ARREST / NOTICE TO APPEAR

0246615

4

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0502600

Agency Name: Palm Beach Gardens Police Department

Agency Report Number (N.T.A.'s only): 7 | 8 | 16-004575

Charge Type: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [X] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

160F8757

If Weapon Seized: Enter Type: Hands, Feet, Fist, Teeth

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 3360 BURNS RD

Location of Offense (Business Name, Address): 4308 DAWNRIDGE ST, PALM BEACH GARDENS, FL 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/02/2016	01:30	09/02/2016	01:40			

DEFENDANT

Name (Last, First, Middle): GREENWOOD, MARK CHRISTOPHER

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias: GREENWOOD, MARK C | GREENWOOD, MARK

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/22/1979	6'01	120	BLUE	BLONDE /	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT R ARM / BLUE BAND

Marital Status: M

Religion:

Indication of: Alcohol Influence [X] Yes [ ] No [ ] Unk. Drug Influence [ ] [X] [ ]

Local Address (Street, Apt. Number) (City) (State) (Zip): 4308 DAWNRIDGE ST, PALM BEACH GARDENS, FL 33410

Phone: (561) 818-7076

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 4308 DAWNRIDGE ST, PALM BEACH GARDENS, FL 33410

Phone: (561) 818-7076

Address Source: SELF

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

DVL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G653543790220 / FL	[redacted]		WEST PALM BEACH,	US

CO-DEF

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth:

[ ] 1. Arrested [ ] 3. Felony [ ] 5. Juvenile [ ] 2. At Large [ ] 4. Misdemeanor

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth:

[ ] 1. Arrested [ ] 3. Felony [ ] 5. Juvenile [ ] 2. At Large [ ] 4. Misdemeanor

JUVENILE

[ ] Parent [ ] Other: [ ] Legal Custodian

Name (Last, First, Middle):

Address (Street, Apt. Number) (City) (State) (Zip): 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 [ ] defendant and/or [ ] 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.

[ ] Yes, by: [ ] No:

School Attended: Grade:

Property Crime? [ ] Yes [X] No

Description of Property: Value of Property:

VICTIM NOTIFICATION REQUIRED

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disposes/ 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/Derv P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description: BATTERY - FELONY DOMESTIC BY STRANGULATION

Statute Violation Number: 784.041(2)(A)

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	16-004575	1	[X] Y [ ] N		

CHARGE

Charge Description: BATTERY - CAUSE BODILY HARM

Statute Violation Number: 784.03(1)(A)(2)

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	16-004575	1	[X] Y [ ] N		

CHARGE

Charge Description:

Statute Violation Number:

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			[ ] Y [ ] N		

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: [ ] Mental [ ] Escape Risk [ ] Medication [ ] Deformities [ ] Injuries

Explain:

Check which applies: [ ] Released O.R. [ ] Released to Parent/Guardian [ ] T.O.T. County Jail [ ] Posted Bond [ ] South County Mental Health

PROPERTY - Received By: Released By: Released To:

Transported By: Date Transported: / / : : Time Transported: Other:

NOTICE TO APPEAR

[X] INSTRUCTION NO. 1 - Mandatory appearance in court

[ ] INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room):

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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

2016 SEP -2 AM 5:23

No Photo Available

ADMIN

HOLD for Other Agency: [ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other

Intake Deputy: I.D. # Pouch #

Signature of Arresting Officer:

Name of Arresting Officer (Print): HAYASHI, TATSUAKI I.D. # 408

Transporting Officer: HAYASHI I.D. # 408 Agency: PBGPD

Name Verifications (Printed by Arrestee): (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

[ ] COURT [ ] STATE ATTORNEY [ ] AGENCY [ ] CENTRAL RECORDS [ ] JAIL [ ] CRIME ANALYSIS [ ] P. I. O. [ ] DEFENDANT

NOT A CERTIFIED COPY

SCANNED

SEP 02 2016 8:54

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
09/01/2016 23:41	FL 0502600	PALM BEACH GARDENS POLICE	7 | 8 | 16-004575

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
GREENWOOD, MARK CHRISTOPHER	GREENWOOD, MARK C	W	M	01/22/1979

CHRG

Charge Description: 784.041(2)(A) BATTERY - FELONY DOMESTIC BY STRANGULATION

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
RAPER, BRITTANY JILL	W	F	01/17/1985

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
4308 DAWNRIDGE ST, PALM BEACH GARDENS, FL 33410		
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☒	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **DISTRAUGHT**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **WIFE/HUSBAND**

		YES	NO	
PHOTOGRAPHS:	Scene:	☐	☒	
	Victim:	☒	☐	
911 CALL:		☐	☒	CALLER:
WEAPON USED:		☐	☒	TYPE:
WITNESSES:		☐	☒	(If YES, attach witness list)
INJURIES:		☒	☐	
MEDICAL TREATMENT:		☒	☐	
AT:	Scene:	☐	☒	PARAMEDICS:
	Hospital:	☒	☐	PHYSICIAN(S) / HOSPITAL: **PBG MEDICAL CENTER**
ACT COMMITTED IN PRESENCE OF MINOR(S):		☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:		☐	☒	
VICTIM PREGNANT:		☐	☒	
VIOLATION OF RESTRAINING ORDER:		☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		☐	☒	
ALCOHOL OR DRUGS INVOLVED:		☒	☐	

NARR

On Thursday, September 1, 2016 at approximately 11:41 PM I responded to the Palm Beach Gardens Medical Center located at 3360 Burns Rd. in the City of Palm Beach Gardens, Palm Beach County, Florida in reference to a welfare check of an individual. Dispatch had fielded a call in which the complainant had driven the subject in question, Brittany Raper, to the hospital due to injuries sustained as result of her husband, Mark

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 1 day of September, 2016.

BOSCHEN, ROBERT B
NOTARY PUBLIC / CLERK OF COURT / OFFICER (R... 11/ 10)

SCANNED
SEP 02 2016

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COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
09/01/2016 23:41		
Agency ORI Number	Agency Name	Agency Report Number
FL 0502600	PALM BEACH GARDENS POLICE	7 8 16-004575

NARRATIVE

Christopher Greenwood, at their residence at 4308 Dawnridge Street also located in Palm Beach Gardens.

Upon my arrival at the Palm Beach Gardens Medical Center I made contact with Raper who was distraught and covered in freshly dried blood about her upper body. I inquired as to what had transpired to which she provided a sworn statement that she got into a fight with the lawn mower. She then rescinded and stated that her husband had gotten angry, punched a large picture frame which subsequently shattered and fell on her. The injuries were not consistent with her claim and she eventually stated that Greenwood placed his hands around her neck while she was held down on the floor, choking her in the process. She stated that she had difficulty breathing during the act. She had gotten into an argument with Greenwood and out of fear, left her residence and went over to a neighbor`s to explain what had taken place. Raper`s neck exhibited redness consistent with strangulation and several contusions about her upper right arm during examination at the medical facility.

Based upon my investigation probable cause exists to charge Mark Greenwood with one count each of battery by strangulation and battery, pursuant to Florida State Statutes 784.041(2)(A) and 784.03(1)(A)(2), respectively.

NOT A CERTIFIED COPY

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 1 day of September, 2016.

BOSCHEN, ROBERT B
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
SEP 02 2016

COURT STATE ATTORNEY CENTRAL RECORDS IAII CRIME ANALYSIS P.I.O.