

2020MM003755 AMB0516300

3015

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-065910	
	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		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
	Location of Arrest (Including Name of Business) 7864 Sonoma Springs Circle Apt 205 Boynton Beach, FL 33463		Location of Offense (Business Name, Address) 4730 Hypoluxo Road #/, Lake Worth, FL 33413		Date of Arrest 05/05/2020		Time of Arrest 23:51	
	Booking Date		Booking Time		Jail Date		Jail Time	
DEFENDANT	Name (Last, First, Middle) Ohana, Nahama,							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 06/26/1978		Height 5'05	
	Weight 195		Eye Color Green		Hair Color Brown		Complexion Dark	
	Build Heavy		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status Married		Religion NONE	
	Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N		Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N		Unk. <input type="checkbox"/> Y <input type="checkbox"/> N		Multiple Clearance Indicator 01	
	Local Address (Street, Apt. Number) 7864 Sonoma Springs Circle Apt 205, Boynton Beach, FL 33463				City Boynton Beach		State FL	
	Phone (561) 929-4421				Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
	Permanent Address (Street, Apt. Number)				City		State	
	Business Address (Name, Street)				City		State	
CO-DEF	D/L Number, State OS00620787260, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Israel city, Israel	
	Citizenship USA		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					
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)		City		State	
	Residence Phone		Business Phone					
	Notified by: (Name)		Date		Time		Juvenile Disposition Handled/processed within Dept. and Released.	
	Released To: (Name)		Relationship		Date		Time	
	JUVENILE	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 D. Buy T. Traffic		R. Smuggle 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 Domestic battery		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1a)		
Violation of ORD #		Drug Activity N		Drug Type N		Amount / Unit N/A		
Offense # 20-065910		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				
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)								
Court Date and Time Month _____ 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 05/05/2020								
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed				
Name		Signature of Arresting Officer <i>Poy Fagundes</i>		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) Poy Fagundes 36175		I.D. # 36175		
Intake Deputy <i>Sandra Bica</i>		I.D. #		Pouch #		Transporing Officer Poy Fagundes 36175		
Agency PBSO		Witness here if subject signed with an "X"		PAGE 1		OF 1		

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N	
ADMIN	Agency ORI Number	Agency Name	Agency Report Number						
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 20-065910						
CHARGES	Charge Type: Check as many as apply.								
	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:					
DEED	Name (Last, First, Middle)		Alias	Race	Sex	Date of Birth			
	Ohana, Nahama.			W	F	06/26/1978			
CHARGES	Charge Description		Charge Description						
	Domestic battery		784.03(1a)						
VICTIM	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth				
	Czuper, Adam, Seith		W	M	09/01/1981				
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source		
	7864 Sonoma Springs Circle Apt 205, Boyton Beach, FL 33437					(954) 397-5370	Verbal		
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation			
					()				
<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 05 day of May 2020 at 1151 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p>On Tuesday, May 5th, 2020, at approximately 2304 hours I responded to 7864 Sonoma Springs Circle Apt 205 in the subdivision of St Andrews At Boynton Beach Palm Beach County, FL. in reference to a simple battery - domestic.</p> <p>Upon arrival, I met with the complainant identified as Adam Czuper who stated that he got into an verbal argument with his wife identified as Nahama Ohana. According to Mr. Czuper, things escalated and got physical when she started to punch and scratch him. Mr. Czuper sustained a large scratch in his forehead after the altercation. Mr. Czuper immediately left the house to cool off and called police.</p> <p>I then spoke with Mrs. Ohana, she claimed that Mr. Czuper grabbed her by the back of the neck and slammed her into the ground after the argument. She stated that she was about to call police but was afraid to do so.</p> <p>During my investigation, I found that Mrs. Ohana story was not consistent with the facts. She sustained no marks or bruises in the neck or surrounding areas. Mr. Czuper however, had a fresh scratch in his forehead, matching his account of what had happened.</p> <p>After investigation, probable cause was established to charge Nahama Ohana with domestic battery.</p> <p>Photos were taken and submitted to the Domestic Violence website and the Domestic Violence hotline was notified. The Department of Child and Families was also notified.</p> <p>Mr. Czuper completed a sworn written statement, attesting to the above stated facts. I provided Mr. Czuper with a Victim/Witness Rights and Case Information Form and provided him with a Victim's Rights Brochure. Both parties refused any medical treatment.</p> <p>Ohana was transported to the Palm Beach County Main Detention Center and turned over to staff.</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH								
	<i>Poy Fagundes</i>		Poy Fagundes 36175						
	(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this 06 day of May 20 20 by D/S Poy Fagundes									
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced personally known									
<i>[Signature]</i> #36175									
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
								PAGE 1 OF 1	

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder
- 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.)
- 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 #: 20-065910 Agency: PBSO
Offense: Domestic battery
Suspect/Offender: Ohana, Nahama,
D.O.B. 06/26/1978 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Czuper, Adam, Seith D.O.B. 09/01/1981 Race: W Sex: M
Address: 7864 Sonoma Springs Circle Apt 205
City: Boyton Beach, FL 33437
Home #- (954) 397-5370 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: _____

Printed name of person waiving notification: Czuper, Adam, Seith

Deputy's Name: D/S Poy Fagundes I.D.# 36175 Date: 05/05/2020

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: **Ohana, Nahama,**
(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Ohana, Nahama, DOB: 06/26/1978 Case #: 20-065910

Victim: Czuper, Adam, Seith DOB: 09/01/1981 Race: W Sex: M

Relationship between Victim and Defendant: Husband and Wife

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Czuper, Adam, Seith

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: Victim's forehead

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: Asher Czuper DOB: 08 / 22 / 2019

Name: Mila Czuper DOB: 01 / 26 / 2018

Name: _____ DOB: ___ / ___ / ___

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: My husband grabbed me by the back of my neck.

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: I got into an argument with my wife and she scratched me.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone (____) ____ - ____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 7864 Sonoma Springs Circle Apt 205, Boyton Beach, FL 33437

Phone: Home (954) 397-5370 Work (____) ____ - ____ Cell (____) ____ - ____

Employer: _____

Name of Relative: _____ Phone (____) ____ - ____

Address: _____



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"/>	415.107(1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2020012007	Date: 5/6/2020
	Specialist Name/ID: M. Tooks #8557