

J0505370

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P3799

ARREST / NOTICE TO APPEAR

- 1 Arrest
- 2 N.T.A
- 3 Request for Warrant
- 4 Request for Capias
- 5 Juvenile Referral

3 JUVENILE

Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3 2 2020-007065</b>	
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	
Location of Arrest (Including Name of Business) <b>3001 N OCEAN BLVD</b>		Location of Offense (Business Name, Address) <b>3001 N OCEAN BLVD, BOCA RATON, FL 33431</b>			
Date of Arrest <b>6/20/20</b>	Time of Arrest <b>1436</b>	Booking Date <b>06/19/2020</b>	Booking Time <b>16:13</b>	Jail Date <b>// : :</b>	Jail Time <b>N/A</b>
Name (Last, First, Middle) <b>OSWALD, JOHN W</b>			Alias: <b>OSWALD, JOHN W</b>		
Race W - White H - Black I - American Indian O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/02/1978</b>	Height <b>6'00</b>	Weight <b>200</b>	Eye Color <b>BROWN</b>
Hair Color <b>BROWN</b>		Complexion <b>MEDIUM</b>		Build <b>Medium</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>S</b>	Religion <b>NONE</b>	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>625 NE MIZNER BLVD, BOCA RATON, FL 33432</b>			Phone <b>(561) 672-4318</b>		
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>625 NE MIZNER BLVD, BOCA RATON, FL 33432</b>			Phone <b>(561) 672-4318</b>		
Business Address (Name, Street) (City) (State) (Zip) <b>SELF</b>			Occupation <b>Home Remodeling</b>		
D/L Number, State <b>0243479780420 / FL</b>		Sex, Soc. Number	INS Number	Place of Birth (City, State) <b>EVESHAM</b>	
Citizenship <b>US</b>					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	
Name (Last, First, Middle)		Residence Phone			Business Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Relationship			Date
Released To: (Name)		Relationship			Date
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.		School Attended			Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property
Drug Activity		Drug Type		Statute Violation Number	
AGGRAVATED BATTERY				784.045 / A2	
Drug Activity		Drug Type		Statute Violation Number	
Drug Activity		Drug Type		Statute Violation Number	
Health - Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> TOT County Jail		PROPERTY - Received By		Released By	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported	
Transported By		Date Transported		Time Transported	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court Room)		Court Date and Time	
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		South County 200 W Atlantic Ave Delray Beach, FL 33434		JUN 22 2 00 PM '20	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF 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		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) <b>CAGRO, J. T.</b>		(PRINT)	
Intake Agency <b>D/S Cal...</b>		Agency <b>545</b>		Witness here if subject signed with an "X"	

- COURT
- STATE ATTORNEY
- AGENCY
- CENTRAL RECORDS
- JAIL
- CRIME ANALYSIS
- P. I. O.
- DEFENDANT

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JUN 22 2020

PROBABLE CAUSE AFFIDAVIT

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

3

JUVENILE

A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2020-007065</b>	
	Charge Type Check as many as apply <input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance <input type="checkbox"/> 6. Other	
D E F	Name (Last, First, Middle) <b>OSWALD, JOHN W</b>				Race <b>W</b>	Sex <b>M</b>
	Alias				Date of Birth <b>02/02/1978</b>	
C H A R G E S	Charge Description <b>784.045 AGGRAVATED BATTERY</b>		Charge Description			
	Charge Description		Charge Description			
V I C T I M	Victim's Name (Last, First, Middle) <b>ALGUR, OZAN</b>				Race <b>W</b>	Sex <b>M</b>
	Date of Birth <b>07/11/1968</b>				Address Source	
	Local Address (Street, Apt. Number) <b>AT LARGE, BOCA RATON, FL 33432</b>		(City)	(State)	(Zip)	Phone
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <p><input type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>19</b> day of <b>June</b>, <b>2020</b> at <b>15:49</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 6/19/2020, at 1035 I was dispatched to 800 Meadows Rd in reference to a delayed aggravated battery. Upon arrival I met with victim, Ozan Algur. Ozan advised he is homeless and set up camp in Spanish River Park near the campgrounds area. Ozan said last night at approximately 2200 hours and acquaintance of his, John Oswald (who is also homeless) approached him and asked if he would help him find his flashlight. Ozan told Oswald that he was sleeping and was not going to help him. Ozan said at that point Oswald started to verbally threaten him. Ozan said that Oswald has been violent with him in the past, so he stood up and picked up a stick to defend himself incase Oswald became violent. Ozan said that Oswald started to attack him, and they began to wrestle. Ozan said while they were wrestling Oswald took the stick out of Ozan's hand and began to attack him with it. Ozan said that while this was occurring, he put up his arms to defend himself and he was struck with the stick several times in his forearms. Ozan said that when he woke up this morning, he bicycled over to the emergency room for treatment.</p> <p>I spoke to Dr. David Leeman of the Boca Raton Regional Hospital who treated Ozan. Dr. Leeman advised that a CT scan and x-ray was performed on Ozan. Dr. Leeman advised Ozan sustained a mild concussion, multiple bone fracture in his face, bruising on his forearms and eleven stitches to his head due to the injuries. Dr. Leeman admitted Ozan to the hospital.</p> <p>Detectives Hanley and Finne responded to the hospital two hours after my arrival. I explained to them the incident. Detective Hanley advised that they will complete a photo lineup for Ozan to view. I later met with Detective Finne who provided me the lineup. I returned to the hospital where I then met with Ozan in room 620. I read the instructions to Ozan and asked him to answer if he verbally understood or did not understand after each instruction. Due to the fact he had blood on him and the current state of Covid-19, I advised Ozan that I will check after each instruction and place and</p>						
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>PATTERSON, MARC P</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)</p> <p><b>06/19/2020</b> DATE</p> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>CAGNO, JOHN T (545)</b> NAME OF OFFICER (PLEASE PRINT)</p> <p><b>06/19/2020</b> DATE</p>						
						PAGE <b>1 of 2</b>

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

**3** JUVENILE

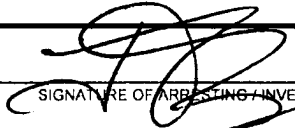
ORIS Number	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2020-007065</b>
Agency ORI Number <b>FL 0500200</b>			
Charge Type Check as many as apply	Special Notes		
<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			

Name (Last, First, Middle) <b>OSWALD, JOHN W</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/02/1978</b>
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"X" for his signature. Ozan verbally stated he understood all the instructions. As I showed him the lineup Ozan immediately picked out the offender, John Oswald by face and name. This was all captured on my MVR which was tagged and downloaded as evidence. The lineup was seized and placed into evidence.

NOT A CERTIFIED COPY

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SWORN AND SUBSCRIBED BEFORE ME  <u>PATTERSON, MARC P</u> <i>MP619</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <u>06/19/2020</u> DATE	 SIGNATURE OF ARRESTING/INVESTIGATING OFFICER  <u>CAGNO JOHN T (545)</u> NAME OF OFFICER (PLEASE PRINT)  <u>06/19/2020</u> DATE	PAGE <b>2</b> OF <b>2</b>
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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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020015262	Date: 06/22/2020
	Specialist Name/ID: AM/31562