

J# 0496534

19CF1838

23

rough areas only

ADMINISTRATION	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 3. Request for Warrant	1	Juvenile													
	Agency ORI Number FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06.19-041848																
	Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized/Type		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Multiple Clearance Indicator													
	Location of Arrest (Including Name of Business) 4131 Shady Ln Boynton Beach FL 33436		Location of Offense (Business Name, Address) 4131 Shady Ln Boynton Beach FL 33436																			
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle															
	Feb 25, 2019		0145																			
	Name (Last, First, Middle) Vail, Joyce				Alias (Name, DOB, Soc. Sec. #, Etc.)																	
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build													
	W	F	12/04/1964	5'04	120	Gray	Green	Light	Slim													
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk															
					Married	Catholic																
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Residence Type														
	4131 Shady Ln		Boynton Beach	Florida	33436	(561) 358-6594		1. City 3. Florida														
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source														
4131 Shady Ln		Boynton Beach	Florida	33436	(561) 358-6594		FCIC/NCIC															
Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Occupation															
							NO Occupation															
CO-DEF	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth															
	V400424849440 Florida						Bronx, NY															
JUVENILE	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	Citizenship															
							US															
CHARGE	Parent Name (Last) (First) (Middle)			Residence Phone		Other																
	Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone															
	Notified by: (Name)			Date	Time	Juvenile Disposition																
						1. Handled/Processed within Dept. and Released																
	Released To: (Name)			Relationship	FCIC/NCIC	Date	Time	Grade														
	The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address:			School Attended		Grade																
CODE	Recovery Information																					
	0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other																					
CHARGE	Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produced/Cultivate		Z. Other		Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown	
	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
CHARGE	Charge Description			Counts	Domestic Violence		Statute Violation Number		Violation of ORD #													
	Aggravated battery W/ Deadly Weapon			1	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		784.045(1)(a)(2)															
CHARGE	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
	N/A		N/A		N/A		19-041348															
CHARGE	Charge Description			Counts	Domestic Violence		Statute Violation Number		Violation of ORD #													
	Resist officer (without violence)			1	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		843.02															
CHARGE	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
	N/A		N/A		N/A		19-041348															
CHARGE	Charge Description			Counts	Domestic Violence		Statute Violation Number		Violation of ORD #													
	Capias FTA			1	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		843.15															
CHARGE	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
	N/A		N/A		N/A		19-041348		1807110 CTAXX													
CHARGE	Charge Description			Counts	Domestic Violence		Statute Violation Number		Violation of ORD #													
NOTICE TO APPEAR	Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)																			
	Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side		Court Date and Time																			
		Month		Day		Year		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 FAIL TO APPEAR AT 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.								FEB 25 AM 3:59														
Signature of Defendant (or Juvenile and Parent/Custodian)								Date Signed														
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)															
			X																			
<input checked="" type="checkbox"/> Dangerous		<input checked="" type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print)		I.D. #		PAGE														
<input checked="" type="checkbox"/> Suicidal		Other:		D/S O. Allen		32402																
Intake Deputy		I.D. #		Pouch #		Transporting Officer		I.D. #		Agency												
						32402																

NO BOND (2) W/ FTA 7/19 250 (3) 4/100

2019 FEB 25 AM 3:59
FEB 25 AM 3:59
4M 5:58

Officer: [Signature]

Officer: [Signature]

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA

3 Request for Warrant
4 Request for Copies

1

Juvenile

OBTS Number	PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Copies	1	Juvenile
-------------	--------------------------	--	-------------------	---	---	----------

Agency ORI Number FL05000000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 19-041348
---------------------------------	---	-----------------------------------

Charge Type Check as many as apply	<input checked="" 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	Special Notes
---------------------------------------	---	---	--	---------------

Name (Last, First, Middle) Vail, Joyce	Alias	Race W	Sex F	Date of Birth 12/04/64
---	-------	-----------	----------	---------------------------

Charge Description Resist officer (without violence) 843.02	Charge Description
--	--------------------

Charge Description Aggravated battery W/ Deadly Weapon 784.045(1)(a)(2)	Charge Description
--	--------------------

Victim's Name (Last, First, Middle) Burns, Jay	Race W	Sex M	Date of Birth 04/17/62
---	-----------	----------	---------------------------

Local Address (Street, Apt Number) 4131 Shady Ln	(City) Boynton Beach	(State) FL	(Zip) 33436	Phone (561) 541-8943	Address Source Person
---	-------------------------	---------------	----------------	-------------------------	--------------------------

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone ()	Occupation Construction
---------------------------------	--------	---------	-------	--------------	----------------------------

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. was observed by _____ who told _____

confessed to _____ that he/she saw the arrested person commit the below acts.

admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 24 day of February 2019 at 2300 A.M. P.M. (Specifically include facts constituting cause for arrest.)

Upon my arrival contact was made with a white male later identified as Jay Burns DOB 04/17/62 who appears to have a head injury along the right side of his head who was later transported to DCH.

During an investigation with at Jay who advised that while inside the residence he went to check on his roommate Joyce Vail DOB 12/04/64 to make sure that she was okay and upon opening Joyce's room door, she became upset that he observed her in the act of shooting Cocaine. He then advised that Joyce then shood up stating that she is going to get him at that point Jay was afraid and ran towards the front door to exit the residence. As Jay attempted to exit the residence he turned to see if Joyce was still following and that's when he could hear the sound of what could be a small hand gun being fired and seeing a muzzle flash, then suddenly experiencing large amount of pain along the right side of his head. Jay then advised that when he turned he could see Joyce holding a small silver in color over and under barrel handgun with a black handle.

While on scene at the residence at 4131 Shady Ln Joyce refused to exit the residence despite various attempts by units on scene via land line and also acquaintances that she knows personally.

I find probable cause exit to charge Joyce Vail with violation of F.S.S. 784.045(1)(a)(2) for Aggravated battery W/ Deadly Weapon and F.S.S 843.02 for Resist officer (without violence).

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of February 2019 by D/S ALLEN

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

ADMINISTRATIVE

PROBABLE CAUSE STATEMENT

VICTIM

DEF

ADMIN

NOTICE

11



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019006585	Date: 2/25/2019
	Specialist Name/ID: Gammage/5660