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Wmm 2/26/18

2601

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 18-043365				
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input 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		Multiple Clearance Indicator 01						
Location of Arrest (Including Name of Business) 216 N FEDERAL HWYAPT 6 LAKE WORTH FL 33460				Location of Offense (Including Name of Business) 216 N FEDERAL HWY APT 6 LAKE WORTH FL 33460						
Date of Arrest 02/26/2018	Time of Arrest 0238	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle NA				
Name (Last, First, Middle) NEWBROUGH MALLORY KAY				Alias (Name, DOB, Soc. Sec. # Etc.)						
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 05/23/1990	Height 5'3	Weight 125	Eye Color BLUE	Hair Color BROWN	Complexion FAIR	Build SMALL		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status SINGLE	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> 1. City 3. Florida 2. County 4. Out of State				
Local Address (Street, Apt. Number) 216 N FEDERAL HWYAPT 6		City LAKE WORTH	State FL	Zip 33460	Phone 443-223-7659	Residence Type 1. City 3. Florida 2. County 4. Out of State				
Permanent Address (Street, Apt. Number) 216 N FEDERAL HWYAPT 6		City LAKE WORTH	State FL	Zip 33460	Phone 443-223-7659	Address Source FL DL				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation ACTOR				
DL Number, State N162-551-90-683-0		Social Security Number		INS Number	Place of Birth WASHINGTON DC	Citizenship USA				
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			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)						Phone			
Address (Street, Apt. No.)		City	State	Zip	Business Phone					
Notified By (Name)		Date	Time	Juvenile Disposition 1. Released with conditions 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 561-366-2526) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended		Grade				
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 Dispense Distribute	M Manufacture Produce Cultivate	Z Other	Drug Type N N/A A Amphetamine	B Barbiturate C Cocaine E Heroin	H Hallucinogen M Marijuana	P Prescription Equipment	U Unknown Z Other
Charge Description DOMESTIC BATTERY (SIMPLE)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense # 18-043365	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"/>										
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 IF I 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		Signature of Arresting Officer		Name Verification (Printed by Arrestee)						
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S J KERNER		ID # 21410		(PRINT)				
Intake Deputy SPANN B101		ID # Pouch #		Transporting Officer ID # D/S J KERNER		Agency PBSO				
Witness here if subject is under 18						Page 1 of 1				

No Bond

NOTIFICATION REQUIRED

FEB 26 AM 9:44

2018 FEB 26 AM 5:44

SPANNED
FEB 26 2018

OBTs Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request For Warrant	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		18-043365		
Charge Type Check as many as apply		Special Notes						
<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								
Defendant Name (Last, First, Middle) NEWBROUGH MALLORY KAY				Race W	Sex F	Date of Birth 05/23/1990		
Charge DOMESTIC BATTERY (SIMPLE)		Charge						
Victim Name (Last, First, Middle) THOMPSON JUSTIN DAVID		Race B	Sex M	Date of Birth 04/23/1982				
Local Address (Street, Apt. Number) 216 N FEDERAL HWYAPT 6		City LAKE WORTH	State FL	Zip 33460	Phone 561-954-293	Address Source FL DL		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
The undersign 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...								
<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.						
<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.						
On the 26 day of February 20 18 at 0209 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM								

ON 02/26/2018 AT 0209 HOURS, I RESPONDED TO 216 APT 6 N FEDERAL HWY LAKE WORTH, PALM BEACH COUNTY, FL 33460 IN REFERENCE TO A DOMESTIC BATTERY.

UPON ARRIVAL AT ABOVE ADDRESS, I KNOCKED ON THE DOOR, AND A BLACK MALE ANSWERED THE DOOR, WITH THE RIGHT SIDE OF HIS FACE PUFFY AND SCRATCHED, I THEN ASKED HIM TO STEP OUTSIDE. WHEN I LOOKED INTO THE APT THERE APPEARED TO BE BROKEN GLASS, AND BLOOD ON THE FLOOR. I THEN OBSERVED A WHITE FEMALE ON THE BED, OUT OF BREATH, AND STARRING AT THE CIELING. THE FEMALE WAS LATER IDENTIFIED AS MALLORY NEWBROUGH.

AFTER MULTIPLE ATTEMPTS OF ASKING MALLORY WHAT HAPPENED, I WAS ABLE TO GATHER THE FACTS. SHE STATED THAT HER AND HER BOYFRIEND JUSTIN THOMPSON (04/23/1982) WERE IN AN ARGUMENT AND THAT SHE GRABBED HIS PHONE AND SMASHED IT. JUSTIN THEN GRABBED HER PHONE AND SMASHED. AT THIS POINT WITH HER RIGHT HAND SHE HIT HIM WITH A CLOSED FIST IN HIS RIGHT EYE, AND SCRACHED HIM.

I THEN SPOKE WITH JUSTIN, WHO STATED THAT SHE SMASHED HIS PHONE, AND THEN HE HAD HER PHONE SO SHE PUNCHED HIM IN FACE. IN ORDER TO STOP HER FROM HITTING HIM, HE HELD HER DOWN ON THE BED, AND THEN WE KNOCKED ON THE DOOR.

MALLORY HAS BRUISING, AND SCRATCHES ON HER KNUCKLES. JUSTIN HAD NO VISBLE MARKS, OR REDNESS ON HIS HANDS.

BASED ON MY INVESTIGATION I HAVE PROBABLE CAUSE TO CHARGE MALLORY WITH MISDEMEANOR BATTERY (DOMESTIC) PURSUANT TO FSS 784.03(1)(a)(1).

MALLORY WAS PLACED INTO HANDCUFFS, CHECKED FOR PROPER FITTING, AND DOUBLE LOCKED.

MALLORY WAS ARRESTED AND BOOKED AT PBSO JAIL WITHOUT INCIDENT.

The foregoing instrument was sworn to and affirmed before me this 26 day of February 20 18 , by:	
D/S J. DESMOND 9714	D/S J KERNER 21410
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
FEB 26 2018

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause Affidavit)

Defendant: NEWBROUGH MALLORY KAY DOB: 05/23/1990 Case #: 18-043365

Victim: THOMPSON JUSTIN DAVID DOB: 04/23/1982 Race: B Sex: M

Relationship between Victim and Defendant: BOYFRIEND/GIRLFRIEND

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: SCRATCHES, AND SWOLLEN RIGHT EYE

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are children living in the home? Yes No DCF Notified? Yes No

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Injunction: Yes No Case #: _____

No Contact Order: Yes No Case #: _____

Alcohol or Drugs: Yes No Unknown

Prior history of Domestic/Dating Violence Yes No

Defendant's statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: ARGUMENT OVER PAST RELATIONSHIPS

Victim's statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: ARGUMENT OVER PAST RELATIONSHIPS

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone _____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim contact information:

Local Address: 216 N FEDERAL HWYAPT 6

LAKE WORTH FL 33460

Phone: Home: 561-954-293 Work: _____ Cell: 561-954-7293

Employer: _____

Name of Relative: _____ Phone: _____

SCANNED
FEB 26 2018

VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- 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.)
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

SUSPECT/OFFENDER

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-043365 Agency: Palm Beach County Sheriff's Office
Offense: DOMESTIC BATTERY (SIMPLE)
Suspect/Offender: NEWBROUGH MALLORY KAY
DOB: 05/23/1990 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: THOMPSON JUSTIN DAVID DOB: 04/23/1982 Race: B Sex: M
Address: 216 N FEDERAL HWY APT 6
City: LAKE WORTH State: FL Zip: 33460
Home #: 561-954-293 Work #: _____ Other #: _____

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 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: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S J KERNER ID #: 21410 Date: 02/26/2018

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

SCANNED
FEB 26 2018