

0481357

ARREST / NOTICE TO APPEAR

3. Request for Warrant
4. Request for Capias

1

JUVENILE

ARREST / NOTICE TO APPEAR				1		JUVENILE															
OBTS Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2016-013984																	
Charge Type: Check 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 Hands, Feet, Fist, Teeth		Multiple Clearance Indicator N															
Location of Arrest (Including Name of Business) 21000 ST ANDREWS BLVD, BOCA RATON FL				Location of Offense (Business Name, Address) 21000 ST ANDREWS BLVD, BOCA RATON, FL 33433																	
Date of Arrest 09/24/2016		Time of Arrest 01:13		Booking Date 09/24/2016		Booking Time 01:23															
Jail Date				Jail Time		Location of Vehicle															
Name (Last, First, Middle) SIGAL, JOSPEH ALEXANDER																					
Alias: 																					
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth 09/23/1987		Height 5'07															
Weight 175		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT															
Build med																					
Scars, Marks, Tattoo, Unique Physical Features (Location, Type, Description)																					
Marital Status S		Religion JEWISH		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>																	
Local Address (Street, Apt. Number) 20889 ST ANDREWS BLVD 6, BOCA RATON, FL 33433				(City) 		(State) 		(Zip) 		Phone (215) 327-2600		Residence Type: 1. City 2. County 3. Florida 4. Out of State									
Permanent Address (Street, Apt. Number) 20889 ST ANDREWS BLVD 6, BOCA RATON, FL 33433				(City) 		(State) 		(Zip) 		Phone (215) 327-2600		Address Source SUBJECT									
Business Address (Name, Street) PROCORA, BOCA RATON				(City) 		(State) 		(Zip) 		Phone 		Occupation Sales									
D/L Number, State S240481873430 / FL		Soc. Sec. Number 		INS Number 		Place of Birth (City, State) PHILIDALPHIA, PA.		Citizenship US													
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 													
Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian 																					
Address (Street, Apt. Number) 								Business 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 									
<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. Dispenses/ 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 DOMESTIC BATTERY								Statute Violation Number 784.03(1)(A-1)				Violation of ORD #									
Drug Activity N		Drug Type 		Amount / Unit /		Offense # 2016-013984		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number 				Bond 					
Charge Description								Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond					
Charge Description								Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond					
Health / Apparent Physical Condition of Defendant GOOD								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: NONE																					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health								PROPERTY - Received By 				Released By 									
Transported By 								Date Transported // : :		Time Transported 		Other 									
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.								Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444				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 				Name Verification (Printed by Arrestee)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other								Name of Arresting Officer (Print) MURPHY, BRITTANIE J.				ID. # 751									
								(PRINT)													
Intake Deputy Graham								Transporting Officer Graham		ID. # 173		Agency BRPD		PAGE 1 OF 1							
												Witness here if subject signed with an "X".									

Signature of Defendant (or Juvenile and Parent/Custodian)

Date Signed

HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print)		LD. #	(PRINT) MURPHY, BRITTANIE J.
					751	
Intake Deputy	LD. # <i>xx-xx</i>	Pouch #	Transporting Officer	LD. # <i>xx-xx</i>	Agency	PAGE BRPD
<i>Graham</i>					<i>173</i>	

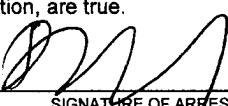
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DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/24/2016 01:13	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2016-013984																															
D E F	Name (Last, First, Middle) SIGAL, JOSPEH ALEXANDER	Alias	Race W Sex M Date of Birth 09/23/1987																															
C H R G	Charge Description A1 784.03(1) DOMESTIC BATTERY	Date of Birth 06/14/1991																																
V I C T I M	Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation																														
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING																																
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND/GIRLFRIEND																																		
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><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> </tr> <tr> <td>Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" 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"/> CALLER: [REDACTED]</td> </tr> <tr> <td>WEAPON USED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/> TYPE: HANDS</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> PARAMEDICS:</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</td> </tr> </table>				PHOTOGRAPHS:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/> CALLER: [REDACTED]	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/> TYPE: HANDS	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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<p>On 9/24/2016 at approximately 0050 hours I was dispatched to the area of 21000 St Andrews Blvd in reference to a possible domestic. BRPD Dispatch advised the complainant, W/F [REDACTED] called and stated that she and her boyfriend, W/M Joseph Sigal, got into a physical altercation.</p>																																		
<p>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.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>24</u> day of <u>September</u>, <u>2016</u>.</p> <p>SCANNED WOLLSCHLAGER, ANTHONY J. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) SEP 24 2016</p>																																		

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 09/24/2016 01:13		
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2016-013984

Upon arrival I made contact with [REDACTED] and Sigal. I first spoke with [REDACTED] who advised that she and Sigal were walking from their residence to Blue Martini. They began having a verbal argument because [REDACTED] wanted to go to Blue Martini, however Sigal did not. While they were walking in the area of 21000 St Andrews Blvd, [REDACTED] advised that Sigal got upset and pushed her shoulder causing her to fall to the ground. She then got up and called BRPD.

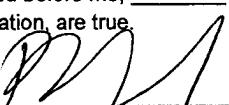
I then spoke with Sigal. Sigal stated that he and [REDACTED] were walking towards Blue Martini. [REDACTED] was trying to get him out of the house, so she wanted to take him to Blue Martini; however Sigal did not want to go. Sigal stated that he then used both hands and pushed [REDACTED] on her shoulder, unknown which. Sigal advised that she did not fall though.

It should be noted that I did not observe any physical injuries or markings. [REDACTED] did not want photos taken and would not write a statement. [REDACTED] also refused to take a domestic violence pamphlet.

I then placed Sigal under arrest for domestic battery under FSS 784.03(1). He was taken to BRPD for processing and then TOT CJ.

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 and subscribed to before me this 24 day of September, 2016


WOLLSCHLAGER, ANTHONY J.
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
CEP 24

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)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- 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#: 16-13984 Agency: BRPD
 Offense: ABDU DOM
 Suspect/Offender: Sigal, Joseph
 D.O.B. 9-23-87 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim _____
 Address _____
 City: _____
 Home: _____

b. Victim's next of kin, friend or neighbor: _____
 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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
 Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Murphy I.D.# 751 Date: 9-24-16