

0499118

2219

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number F.L.O. 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 8 1 0 0 3 7 0 3
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) 11250 Osprey Lake Lane Palm Bch Gardens, FL		Location of Offense (Business Name, Address) 11250 Osprey Lake Ln Palm Bch Gardens, FL	
Date of arrest 0.6.17.18	Time of Arrest 2.1.20	Booking Date	Booking Time

DEFENDANT

Name (Last, First, Middle) Wilson Taylor Alexis		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black	American Indian O - Oriental	Sex W F	Date of Birth 1.0.23.9.2
Height 500	Weight 98	Eye Color Bro	Hair Color Blk
Complexion Lt		Build Sm	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo neck, foot, arms - Scar on arms
Local Address (Street, Apt. Number) 11250 Osprey Lake Ln Palm Beach Gardens FL 33412	City Palm Beach Gardens	State FL	Zip 33412
Permanent Address (Street, Apt. Number) 11250 Osprey Lake Ln Palm Beach Gardens FL 33412	City Palm Beach Gardens	State FL	Zip 33412
Business Address (Name, Street)	City	State	Zip
D/L Number, State W425801928820, FL	Sec. Sec. Number	INS Number	Place of Birth (City, State) Colorado Springs, CO
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth

CO-DEF.

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	

CHARGE

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/Derv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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						
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						
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						

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 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

ADMIN.

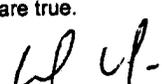
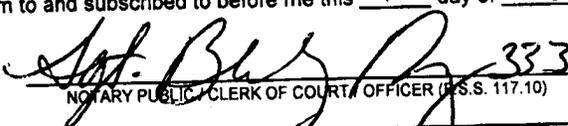
HOLD for other Agency	Signature of Arresting Officer X	Name Verification (Printed by Arrestee) CO
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) M. Valerio	(PRINT)
Intake Deputy	Transporting Officer M. Valerio	Witness here if subject signed with an "X"

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

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time <b>06/17/2018 21:46</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>		Agency Report Number <b>7   8   18-003703</b>	
	Agency ORI Number <b>FL 0502600</b>		Alias		Race <b>W</b>	Sex <b>F</b>
DEF	Name (Last, First, Middle) <b>WILSON, TAYLOR ALEXIS</b>				Date of Birth <b>10/22/1992</b>	
	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>					
VICTIM	Victim's Name (Last, First, Middle) <b>WIGGINS, JESSE MICHAEL</b>				Race <b>W</b>	Sex <b>M</b>
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>11250 OSPREY LAKE LN, WEST PALM BEACH, FL 33412</b>				Phone	Address Source
	Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation
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			<b>ANGRY</b>			
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>BOYFRIEND</b>						
ADDITIONAL INFORMATION	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: <b>JESSE WIGGINS</b>		
	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: <b>HANDS</b>		
	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 #: <b>18-003703</b>			
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
NARR	On Sunday, June 17, 2018 at 9:01 p.m. I responded to 11250 Osprey Lake Lane within the City of Palm Beach Gardens, Palm Beach County, Florida in reference to a domestic dispute. My body worn camera was activated during this call. This was the third call we had received about this family today.					
	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				SCANNED JUN 18 2018		
Sworn to and subscribed to before me this <u>17</u> day of <u>June</u> , <u>18</u> .						
 _____ 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 filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- 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.)
- 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 #: 18003700 Agency: PBG PD  
 Offense: 531 Domestic Battery  
 Suspect/Offender: Taylor Wilson  
 D.O.B. 10/22/92 Race: W Sex: F

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

3. Complete one (1) of the following:

a. Victim's name: Jesse Wiggins  
 Address: 11250 Osprey LN  
 City: PBG State: FL Zip: 33412  
 Home #: 561 758 7025 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin: \_\_\_\_\_  
 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):  
 \_\_\_\_\_

**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.

SCANNED  
JUN 18 2018

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: J. Sanchez I.D.: 473 Date: 6/17/18

White-Warrants Division      Yellow-Corrections or State Attorney (Warrant Application)      Pink-Central Records

SUSPECT/OFFENDER: Taylor Wilson

COURT CASE/WARRANT #: 18-003703  
(FOR WARRANTS USE ONLY)



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/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:	

SCANNED

JUN 18 2018

REVIEW COMPLETED BY

Booking Number: 2018020177	Date: 06/18/2018
	Specialist Name/ID: howardt/7185