

16MM 11968455

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

1

JUVENILE

OBTS Number		ARREST / WARRANT / 11/1/16		3. Request for Warrant 2. N.T.A. 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2016-013984					
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 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 (Name, DOB, Soc. Sec. #, Etc.) Alias:					
Race W - White		Sex M		Date of Birth 09/23/1987		Height 5'07		Weight 175	
Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Med			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) 				Marital Status S		Religion JEWISH		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 20889 ST ANDREWS BLVD 6, BOCA RATON, FL 33433				Phone (215) 327-2600		Residence Type: 1. City 3. Florida 2. County 4. Out of State			
Permanent Address (Street, Apt. Number) 20889 ST ANDREWS BLVD 6, BOCA RATON, FL 33433				Phone (215) 327-2600		Address Source SUBJECT			
Business Address (Name, Street) PROCORA, BOCA RATON				Phone 		Occupation Sales			
D/L Number, State S240481873430 / FL		Soc. Sec. Number 		INS Number 		Place of Birth (City, State) PHILADELPHIA, PA.		Citizenship US	
Co-Defendant Name (Last, First, Middle) 		Race 		Sex 		Date of Birth 		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle) 		Race 		Sex 		Date of Birth 		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle) 		Residence Phone 					
Address (Street, Apt. Number) 		(City) 		(State) 		(Zip) 		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 		Value of Property 	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No: 		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property 					
Drug Activity N. N/A P. Possess		S. Sell B. 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 DOMESTIC BATTERY		Statute Violation Number 784.03(1A)		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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		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 33484		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 		No Photo Available			
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer 		Name of Arresting Officer (Print) MURPHY, BRITTANIE J.		I.D. # 751		Agency BRPD	
Intake Deputy 		Pouch # 		Transporting Officer Graham		I.D. # 173		Agency BRPD	
Witness here if subject signed with an "X". 		PAGE 1 OF 1							

No
Photo
Available

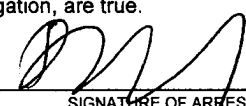
SEP

11/24/2014 4:12

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 09/24/2016 01:13	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-013984																																																																											
	Agency ORI Number FL 0500200																																																																														
DEF	Name (Last, First, Middle) SIGAL, JOSEPH ALEXANDER			Alias																																																																											
CHRG	Charge Description A1 784.03(1) DOMESTIC BATTERY			Race W	Sex M																																																																										
				Date of Birth 09/23/1987																																																																											
VICTIM	[REDACTED]			Date of Birth 06/14/1991																																																																											
	Business Address (Name, Street) (City) (State) (Zip)			Phone	Occupation																																																																										
ADDITIONAL INFORMATION	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING																																																																												
	VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>																																																																														
ADDITIONAL INFORMATION	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND/GIRLF																																																																														
	<table border="0"><tr><td>PHOTOGRAPHS:</td><td>Scene:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>Victim:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>911 CALL:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>CALLER: [REDACTED]</td></tr><tr><td></td><td>WEAPON USED:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>TYPE: HANDS</td></tr><tr><td></td><td>WITNESSES:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>(If YES, attach witness list)</td></tr><tr><td></td><td>INJURIES:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>MEDICAL TREATMENT:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>AT: Scene:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>PARAMEDICS:</td></tr><tr><td></td><td>Hospital:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>PHYSICIAN(S) / HOSPITAL:</td></tr><tr><td></td><td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>NAMES/AGES:</td></tr><tr><td></td><td>H. R. S. NOTIFIED:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>VICTIM PREGNANT:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>VIOLATION OF RESTRAINING ORDER:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>CASE #:</td></tr><tr><td></td><td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><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"/>	<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:		ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:		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 #:		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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NOTE	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] and [REDACTED] stated that she and her boyfriend, W/M Joseph Sigal, got into a physical altercation.																																																																														
ADDITIONAL INFORMATION	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>24</u> day of <u>September</u> , <u>2016</u> . SCANNED WOLLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) SEP 24 2016																																																																														

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

N Upon arrival I made contact with [REDACTED] and Sigal. I first spoke with [REDACTED] who
 A advised that she and Sigal were walking from their residence to Blue Martini. They began having a verbal
 R argument because [REDACTED] wanted to go to Blue Martini, however Sigal did not. While they were
 A walking in the area of 21000 St Andrews Blvd, [REDACTED] advised that Sigal got upset and pushed her
 T shoulder causing her to fall to the ground. She then got up and called BRPD.
 I
 V I then spoke with Sigal. Sigal stated that he and [REDACTED] were walking towards Blue Martini.
 E [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 to and subscribed to before me this 24 day of September, 2016.

SCANNED
 CFP 24
 WOLLSCHLAGER, ANTHONY J
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.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)
- 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: AABD DDM
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

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____