

ADMINISTRATIVE	OBTS Number		Arrest / Notice to Appear Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		Juvenile		
	Agency ORI Number FLO 502700		Agency Name PALM SPRINGS POLICE DEPARTMENT				Agency Report Number 82-2019 14383				
	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		Weapon Seized / Type N/A		
	Location of Arrest (Including Business Name) 985 Manor Dr. apt. 15 Palm Springs FL 33461		Location of Offense (Business Name, Address) 985 Manor Dr. apt 15 Palm Springs FL 33461				Multiple Clearance Indicator				
DEPENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) GWINN, MORGAN		Alias								
	Race: W - White I - American Indian B - Black O - Oriental/Asian		Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	
	Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description)		Marital Status	Religion	Indication Of	Alcohol Influence	Drug Influence	Yes	Unk		
	Local Address (Street, Apt, Number) (City) (State) (Zip) 985 Manor Dr. apt 15 Palm Springs FL 33461				Phone 847-915-2565		Residence Type: 1 City 3 Florida 2 County 4 Out of State				
	Permanent Address (Street, Apt, Number) (City) (State) (Zip)				Phone		Address Source				
	Business Address (Street, Apt, Number) (City) (State) (Zip)				Phone		Occupation				
	D/L Number, State G50054090759; IL		Social Security Number		INS Number		Place of Birth (City, State) HOUSTON, TX		Citizenship US		
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone						
	Local Address (Street, Apt, Number) (City) (State) (Zip)		Business Phone								
	Notified by: (Name)		Date	Time	Juvenile Disposition:	1. Handled/Processed within 2. TOT HRS/DYS Dept. and Released 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes by: (name) <input type="checkbox"/> No:						School Attended		Grade		
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property					
	Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate				Drug Type		B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv S. Synthetic				
	Charge Description simple battery		Counts 1	Domestic Violence	Yes	Statute Violation Number 784.03(1)(a)(1)		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit		Offense Number 2019 14383		Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit		Offense Number		Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit		Offense Number		Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit		Offense Number		Warrant / Capias Number		Bond		
NOTICE TO	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) TBA								
	<input type="checkbox"/> 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: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.				
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			
ADMIN.	HOLD for other agency Name:		Signature of Arresting Officer				Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of arresting Officer (Print) DET SHACKELFORD				I.D.# 104		(PRINT) AUG 11 2019		Page
	Intake Deputy		Pouch #		Transporting Officer DET SHACKELFORD		I.D.# 104		Agency PSPD		1 Of 1
	Witness here if subject signed with X										

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PALM SPRINGS POLICE DEPARTMENT
DOMESTIC VIOLENCE
PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

ON THE 10 DAY OF August 2019, AT 9:29 AM / PM
SUBJECT: Gwinn, Morgan DOB: 6/4/1990 CASE NUMBER: 2019-14383
CHARGE DESCRIPTION: Simple Battery (Domestic) STATUTE NUMBER: 784.03(1)(a)(1)
VICTIM: Laws, Zachary DOB: 1/23/1992 RACE: W SEX: M
LOCAL ADDRESS: 985 Manor Dr. Apt 15 Palm Springs FL 33461

PERSONAL CONTACT

NARRATIVE:

On 8/10/19 at approximately 2129 hrs I responded to 985 Manor Dr. apt 15 Palm Springs Palm Beach County, Florida in reference to a domestic battery. Upon arrival I made contact with the male, Zachary Laws. Laws stated he was in a verbal argument with his live in girlfriend, Morgan Gwinn. Law stated he reached for the glass of wine Gwinn was drinking because he was concerned for her health. Laws stated when he grabbed the glass of wine from Gwinn she hit him in the right eye causing a scratch mark to the eye lid. Laws stated Gwinn also kicked him in the groin. Laws showed me his eye lid and I observed a small scratch that had broken the skin.

After speaking to Laws I made contact with Gwinn inside of the apartment. Gwinn stated she was in an argument with Laws and he pushed her down to the ground while she was drinking a glass of wine. Gwinn stated she never struck Laws at any time during the argument.

When I looked in the kitchen, I observed a empty wine bottle and a empty case of beer. After speaking to both parties involved, I determined that Morgan Gwinn was the primary aggressor in this incident and placed her under arrest. Gwinn was placed in handcuffs with her hands behind her back. The cuffs were double locked and checked for tightness. Gwinn was then escorted to my patrol vehicle and transported to Palm Springs Police Department for further paperwork to be completed. After paperwork was completed Gwinn was transported to Palm Beach County Jail.

DEFENDANT'S STATEMENTS: (Written / Taped / Oral)

Gwinn stated she had been drinking wine when the altercation occurred. Gwinn stated she never struck Laws at any time

VICTIM'S STATEMENTS: (Written / Taped / Oral)

Laws stated he was hit and scratched in the right eye by Gwinn. Laws became upset when Gwinn was arrested and refused to cooperate any further with the investigation. Laws would not allow photographs to be taken of the injury or complete a statement.

OBSERVATIONS OF VICTIM (PHYSICAL AND EMOTIONAL)

Laws was also drinking. Laws stated Gwinn hit him in the right side of the face, scratched his right eye and kicked him in the groin I observed a small scratch that broke the skin of the right eye lid. Law was agitated at the end of the investigation.

SCANNED
AUG 11 2019

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Boyfriend/ Girlfriend

PHOTOGRAPHS:

SCENE: YES NO
VICTIM: YES NO

911 CALL: YES NO

CALLER: Laws and Gwinn

WEAPON USED YES NO

TYPE: hands, fist, feet

WITNESSES: YES NO (IF YES, ATTACH WITNESS LIST)

INJURIES: YES NO

MEDICAL TREATMENT: YES NO

AT: SCENE: YES NO
AT: HOSPITAL: YES NO

PARAMEDICS: _____
PHYSICIAN(S): _____
HOSPITAL: _____

ARE THERE CHILDREN LIVING IN THE HOME: YES NO
NAME(S) & DOB: _____

WAS ACT COMMITTED IN FRONT OF MINOR(S): YES NO
NAME(S) & DOB: _____

H.R.S. NOTIFIED: YES NO

VICTIM PREGNANT: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE NUMBER: _____

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VICTIM CONTACT INFORMATION

PHONE:Hm: 515-782-5504 Wk: _____ Employer: _____

RELATIVE: Name: Zachary Laws Phone: 515-782-5504

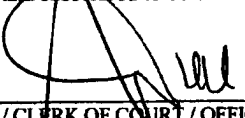
Address: 985 Manor Dr. apt 15 Palm Springs FL 33461

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, Det. Shackelford #104 (print name) 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 10 day of August, 2012


NOTARY / CLERK OF COURT / OFFICER (F.S.11710)

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- 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

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

1. Incident Report #: 19-14383 Agency: PSPD
Offense: Simple Battery - Domestic
Suspect/Offender: Gwinn, Morgan
D.O.B. 02/01/90 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: Laws, Zachary D.O.B. _____ Race: _____ Sex: _____
Address: 985 Manor Dr. Apt. 15
City: Palm Springs State: FL Zip: 33461
Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: UNK
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:** 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: _____ I.D.# _____ Date: _____

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

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



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019026182	Date: 08/11/2019
	Specialist Name/ID: AM/31562