony		3. Misdemeanor    4. Traffic Misdemeanor		5. Ordinance    6. Other	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)					
1223 CHEROKEE ST, JUPITER FL		1223 CHEROKEE ST, JUPITER, FL 33458					
Date of Arrest		Time of Arrest		Booking Date		Booking Time	
02/02/2017		00:18		02/02/2017		00:28	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle)							
MCMASTER, JENNIFER L							
Race W - White    B - Black		Sex W - F		Date of Birth 06/13/1975		Height 5'08	
Weight 150		Eye Color BROWN		Hair Color BROWN		Complexion FAIR	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							
TATT L HAND / LARGE SUN ON WEB OF THUMB; TATT R							
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
1223 CHEROKEE ST, JUPITER, FL 33458						(561) 670-7704	
Phone		Residence Type:					
		1. City    3. Florida 2. County    4. Out of State					
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
1223 CHEROKEE ST, JUPITER, FL 33458						(561) 670-7704	
Business Address (Name, Street)		(City)		(State)		(Zip)	
SELF,						Phone	
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)	
M252432757130 / FL						W.V.B. - UNKNOWN, FL, United	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
						<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Name of Birth	
						<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Name (Last, First, Middle)							
No Bond							
VICTIM NOTIFICATION REQUIRED							
J U V E N I L E		Residence Phone					
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	
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							
C O D E							
Drug Activity		S. Sell    R. Smuggle		K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate	
N N/A		B. Buy    D. Deliver		E. Use		Z. Other	
P Possess		T. Traffic					
Drug Type    B. Barbiturate    H. Hallucinogen    P. Paraphernalia/ Equipment N N/A    C. Cocaine    M. Marijuana    O. Opium/Deriv.    U. Unknown A. Amphetamine    E. Heroin    S. Synthetic							
C H A R G E							
Charge Description							
BATTERY-SIMPLE (TOUCH OR STRIKE)							
Statute Violation Number    Violation of ORD #							
784.03(1)(A)(1)							
Drug Activity    Drug Type    Amount / Unit    Offense #    Counts    Domestic Violence    Warrant / Capias Number    Bond							
N    /    17-000555    1 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
C H A R G E							
Charge Description							
Statute Violation Number    Violation of ORD #							
Drug Activity    Drug Type    Amount / Unit    Offense #    Counts    Domestic Violence    Warrant / Capias Number    Bond							
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/    /    /    /    /    /    /    /							
I N T A K E							
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 Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail    PROPERTY - Received By    Released By    Released To							
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							
Transported By    Date Transported    Time Transported    Other							
2017 FEB 1							
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							
2017 FEB 1							
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.							
2017 FEB 1							
5:35							
No Photo Available							
Date Signed							
Signature of Defendant (or Juvenile and Parent/Custodian)							
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		2/26/2018 1168 <b>SCANNED</b>			
Intake Deputy		I.D. #		Pouch #			
Col. Harlan Deinix		474		Pouch #			
Transporting Officer		I.D. #		Pouch #			
PANCZAK		367		Pouch #			
FEB 02 2017							
With Note if subject signed with an "X"							
#30							
PAGE 1 OF 1							

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

**DOMESTIC VIOLENCE PROBABLE CAUSE**

## AFFIDAVIT

## Palm Beach County

Date / Time <b>02/02/2017 00:51</b>		AFFIDAVIT Palm Beach County																																							
Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   17-000555</b>																																					
Name (Last, First, Middle) <b>MCMASTER, JENNIFER L</b>		Alias <b>MCMASTER, JENNIFER LEE</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/13/1975</b>																																			
Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>																																									
Victim's Name (Last, First, Middle) <b>RAWNSLEY, AARON MARCUS</b>																																									
Local Address (Street, Apt. Number) <b>1010 MOHAWK ST, JUPITER, FL 33458</b>		(City)	(State)	(Zip)	Phone <b>(561) 339-2359</b>	Race <b>W</b> Sex <b>M</b> Date of Birth <b>02/01/1981</b>																																			
Business Address (Name, Street) <b>UNKNOWN</b>		(City)	(State)	(Zip)	Phone	Address Source <b>UNKNOWN</b>																																			
Occupation <b>UNKNOWN</b>																																									
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral																																									
OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>INTOXICATED, ANNOYED</b>																																									
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>ENGAGED</b>																																									
<table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input checked="" type="checkbox"/> YES</td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Victim:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER: <b>16YO SON</b></td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>TYPE:</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>(If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input type="checkbox"/></td> <td><input checked="" 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:</td> <td>Scene: <input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PARAMEDICS:</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL:</td> </tr> </table>								PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/> YES	NO <input type="checkbox"/>	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <b>16YO SON</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 type="checkbox"/>	<input checked="" 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:
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NARRATIVE On Wednesday, February 1st 2017 at 2347 hours I was dispatched to 1223 Cherokee St in reference to a domestic disturbance. Upon arrival I met with the male subject involved in the altercation, w/m Aaron M Rawnsley 2/1/81, outside of the residence.																																									
STATE OF FLORIDA COUNTY OF PALM BEACH																																									
Appeared before me, <u>367</u> 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>2</u> day of <u>February</u> , <u>2017</u> .																																									
<b>LOPEZ, BRANDON</b> <i>bjf 325/1491</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. #1010)																																									

**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	02/02/2017 00:51
M	Agency ORI Number
N	FL 0501700

Agency Name	JUPITER POLICE DEPARTMENT	
Agency Report Number	5   4   17-000555	

Aaron stated that he and his fiancée, w/f Jennifer L McMaster 6/13/75, were involved in a physical altercation this evening. Aaron stated that today was his birthday and that he had a friend over the home for drinks. Aaron said that Jennifer got angry with him and punched him in the right side of the face. Aaron stated that he did not want anyone to go to jail but wanted to report the incident of violence.

Aaron presented with no visable signs of injury and appeared very intoxicated.

I met with Jennifer who stated that she and Aaron were involved in a verbal altercation. When asked if anyone got hit during the altercation, Jennifer advised that "it was mutual". When asked if someone got hit first, Jennifer again stated "it was mutual". Jennifer appeared highly intoxicated and had difficulty providing coherent answers. Jennifer had a very small cut on her right hand (knuckle) and when asked how it happened, she advised that she hit a cabinet.

I spoke with Jennifer's son, [REDACTED], who was inside the residence at the time. [REDACTED] was the caller during this incident. [REDACTED] stated that both Jennifer and Aaron had been drinking and they tend to drink a lot. [REDACTED] stated that there was an altercation between Jennifer and Aaron but could not advise who the primary aggressor was. [REDACTED] stated that he thinks someone got hit during the altercation.

I observed the scene, which showed the following: There were multiple beer cans (empty) located around the kitchen, as well empty wine bottles (2 large) and a small bottle of Fireball whiskey (empty). There was a pizza box (with pizza inside) thrown on the floor in the kitchen. There was also a framed picture that was one the ground that appeared to have been knocked off the wall. The home was otherwise tidy.

Aaron and Jennifer stated that they are engaged to be married, have been together for 6 years and currently reside together in the home with [REDACTED] (Jennifer's son).

Based on the following circumstances, I believe that a battery did occur and that Jennifer was the primary aggressor: Aaron's statement that Jennifer hit him. No signs of injury to Jennifer, and due to Aaron's size advantage, had he hit her she would have likely shown some type of mark or injury. [REDACTED] statement that they argue often and that "mom drinks a lot". Jennifer's inability to provide a coherent recollection of the incident. Jennifer's injury to her right hand, showing that she was angered and aggressive enough to hit a cabinet.

Due to the articulated circumstances, I found probable cause to charge w/f Jennifer L McMaster 6/13/75 with Simple Battery (Domestic) pursuant to Florida State Statute 784.03(1)(A)(1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, 367 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

367  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 2 day of February, 2017.

LOPEZ, BRANDON B. Lopez 328-1191  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.