

0492161

AMT

2235

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest	3. Request for Warrant	1	Juvenile	N					
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.			Agency Report Number (N.T.A.'s only) 7 8 1 1 7 1 0 0 5 7 1 0 1 1										
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		If Weapon Seized Enter Type		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) 4320 Lilac St PBG 33410 Apt. 4C					Location of Offense (Business Name, Address) 4320 Lilac St. PBG 33410 Apt. 4C										
Date of arrest 09.27.17		Time of Arrest 2:34.1		Booking Date		Booking Time		Jail Date		Jail Time	Location of Vehicle				
Name (Last, First, Middle) MORRIS, NATASHA EMILY										Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black		Sex F		Date of Birth 09.11.09		Height 5'4"		Weight 120		Eye Color Green		Hair Color Blonde	Complexion Light	Build Avg	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoos - Chest, wrists, BACK					Marital Status S		Religion PAGAN		Indication of: Alcohol Influence Drug Influence			Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 4320 Lilac St Apt 4C PBG				(City) FL		(Zip) 33410		Phone (720) 720-720		Residence Type: 1. City 2. County 3. Florida 4. Out of State			Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk. <input type="checkbox"/>
Permanent Address (Street, Apt. Number) 4320 Lilac St Apt 4C PBG				(City) FL		(Zip) 33410		Phone (720) 427 7308		Address Source FL DL					
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()		Occupation			
D/L Number, State M 650-625-90-830-0 FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) WPB, FL		Citizenship US					
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				
Parent Legal Custodian Name (Last) (First) (Middle)					Address (Street, Apt. Number) (City) (State) (Zip)			Residence Phone () () ()			Business Phone () () ()				
Notified by: (Name)					Date		Time		Juvenile Disposition 1. Handed/Processed within Dept. and Released		2. TOT DCF 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 parent. 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: (Reason)							School Attended			Grade					
Property Claims? <input type="checkbox"/> Yes <input 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 F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other			
Charge Description Battery - Simple				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7, 8, 4, 1, 0, 3, 1, 1, 1, 1, 1				Violation of 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 of 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 of 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 of ORD #				
Drug Activity		Drug Type	Amount / Unit		Offense #		Warrant / Capias Number				Bond				
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court					Location (Court, Room Number, Address)										
<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 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) Natasha Morris		Date Signed 9/28/17			
HOLD for other Agency Name:					Signature of Arresting Officer X [Signature]			Name Verification (Printed by Arrestee) 473							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal					Resisted Arrest Other:			Name of Arresting Officer (Print) I. Sanchez							
Intake Deputy SPAN 810					I.D. # Pouch #			Transporting Officer Santana 473							
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT					Witness here if subject signed with an										

NOTICE TO APPEAR VICTIM NOTIFICATION REQUIRED

2017 SEP 28 AM 5:37 SCANNED SEP 28 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/28/2017 00:25		Agency ORI Number FL 0502600			Agency Name PALM BEACH GARDENS POLICE			Agency Report Number 7 8 17-005710		
	Name (Last, First, Middle) MORREN, NATASHA EMILY						Race W	Sex F	Date of Birth 09/10/1990		
Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)											
D I S T R I B U T I O N A L	Victim's Name (Last, First, Middle) WILLIAMS, ABBIE TERESA						Race W	Sex F	Date of Birth 09/08/1958		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 4320 LILAC ST 4C, PALM BCH GDNS, FL 33410				Phone (561) 622-0912		Address Source				
	Business Address (Name, Street) (City) (State) (Zip) MONEY CONCEPTS, 7121 FAIRWAY DR				Phone (561) 472-2018		Occupation COMMISIONS				
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):								
VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral											
RELATIONSHIP BETWEEN VICTIM & SUSPECT MOTHER/DAUGHTER											
A D D I T I O N A L	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CALLER: WILLIAMS, ABBIE								
	Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE:								
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(If YES, attach witness list)								
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
	WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
	MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
	AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PARAMEDICS: 178962								
	Hospital: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL: PBG HOSPITAL								
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAMES/AGES: MORREN, AKEMI 8 YEARS OLD								
H. R. S. NOTIFIED: <input checked="" type="checkbox"/> YES <input 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											
N A R R	On Wednesday, September 27th 2017, at 11:05pm, I was dispatched to 4230 Lilac Street Apt 4c, Palm Beach Gardens, Palm Beach County, FL. In reference to a disturbance. My department issued body worn camera was used on this call.										
	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>27</u> day of <u>September</u> , <u>2017</u> .											
 _____ LEBLANC, GARY 363 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)											

NOT A CERTIFIED COPY

SCANNED
 SEP 28 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

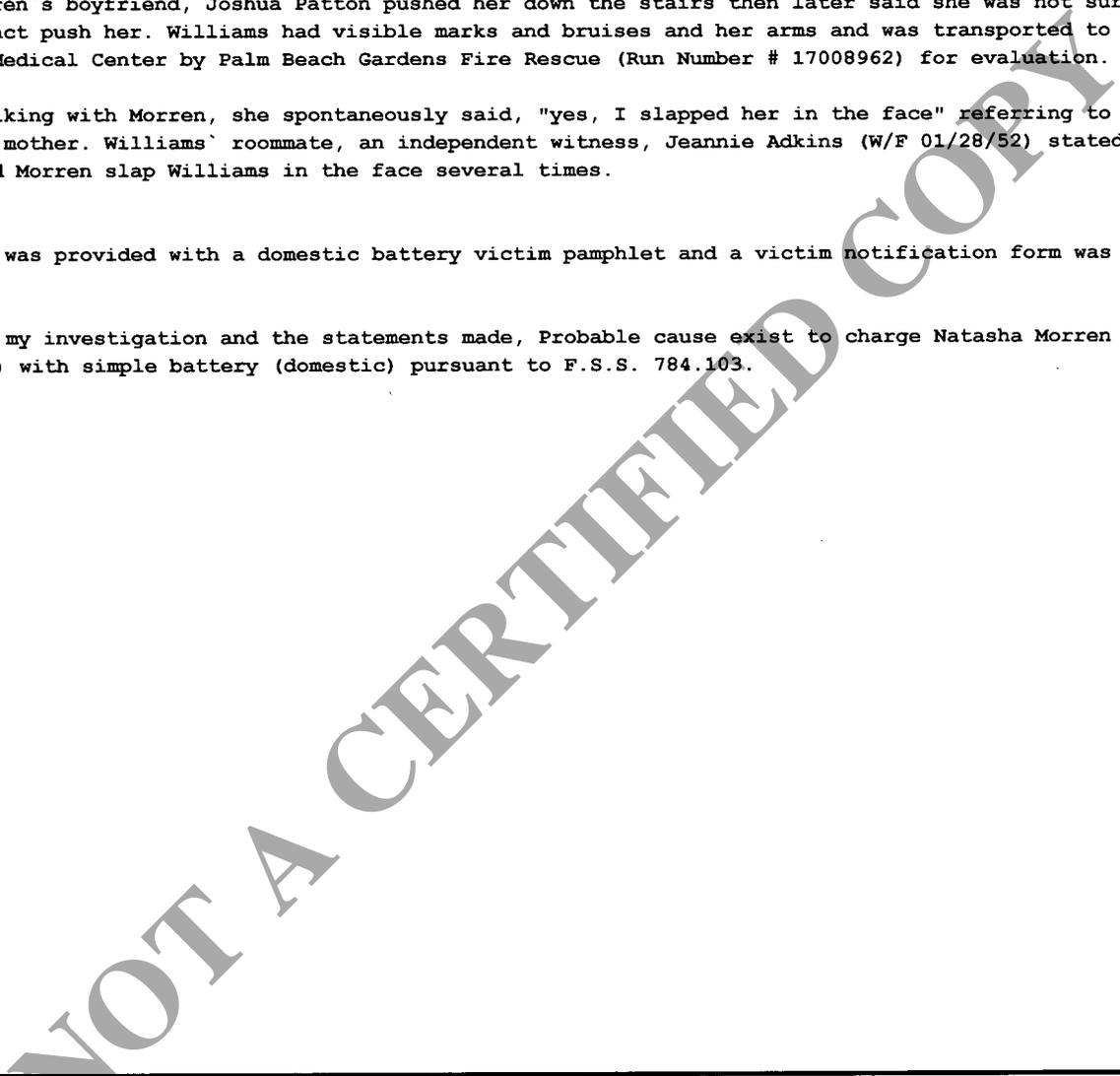
A D M I N	Date / Time	09/28/2017 00:25	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0502600	PALM BEACH GARDENS POLICE	7 8 17-005710

Upon my arrival I made contact with Abbie Williams (W/F 09/08/1958). Williams was placed under oath by Ofc. Barker on scene. Williams gave the following sworn statement. She stated she got home from having dinner at approximately 10:30pm and noticed her 8 year old granddaughter was still awake. Williams then stated herself and her daughter, Natasha Morren (W/F 09/10/90) began to argue over the child not being asleep. Morren resides at the residence belonging to her mother. She lives there with her boyfriend, Joshua Patton (W/M 06/08/88) and her two children, Akemi Morren (W/F 05/20/09) and Sylus Patton (W/M 06/14/16). Williams then said during the argument, Morren slapped her in the face and at some point was pushed down the stairs. Williams originally said Morren's boyfriend, Joshua Patton pushed her down the stairs then later said she was not sure if Patton did in fact push her. Williams had visible marks and bruises and her arms and was transported to Palm Beach Gardens Medical Center by Palm Beach Gardens Fire Rescue (Run Number # 17008962) for evaluation.

While talking with Morren, she spontaneously said, "yes, I slapped her in the face" referring to the incident with her mother. Williams' roommate, an independent witness, Jeannie Adkins (W/F 01/28/52) stated she witnessed Morren slap Williams in the face several times.

Williams was provided with a domestic battery victim pamphlet and a victim notification form was filed.

Based on my investigation and the statements made, Probable cause exist to charge Natasha Morren (W/F 09/10/90) with simple battery (domestic) pursuant to F.S.S. 784.103.



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 27 day of September, 2017.


LEBLANC, GARY 203

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
SEP 28 2017