

J#0212791

P#1294

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

Juvenile

1

Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06	17060584							
Charge Type: Check as many as apply 1. Felony 3. Misdemeanor 2. Traffic Felony 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type								
Location of Arrest (Including Name of Business) 4850 Weymouth St		Lake Worth FL 33463		Location of Offense (Including Name of Business) 4850 Weymouth St								
Date of Arrest Apr 5, 2017	Time of Arrest 0315	Booking Date	Booking Time	Jail Date	Jail Time							
Name (Last, First, Middle) Beegle John R				Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex w	Date of Birth 08/03/74	Height 5'10	Weight 200	Eye Color brown							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) hank williams three tattoo right arm				Marital Status Married	Religion Christian							
Local Address (Street, Apt. Number) 4850 Weymouth St		City Lake Worth	State FL	Zip 33463	Phone 5615072888							
Permanent Address (Street, Apt. Number) 4850 Weymouth st		City Lake Worth	State FL	Zip 33463	Phone 5615072888							
Business Address (Street, Apt. Number)		City	State	Zip	Phone							
D.L. Number, State B-240-476-74-283-0		Social Security Number [REDACTED]	INS Number	Place of Birth St Petersburg FL	Citizenship US							
Co-Defendant Name (Last, First, Middle)				Race	Sex							
				Date of Birth								
Co-Defendant Name (Last, First, Middle)				Race	Sex							
				Date of Birth								
Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle) No Bond										
Address (Street, Apt. No.)		City	State	Zip	Business Phone							
Notified By (Name)		Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released								
				2. TOT HRS/DYS 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 561-355-2526) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended								
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property						
Drug Activity N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute Products Cultivate	M. Manufacture/ Produce	Z. Other <input type="checkbox"/> Y <input type="checkbox"/> N	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen N. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other	
Charge Description		Battery Domestic		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03 1a1		Violation or ORD. #				
Drug Activity N	Drug Type N	Amount/Unit 0	Offense # 17060584			Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #						
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #						
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #						
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number		Bond				
Location (Court, Address, Room Number)												
Court Date and Time												
Month	Day	Year	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>	2017 APR 5 PM						
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 Name				Signature of Arresting Officer <i>[Signature]</i>				Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer D/S Crawford				ID # 8285				
(PRINT)												
Intake Deputy Cpl. Hardaway		ID # 4716	Pouch #	Transporting Officer Crawford	ID # 8285	Agency PBSO	Page 1 of 1					
Witness here if subject signed with me SCANNED APR 05 2017												

OBTS Number

PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For CapiasJuvenile

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17060584		
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____			Special Notes		
Defendant Name (Last, First, Middle) Beegle John		R	Race W	Sex m	Date of Birth 08/03/74
Charge Battery Domestic		Charge			
Charge		Charge			
Victim Name (Last, First, Middle) Beegle Jessica		H	Race W	Sex f	Date of Birth 04/05/76
Local Address (Street, Apt. Number) 4850 Weymouth St		City Lake Worth	State FL Zip 33463	Phone 5618567904	Address Source FL DL
Business Address (Street, Apt. Number)		City	State Zip	Phone	Occupation NONE
<p>I, the undersigned, swear 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...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the 5th day of April 20 17 at 0300 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>					

I was dispatched to 4850 Weymouth St located in unincorporated Lake Worth Palm Beach County FL in reference to a domestic dispute. Upon arrival I spoke with the victim, Jessica Beegle, and her husband John Beegle. Jessica stated other deputies had just left the residence less than an hour ago for a domestic argument. Jessica stated after the deputies left on 4/5/17 the argument continued. Jessica stated while they were arguing John grabbed her by the neck and pushed her up against the wall causing two pictures to fall. John stated without being prompted or questioned that he did not grab Jessica he only pushed her to get her out of his face while he was exiting the bathroom. Jessica had redness around the front of her neck and completed a sworn hand written statement of the incident. I also observed two broken picture frames lying on the table in the residence. Both Jessica and John also appeared to be under the influence of an unknown alcoholic beverage. Based on the investigation and sworn hand written statement probable cause exists to charge John Beegle with Domestic Battery per FSS 784.03.

NOT A CERT

The foregoing instrument was sworn to and affirmed before me this 5th day of April 20 17 , by:					
D/S Tolbert18338			D/S Crawford 8285		
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Name of Arresting/Investigating Officer		
					
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Signature of Arresting/Investigating Officer		

SCANNED
APR 05 2017
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