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ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N											
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-20-009410																	
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)						Location of Offense (Business Name, Address)															
Date of Arrest 02/18/2020		Time of Arrest 0339		Booking Date		Booking Time		Jail Date		Jail Time											
Name (Last, First, Middle) OWENS, DAVID FOWLER						Alias (Name, DOB, Soc. Sec. #, Etc)															
W - White B - Black		I - American Indian O - Oriental / Asian		Race W	Sex M	Date of Birth 09-30-1960		Height 5-11	Weight 225LBS	Eye Color BLUE	Hair Color GREY	Complexion FAIR	Build MED								
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status SINGLE		Religion CHRISTIAN		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>									
Local Address (Street, Apt. Number) (City) (State) (Zip) 2024 SW 17TH AVE BOYNTON BCH FL 33436						Phone (561)309-7536		Residence Type 1. City 3. Florida 2. County 4. Out of State		Address Source FLDL		1									
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 2024 SW 17TH AVE BOYNTON BCH FL 33436						Phone		Occupation NURSE													
Business Address (Street, Apt. Number) (City) (State) (Zip)						Phone															
D/L Number, State 0520-166-60-350-0/FLORIDA				Soc. Sec. Number		INS Number		Place of Birth COOK COUNTY, IL		Citizenship USA											
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											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 HRS/DYS 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 561-355-2526) 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															
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. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description SMPL BATTERY (DOMESTIC)		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03(1)(A)(1)		Violation of ORD#													
Drug Activity N		Drug Type N		Amount/Unit NONE		Offense # 20-009410		Warrant/Capias Number		NONE											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444																	
				Court Date and Time Month MARCH Day 25TH Year 2020				Time 0930 AM <input type="checkbox"/> PM <input type="checkbox"/>													
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 FULLY 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				Name Verification (Printed by Arrestee) (PRINT)															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) OFC A SHEPAUM		I.D. #		BU#		Page 1 OF 1											
Intake #		Pouch #		Transporting Officer OFC Shepaum		I.D. #		Agency		Witness here is subject Signed with an 'X'.											

VICTIM NOT TO BE CONTACTED

REQUIRED

NOT A

BOYNTON BEACH POLICE DEPT. BOYNTON BEACH, FLORIDA



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**



On the 18TH day of FEBRUARY 2020 at 0058 HRS

Subject: OWENS, DAVID FOWLER DOB: 09-30-1960 Case #: 20-009410

Charge Description: SMPLE BATTERY (DOMESTIC) Statute #: 784.03(1)(A)(1)

Victim: [REDACTED] DOB: 09-07-1964 Race: W Sex: F

Local Address: [REDACTED]

Personal Contact: _____

Narrative:

On the above date and time I responded to [REDACTED] in reference to a suicide threat. Upon arrival officers met with W/F [REDACTED] who stated her [REDACTED] W/M David Owens threatened to harm himself (no method).

[REDACTED] stated that as she was calling 911 to contact BBPD, Owens stood-up from the chair in the living room, and pushed her which caused her to fall to the floor. [REDACTED] stated that due to Owens pushing her which caused her to fall to the floor, she suffered an injury to the inside of her lip (picture taken entered into ADAMS). It should be noted while speaking with [REDACTED] she had an odor emanating from her body/facial area which based on my training an experience is known to be the odor of alcohol. [REDACTED] signed an Exemption from Public Records, signed Marcy's Law, and was given a Domestic Rights/Remedies Pamphlet.

While speaking with Owens, he stated that he did not want to harm himself/others. Owens stated he has been sitting in his chair all night and that he and [REDACTED] got into a verbal argument with one another but that was it. Owens advised that at no time did he put hands or push [REDACTED].

Based on the aforementioned, and due to [REDACTED]'s injury I find probable cause to charge Owens with one count of Simple Battery (Domestic) pursuant to F.S.S. 784.03(1)(A)(1). Owens was later TOT to PBCJ.

Defendant's Statement: None Victim's Statement: None

Observation Of Victim (Physical and Emotional):

UPSET/ANGRY

Relationship Between Victim and Suspect:

[REDACTED]

NOT A CERTIFIED COPY

VICTIM NOTIFICATION FORM

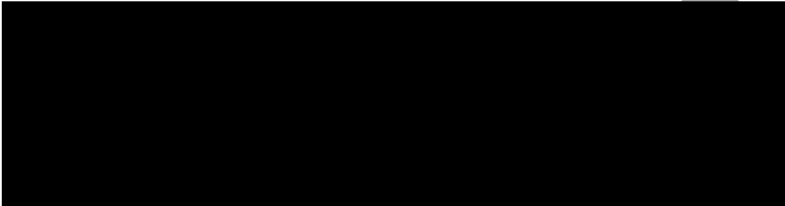
This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **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 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 #: 20-009410 Agency: Boynton Beach Police Department
Offense: SMPLE BATTERY (DOMESTIC)
Suspect/Offender: OWENS, DAVID FOWLER
DOB: 09-30-1960 Race: W Sex: M

2. Warrant # (s): _____

3. A. 

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.

Signature of Victim: _____

Printed Name of Victim: _____

Officer's Name: OFC A SHEPAUM I.D.# _____ Date: / /

SUSPECT/OFFENDER: OWENS, DAVID FOWLER

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: 2020005432	Date: 2/18/2020
	Specialist Name/ID: Gammage/5660