

## ARREST / NOTICE TO APPEAR

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

1

JUVENILE

A D M I N I S T R A T I O N				ARREST / NOTICE TO APPEAR																	
Agency ORI Number <b>0500200</b>				Agency Name <b>Boca Raton Police Department</b>				Agency Report Number (N.T.A.'s only) <b>3 1 2   2017-007629</b>													
Charge Type: Check as many as apply 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor 5. Ordinance 6. Other				If Weapon Seized Enter Type <b>Hands, Feet, Fist, Teeth</b>							Multiple Clearance Indicator										
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)																	
Date of Arrest <b>05/26/2017</b>		Time of Arrest <b>05:41</b>		Booking Date <b>05/26/2017</b>		Booking Time <b>06:15</b>		Jail Date <b>05/26/2017</b>		Jail Time <b>06:15</b>		Location of Vehicle <b>N/A</b>									
Name (Last, First, Middle) <b>MCGINLEY, MEGAN ELIZABETH</b>																					
Alias: <b>Alias:</b>																					
Race W - White B - Black		Sex W - Female B - Black		Date of Birth <b>10/03/1991</b>		Height <b>5'06</b>		Weight <b>108</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>S</b>		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>							
Local Address (Street, Apt. Number)		(City) <b>150 NW 70TH ST 203, BOCA RATON, FL 33432</b>		(State)		(Zip)		Phone <b>(561) 789-4668</b>						Residence Type: 1. City      3. Florida 2. County      4. Out of State <b>1</b>							
Permanent Address (Street, Apt. Number)		(City) <b>150 NW 70TH ST 203, BOCA RATON, FL 33432</b>		(State)		(Zip)		Phone <b>(561) 789-4668</b>						Address Source							
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone						Occupation <b>SUBJECT</b>							
D/L Number, State <b>M254545918630 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Boca Raton, FL</b>		Citizenship						Waitress							
Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth							
Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth							
<input type="checkbox"/> Parent <input type="checkbox"/> Other: <b>No Bond</b>		Name (Last, First, Middle)												Residence Phone							
Address (Street, Apt. Number)		(City)		(State)		(Zip)								Business Phone							
Notified by: (Name)								Date		Time		JUVENILE DISPOSITION									
Released To: (Name)		Relationship				Date		Time		School Attended		1. Handled/Processed within Department and Released		2. TOT JAC							
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.												3. Incarcerated		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. Disperses/ 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 <b>BATTERY</b>														Statute Violation Number		Violation of ORD # <b>784.03(1A1)</b>					
Drug Activity <b>N</b>		Drug Type		Amount / Unit <b>/</b>		Offense # <b>2017-007629</b>		Counts <b>1</b>		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 <b>/</b>		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond					
Charge Description														Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit <b>/</b>		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond					
Health / Apparent Physical Condition of Defendant <b>WELL</b>														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:							
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 <b>MCQUISTON</b>		Released By <b>MCQUISTON</b>		Released To <b>PBC</b>											
Transported By						Date Transported <b>05/26/2017</b>		Time Transported <b>07:30</b>		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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>							
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 I 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 <b>5/26/2017</b>							
HOLD for Other Agency		Signature of Arresting Officer <b>Dee E 785</b>														Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>MCQUISTON, DEREK K.</b>		I.D. # <b>785</b>		(PRINT)		MAY 26 AM 8:57											
Intake Deposit <b>Cpl. Hardemon 4716</b>		ID # <b>791</b>		Pouch # <b>Horne</b>		Transporting Officer <b>BRPD</b>		I.D. # <b>791</b>		Agency <b>BRPD</b>				PAGE <b>1 OF 1</b>							
														Witness here if subject signed with an "X".							

 No  
Photo  
Available  
  
CC: 5:55

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>05/26/2017 05:41</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>			Agency Report Number <b>3   2   2017-007629</b>	
D E F	Name (Last, First, Middle) <b>MCGINLEY, MEGAN ELIZABETH</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/03/1991</b>	
C H R G	Charge Description <b>784.03(1A1) BATTERY</b>					
V I C T I M	Victim's Name (Last, First, Middle) [REDACTED]	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/24/1959</b>		
Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone	Address Source		
Business Address (Name, Street) (City) (State) (Zip)			Phone	Occupation		
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Written Taped Oral VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>WELL</b>				
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>FATHER/DAUGHTER</b>						
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> YES Victim: <input type="checkbox"/> <input checked="" type="checkbox"/>	NO			
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/> CALLER:			
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/> TYPE:			
	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"/>				
NARRATIVE						
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.						
<u>Dee e 785</u> SIGNATURE OF ARRESTING OFFICER						
Sworn to and subscribed to before me this <u>26</u> day of <u>May</u> , <u>2017</u> .						
<u>MORAN, JOHN TODD</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

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 <b>05/26/2017 05:41</b>	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-007629</b>
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On 05/26/2017 at approximately 0511 hours, I responded to [REDACTED] in reference to a domestic disturbance. Upon arrival, I made contact with Megan McGinley and [REDACTED] at the residence.

[REDACTED] stated that he had an argument with [REDACTED], Megan about her being intoxicated and wanting to have the keys to her car so that she could drive. When [REDACTED] told her that she would not be driving due to the status that she was in she became hostile and poked and pushed him. [REDACTED] later stated that she had punched him in the face following the argument.

Megan McGinley stated that she had punched [REDACTED] in the face. When I asked her why she punched [REDACTED] she said that she did not want to talk to me any further. Megan stated "Either fucking arrest me or let me fucking go!" Megan was advised that if she did not wish to discuss the events, I would have to base my decision upon the facts both parties had provided and she still did not wish to communicate with me.

Based upon the findings of my investigation, I placed Megan McGinley under arrest for Domestic Battery (F.S. 784.03(1A1)). She was transported to BPD for booking and then County Jail. I did not observe any physical injuries on [REDACTED] and he refused to be photographed. It should be noted that [REDACTED] was provided with a Domestic Violence Pamphlet. [REDACTED] refused to fill out a witness statement regarding the incident.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

Dee e 785

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 26 day of May, 2017.

MORAN, JOHN TODD  
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#: 2017-0076291 Agency: Boca Raton P.D.  
Offense: Domestic Battery  
Suspect/Offender: Megan McGinley  
D.O.B. 10-3-91 Race: White Sex: Female

2. Warrant#(s): \_\_\_\_\_

3.a. Victim: [REDACTED]  
Address: [REDACTED]  
City: [REDACTED]  
Home: [REDACTED]

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: MC Quiston I.D.# 785 Date: 5/26/17

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

SUSPECT/OFFENDER: Megan McGinley

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#: