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3907

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
OBTs Number		Agency Name PALM BEACH GARDENS POLICE DEPT.				Agency Report Number (N.T.A.'s only) 7, 8, 11, 8, 10, 0, 37, 0, 0, (1, 1)		Request for Warrant <input checked="" type="checkbox"/> 1		Juvenile <input checked="" type="checkbox"/> N	
Agency ORI Number FLO, 5, 0, 2, 6, 0, 0		Charge Type: Check as many <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) 11250 OSPREY LAKE LN					Location of Offense (Business Name, Address) 11250 OSPREY LAKE LN						
Date of arrest 06.17.18		Time of Arrest 20.45		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Wiggins Stephanie Brooke											
Race W - White B - Black		Sex M - Male F - Female		Date of Birth 01.14.82		Height 5'5"		Weight 122		Eyes Color Brown	
Hair Color Brown		Complexion light		Build slim		Marital Status Married		Religion N/A		Indication of Alcohol Influence Drug Influence	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Queen of spade on right wrist Family first on right hand					Residence Type: 1. City 2. County 3. Florida 4. Out of State		Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>				
Local Address (Street, Apt. Number) 11250 OSPREY LAKE LN PRG				(City) FL		(State) 33412		Phone (61) 685-0132		Address Source FL DL	
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone	
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone	
D/L Number, State W252782P25140		Soc. Sec. Number		INS Number		Place of Birth (City, State) PRG FL		Citizenship Yes			
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 Other: Name (Last) (First) (Middle)					Residence Phone						
Address (Street, Apt. Number) (City) (State) (Zip)					Business Phone						
Notified by: (Name) Date Time					Juvenile Disposition 1. Handled/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 Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Property					Value of Property						
CODE	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	Charge Description Battery simple				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 7, 8, 4, 1, 08(1), A(1), 1)				Violation of ORD #
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense #	Warrant / Capias Number		Bond No Bond				
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number				Violation of ORD #
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number				Violation of ORD #
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number				Violation of ORD #
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
NOTICE TO APPEAR		<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address)							
				Court Date and Time Month Day Year JUN 18 2018							
				Time A.M. 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			
HOLD for other Agency Name:		Signature of Arresting Officer X George Reid				Name Verification (Printed by Arrestee) JUN 18 AM 1:52					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) George Reid		I.D.# 498		(PRINT)			
Intake Deputy DS Collins 7022		I.D.# 7022		Pouch #		Transporting Officer George Reid 498		I.D.# 498		Agency 166	
Witness here if subject signed with an "X"								PAGE 1 OF 1			

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DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT
Palm Beach County

A D M I N	Date / Time 06/17/2018 23:00		Agency Name PALM BEACH GARDENS POLICE			Agency Report Number 7 8 18-003700				
	Agency ORI Number FL 0502600		Name (Last, First, Middle) WIGGINS, STEPHANNIE BROOKE			Race W	Sex F	Date of Birth 01/14/1982		
D E F	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							Race W	Sex F	Date of Birth 10/22/1992
C H R G	Victim's Name (Last, First, Middle) WILSON, TAYLOR							Race W	Sex F	Date of Birth 10/22/1992
	Local Address (Street, Apt. Number) FL			(City)	(State)	(Zip)	Phone (561) 26-7314		Address Source	
	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation	
V I C T I M	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SAD						
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral									
RELATIONSHIP BETWEEN VICTIM & SUSPECT GIRLFRIEND										
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO						
	Victim:		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: TAYLOR WILSON					
	WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:					
	WITNESSES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)					
	INJURIES:		<input checked="" type="checkbox"/>	<input 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"/>							
N A R R	On June 17, 2018 at 7:39 p.m., I, Officer Reid, responded to 11250 Osprey Lake LN, Palm Beach Gardens, Palm Beach County, Florida; in reference to a domestic assault. My body worn camera was activated during this call.									
	On arrival, I made contact with Taylor Alexis Wilson. I swore Ms. Wilson in. Ms. Wilson stated that she is in									
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. <i>[Signature]</i> SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>18</u> day of <u>June</u> , 2018. <i>[Signature]</i> 4337 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)										

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 06/17/2018 23:00	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 18-003700
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an adult relationship with Jesse Michael Wiggins and Stephannie Brooke Wiggins who are husband and wife and they have been living together for two years. I could visually see that Ms. Wilson was soaked in water. Ms. Wilson stated that Mr. and Mrs. Wiggins picked her up off of Blue Heron Boulevard where she was walking from the Marina. Ms. Wilson stated Mrs. Wiggins did not want her at the Wiggins home because Mrs. Wiggins believed Ms. Wilson was drunk and did not want her around their sons. Mr. Wiggins drove Mrs. Wiggins and Ms. Wilson back to their home at 11250 Osprey Lane. Once inside Ms. Wilson stated she went to the front guest room and started to cry on the floor while talking to her mother on her cellphone. While she was on the phone Mrs. Wiggins came into the room and started pouring water on to her. Ms. Wilson stated that she had enough and grabbed Mrs. Wiggins and they both fell to the floor. While on the floor Mrs. Wiggins and Ms. Wilson fought each other until Mr. Wiggins separated the both of them. Ms. Wilson stated once she was separated she headed outside and walked the neighborhood until the police arrived. I looked on Ms. Wilsons back and saw different length scratch marks on Ms. Wilson back.

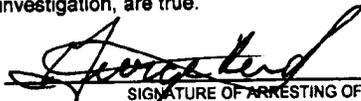
I made contact with Mr. Wiggins who stated that Ms. Wilson had been out drinking all day with friends and he and his wife had to pick up Ms. Wilson while she was walking on Blue Heron Boulevard near an "O" street. Mr. Wiggins stated he headed home with both his wife and Ms. Wilson. Once they arrived home Mr. Wiggins stated Ms. Wilson went into the front bedroom and was on her phone with her mother because Ms. Wilson's mother was planning on picking up her daughter. Mr. Wiggins stated that Ms. Wilson did not want to get up off the floor and go to the car so that he could drop Ms. Wilson off to her mother. Mr. Wiggins stated he saw his wife head into the front bedroom where Ms. Wilson was and started pouring water on Ms. Wilson. Mr. Wiggins stated he then saw Ms. Wilson grab his wife and, in the process, both ladies fell to the floor and started fighting. Mr. Wiggins stated he then stepped in to separate the both of them.

I made contact with Mrs. Wiggins who stated she is in an intimate relationship with Ms. Wilson and they have been living together for the past two years. Mrs. Wiggins stated that she and her husband picked up Ms. Wilson after she was drinking all day. Mrs. Wiggins stated they were head to their residences. Once home Mrs. Wiggins stated she called Ms. Wilson mother so that she could get her daughter. Mrs. Wiggins stated she agreed to meet Ms. Wilson's mother halfway to drop off Ms. Wilson. Mrs. Wiggins stated that she went to the front bedroom to tell Ms. Wilson to get up and head to the car. While in the room Mrs. Wiggins stated she tried to give Ms. Wilson some water and, in the process, some spilled on Ms. Wilson. Mrs. Wiggins stated after the water spilled Ms. Wilson attacked her. Mrs. Wiggins stated she did not fight back and had to wait till her husband pulled Ms. Wilson off of her. Mrs. Wiggins had scratches on the right side of her neck, right cheek, and a lump above her right eye.

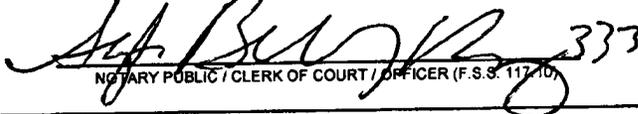
Based on the above facts and the totality of the circumstances, I find that Ms. Wiggins was the primary aggressor in this case. Mr. Wiggins and Ms. Wilson statements are consistent with each other stating that the altercation started when Mrs. Wiggins poured water on Ms. Wilson. I find probable cause exists to charge Mrs. Wiggins with simple battery in violation of F.S.S. 784.03(1) (A) (1).

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 18 day of June, 2018


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

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VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 18003700 Agency: Palm Beach Gardens PD
 Offense: Domestic Assault
 Suspect/Offender: Stephanie Wiggins
 D.O.B. 1/14/1982 Race: White Sex: female
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Taylor A. Wilson
 Address: 11250 Osprey Lake Ln
 City: West Palm Beach State: FL Zip: 33412
 Home #: 561 267 2194 Work #: _____ Other: _____
 - b. Victim's next of kin: Katie Johnson
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

SUSPECT/OFFENDER: Stephanie Wiggins

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

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

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Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: B. O'Dell I.D.: 442 Date: 6/17/18

PALM BEACH CNTY SHERIFF'S OFFICE

VICTIM NOTIFICATION ENTRY

Defendant Name: WIGGINS, STEPHANNIE BROOKE

SSN: [REDACTED] Book #: 2018020188

Victim First Name: TAYLOR

Day Phone: (561) 267-2194

Victim Middle Name: A

Night Phone:

Victim Last Name: WILSON

Last 4 SSN:

Victim Full Name: WILSON, TAYLOR A

Victim Type: DOMESTIC VIOLENCE

Victim Minors Name:

Minor Relationship:

Victim City: WEST PALM BEACH

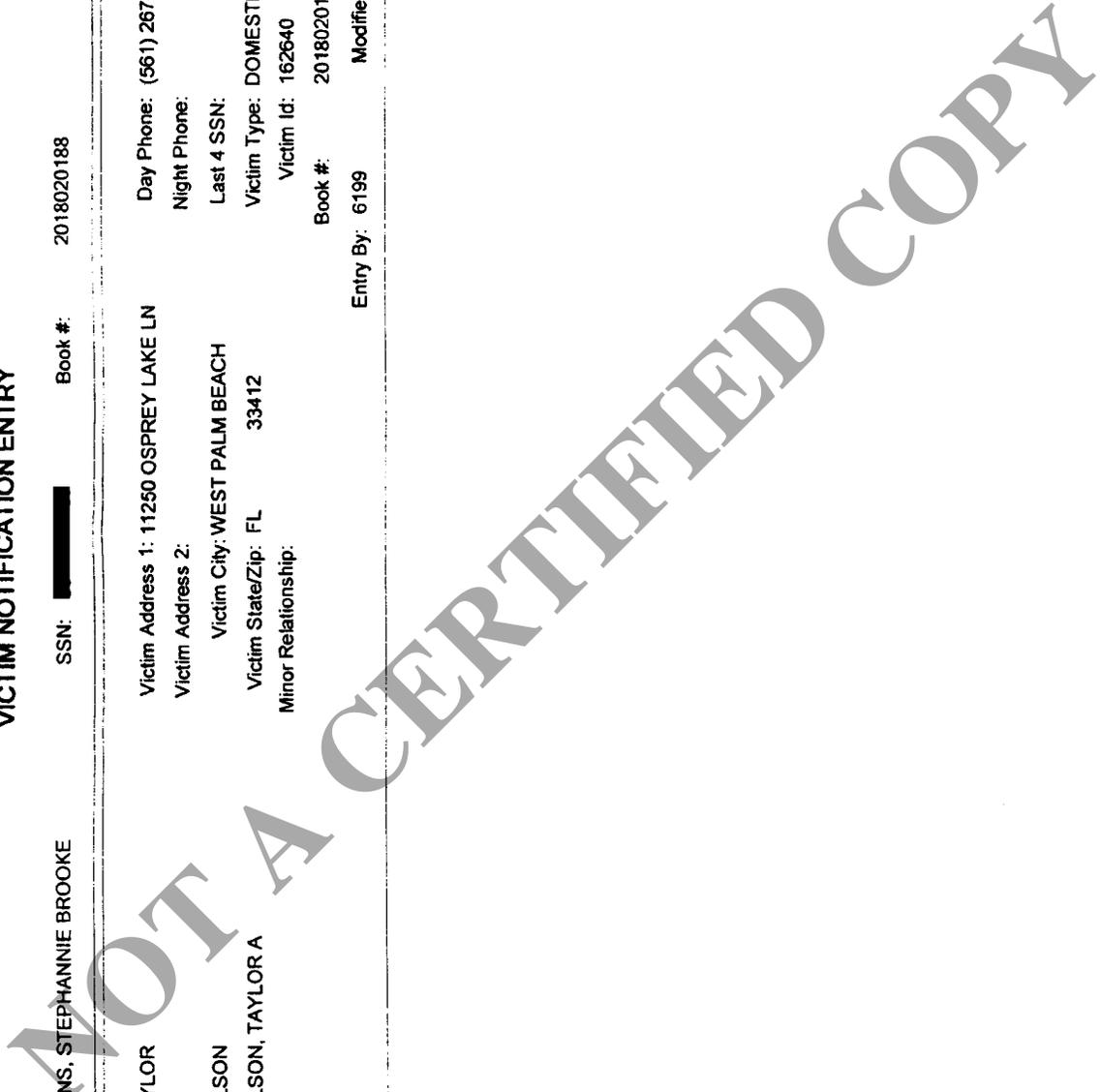
Victim State/Zip: FL 33412

Victim Id: 162640

Book #: 2018020188

Entry By: 6199 Modified By: 6199

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

REVIEW COMPLETED BY

Booking Number: 2018020188	Date: June 18, 2018
	Specialist Name/ID: L. Rosales, 4489

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