

ARREST / NOTICE TO APPEAR

ADMINISTRATIVE	OBT Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-007629		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE																																																
	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		Location of Arrest (Including Name of Business) [Redacted]		Location of Offense (Business Name, Address) [Redacted]		Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator																																																		
	Date of Arrest 05/26/2017		Time of Arrest 05:41		Booking Date 05/26/2017		Booking Time 06:15		Jail Date 05/26/2017		Jail Time 06:15		Location of Vehicle N/A																																														
DEFENDANT	Name (Last, First, Middle) MCGINLEY, MEGAN ELIZABETH										Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)																																																
	Race W - White B - Black W		Sex M - Male F - Female F		Date of Birth 10/03/1991		Height 5'06		Weight 108		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build																																										
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>																																												
ADDRESS	Local Address (Street, Apt. Number) 150 NW 70TH ST 203, BOCA RATON, FL 33432										(City)		(State)		(Zip)		Phone (561) 789-4668		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1																																								
	Permanent Address (Street, Apt. Number) 150 NW 70TH ST 203, BOCA RATON, FL 33432										(City)		(State)		(Zip)		Phone (561) 789-4668		Address Source SUBJECT																																								
	Business Address (Name, Street) [Redacted]										(City)		(State)		(Zip)		Phone [Redacted]		Occupation Waitress																																								
CO-DEFENDANT	D/L Number, State M254545918630 / FL		Soc. Sec. Number [Redacted]		INS Number		Place of Birth (City/State) Boca Raton, FL		Citizenship																																																		
	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																																										
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Other: No Bond		Name (Last, First, Middle)										Residence Phone																																												
	Address (Street, Apt. Number) [Redacted]										(City)		(State)		(Zip)		Business Phone																																										
	Notified by: (Name) [Redacted]										Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated																																												
RELEASED	Released To: (Name) [Redacted]										Relationship		Date		Time		VICTIM NOTIFICATION REQUIRED		Grade																																								
	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.										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property																																												
	CO-DEFENDANT										Drug Activity S. Sell N. N/A P. Possess		S. Sell D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type 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	Charge Description BATTERY										Statute Violation Number		Violation of ORD # 784.03(1A1)																																														
	Drug Activity		Drug Type N		Amount / Unit /		Offense # 2017-007629		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 #																																														
CHARGE	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																																				
IN TAKE	Health / Apparent Physical Condition of Defendant WELL										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"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail										PROPERTY - Received By MCQUISTON		Released By MCQUISTON		Released To PBC																																												
	Transported By										Date Transported 05/26/2017		Time Transported 07:30		Other																																												
NOTICE TO APPEAR	<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 33444										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) [Redacted]										Date Signed [Redacted]																																																
ADMINISTRATIVE	HOLD for Other Agency										Signature of Arresting Officer Dee E 785										Name Verification (Printed by Arrestee) MAY 26 AM 8:57																																						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Name of Arresting Officer (Print) MCQUISTON, DEREK K.										I.D. # 785																																						
	Intake Deputy Cpl. Hardemon 4716										Pouch # Horne										Transporting Officer Horne										I.D. # 791										Agency BRPD										PAGE 1 OF 1								

Horne

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 05/26/2017 05:41		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-007629		
	Name (Last, First, Middle) MCGINLEY, MEGAN ELIZABETH						Race W	Sex F	Date of Birth 10/03/1991
CHRG	Charge Description 784.03(1A1) BATTERY								
VICTIM	Victim's Name (Last, First, Middle) [REDACTED]						Race W	Sex M	Date of Birth 06/24/1959
	Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]						Phone [REDACTED]		Address Source
	Business Address (Name, Street) (City) (State) (Zip) [REDACTED]						Phone [REDACTED]		Occupation
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): WELL						
RELATIONSHIP BETWEEN VICTIM & SUSPECT FATHER/DAUGHTER									
ADDITIONAL INFORMATION	PHOTOGRAPHS:		Scene:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
			Victim:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	911 CALL:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER:					
	WEAPON USED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE:					
	WITNESSES:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(If YES, attach witness list)					
	INJURIES:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	MEDICAL TREATMENT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	AT: Scene:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS:					
	Hospital:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL:					
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAMES/AGES:					
H. R. S. NOTIFIED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
VICTIM PREGNANT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CASE #:						
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
NARR	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

ADMINISTRATIVE	Date / Time	05/26/2017 05:41		
	Agency ORI Number	Agency Name	Agency Report Number	
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2017-007629	
NARRATIVE	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 BRPD 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, _____ 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>26</u> day of <u>May</u> , <u>2017</u> . _____ 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#: 2017-007629 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: _____
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: McQuiston I.D.# 785 Date: 5/20/17

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

SUSPECT/OFFENDER: Megan McGinley

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