

Jacket # 0231283

2893

20mm5968

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N		
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-20-092275						
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 02 1. Yes 2. No			
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)									
Date of Arrest 07/29/2020	Time of Arrest 2201	Booking Date 07/29/2020	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Kellar, Kevin, Francis					Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 12/9/1975	Height 6'01	Weight 190	Eye Color Brown	Hair Color Blue	Complexion Light	Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Left Calf (Skulls & Gargoyle); Chest (Grim Reaper)					Marital Status Married	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) Po Box 531282, West Palm Beach, FL 33403		(City)	(State)	(Zip)	Phone (561) 282-8619		Residence Type: 1. City 2. County 3. Florida 4. Out of State 01				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source FL DL				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation Waterproofing				
D/L Number, State K460506754493, FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) Hollywood, FL		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"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last)		(First)	(Middle)	Residence Phone					
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone						
Notified by: (Name)		Date	Time	Juvenile Disposition Handled/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated					
Released To: (Name)		Relationship		Date	Time						
The above address 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 (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						
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 E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description Simple Battery (Domestic)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #					
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 20-092275	Warrant / Capias Number		Bond NO 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					
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600											
Court Date and Time Month TBD Day Year Time AM PM											
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 07/29/2020					
HOLD for other Agency Name:			Signature of Arresting Officer [Signature]			Name Verification (Printed by Arrestee) JUL 30 AM 1:33					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) D/S Joshua Gonzalez			(PRINT)					
Notary Deputy DSCD/MS 760			Transporting Officer D/S J. Orozco			ID # 18414					
I.D. #			Pouch #			Agency PBSO					
Witness here if subject signed with an "X" 1 OF 1											

VICTIM NOTIFICATION REQUIRED

NOT A

SCANNED

JUL 30 2020

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile	N
ADMIN	Agency ORI Number	Agency Name	Agency Report Number					
	FLO 50000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 20-092275					
DEF	Charge Type: Check as many as apply.		Special Notes:					
	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance					
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other				
CHARGES	Name (Last, First, Middle)		Alias	Race	Sex	Date of Birth		
	Kellar, Kevin, Francis			W	M	12/9/1975		
Charge Description		Charge Description						
Simple Battery (Domestic)		784.03(1)(A)(1)						
Charge Description		Charge Description						
Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth				
[REDACTED]		W	F	[REDACTED]				
VICTIM	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source	
	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Verbal	
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Substance Abuse Advocate		
<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 <u>29th</u> day of <u>July</u> 20<u>20</u> at <u>10:00</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p>On July 29th, 2020, at approximately 2140 hours, I responded to [REDACTED] located in the [REDACTED] Florida (FL) [REDACTED] in reference to a possible domestic dispute call that the Palm Beach County Sheriff's Office (PBSO) phone line had received. Prior to my arrival, PBSO communications advised the female complainant was hysterical saying that she was pushed into a TV by [REDACTED]</p> <p>Upon my arrival, D/S Van Hoosear #34276 made contact with a white male, later identified by FL Driver's License as Kevin Kellar, in the front yard of the residence. Kevin Kellar was approaching D/S Van Hoosear in a calm and composed manner. I overheard the male tell D/S Van Hoosear that [REDACTED] pushed him into a television and punched him in the face. D/S Van Hoosear continued speaking with the male half while I made contact with the female who was still inside.</p> <p>Upon entering the residence, I observed a white female wearing a pink shirt and pajama pants sitting on the floor of the living room with a toddler in her lap. The female identified herself as the complainant/victim [REDACTED] [REDACTED] appeared visibly upset and was hysterically crying to the point that she was hyperventilating. I also observed [REDACTED] sitting on the couch crying as well. I asked [REDACTED] to try and calm down while I speak with [REDACTED] separately about what happened.</p> <p>Both of the [REDACTED] followed me to the kitchen away from [REDACTED] so I could find out what happened. I spoke with [REDACTED] who told me that they were both in their room when they hear their parents yelling. [REDACTED] continued by explaining that they came into the living room to find out what was happening. [REDACTED] said that when they walked into they living room they saw [REDACTED] push [REDACTED] down onto the ground. [REDACTED] told us she saw [REDACTED] pull the TV on top of her afterwards. I also spoke with [REDACTED] who confirmed the same information.</p> <p>After speaking with [REDACTED] I then made contact with [REDACTED] again after she managed to calm down. While speaking with her, it appeared she was straining herself by trying to look up at me while we spoke. I sat down on the couch and asked if she was feeling okay. [REDACTED] told me that her neck was in pain from hitting the TV and falling, but she refused paramedics.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S Joshua Gonzalez					
	(Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>29th</u> day of <u>July</u> 20 <u>20</u> by <u>D/S Joshua Gonzalez</u>							
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		<u>Known LEO</u>						
<u>D/S N. Imperiale #36197</u>								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								

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JUL 30 2020

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	I	Juvenile N
OBTS Number					
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 20-092275		
	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:		
DEF	Name (Last, First, Middle) Kellar, Kevin, Francis		Alias	Race W	Sex M
				Date of Birth 12/9/1975	
CHARGES	Charge Description Simple Battery (Domestic)		784.03(1)(A)(1)		
	Charge Description		Charge Description		
VICTIM	Victim's Name (Last, First, Middle) [REDACTED]		Race W	Sex F	Date of Birth [REDACTED]
	Local Address (Street, Apt. Number) [REDACTED] (City) (State) (zip)		Phone [REDACTED]	Address Source Verbal	
	Business Address (Name, Street) [REDACTED] (City) (State) (zip)		Phone ()	Occupation Substance Abuse Advocate	
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. The Person taken into custody <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. <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. On the 29th day of July 20 20 at 10:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)					
<p>[REDACTED] explained that [REDACTED] has been having some mental health issues recently. She told me that she was putting her baby down to sleep when she heard [REDACTED] talking to himself very loudly. [REDACTED] said that she asked him to keep it down so he doesn't wake the baby. [REDACTED] stated that [REDACTED] began yelling at her "Fuck you bitch!" [REDACTED] told me that she tried to get the TV remote from Kevin so that she could turn the volume down. [REDACTED] stated that [REDACTED] then got in her face, pushed her down, and pulled the TV down on top of her. [REDACTED] said all three [REDACTED] were present during all of it. [REDACTED] expressed that she is afraid of him and what he may do in the future.</p> <p>[REDACTED] agreed to cooperate and wished to pursue prosecution. [REDACTED] provided me with a PBSO sworn written statement detailing the incident. [REDACTED] was also provided with a PBSO Victim's Rights/Case Information Sheet and a PBSO Victim's Rights Brochure. [REDACTED] also allowed us to photograph any possible injuries she may have, as well as the TV which was damaged in the incident.</p> <p>Kevin Kellar provided D/S E. Van Hoosear with a PBSO sworn written statement detailing his version of the incident. Kevin Kellar stated that they had an argument over the TV remote and wrestled for it. Kevin Kellar alleges that his wife pushed him into the TV, punched him in the face, and threw herself on the floor. Kevin Kellar had no visible scars, marks, or injuries on his person.</p> <p>Based upon the above mentioned facts, I find probable cause exists to arrest Kevin Kellar for committing the criminal offense of Simple Domestic Battery - Florida State Statute 784.03(1)(a)(1). Kevin Kellar was placed in hand restraints which were double locked and checked for proper fit. Kevin Kellar was later transported to the PBSO Main Detention Center (MDC) and turned over to booking staff without further incident.</p> <p style="text-align: right;">SCANNED JUL 30 2020</p> <p>This case is cleared by arrest.</p>					
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S Joshua Gonzalez #17914		
	(Signature of Arresting/Investigative Officer)				
	The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of July 20 20 by D/S Joshua Gonzalez				
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		Known LEO		
	D/S N. Imperiale #36197				
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				
		PAGE 2 OF 2			

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)

- **Domestic Violence** - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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.

SUSPECT/OFFENDER: **Kellar, Kevin, Francis**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

1. Incident Report #: 20-092275 Agency: PBSO
Offense: Simple Battery (Domestic)
Suspect/Offender: Kellar, Kevin, Francis
D.O.B. 12/9/1975 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: _____ D.O.B. _____ Race: W Sex: F
Address: _____
City: _____
Home #- _____ Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

Waiver: I choose not to be notified when the arrestee is released from custody.

Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____ **SCANNED**

Printed name of person waiving notification: _____ **JUL 30 2020**

Deputy's Name: D/S Joshua Gonzalez I.D.# 18414 Date: 07/29/2020



**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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-6
	<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 checked="" type="checkbox"/>	FL Constitution, Article 1, 16(b)	Other: Marsy's Law	1-6
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020018096	Date: 07/30/2020
	Specialist Name/ID: T Howard/7185

SCANNED
JUL 30 2020

PLEASE TEAR HERE

PALM BEACH COUNTY SHERIFF'S OFFICE
STATE OF FLORIDA COUNTY OF PALM BEACH

On 7/24, 2020, I, [REDACTED]
(DATE) (PRINT VICTIM'S NAME)

have received a copy of the VICTIM'S RIGHTS BROCHURE

PBSO CASE NUMBER 20-092275

[REDACTED]
Signature

[Signature]
D/S Signature

18414
I.D. Number

1. Yes - As a victim of harassment (FSS 784.048(2)), sexual battery, aggravated child abuse, domestic violence, aggravated stalking (FSS 784.048 (3)(4)), or aggravated battery (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address, and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

2. Yes - I request Confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:

As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number, and work and business addresses of me and my family be redacted from my records, if my records are requested pursuant to a public records request.

NOT A CERTIFIED COPY

SCANNED
JUL 30 2020