22mm2637AMB

	0447004	-		1295	144700U
	OBTS Number	ARREST / NOTICE Juvenile Referra		1. Arrest 3. Request for Warrar 2. N.T.A. 4. Request for Capias	
¥ 	FLO 50000 Agency Name PALM BI	EACH COUNTY SHERIFF	F'S OFFICE	Agency Report Number (N.T.A.'s only) 06- 22053034	
STR	I Check as many		Ordinance Other	Weapon Seized / Type 1. Yes 2. No	Multiple Clearance Indicator
	Location of Arrest (Including Name of Business) 900 E Blue Heron Boulevard, Riviera Beach, Florid	la 33404		e (Business Name, Address) ron Boulevard, Riviera Beach, Flo	-
∢	Date of Arrest	Booking Date Booking Time		Location of Vehicle	
_	Name (Last, First, Middle) Kombor, Thalya,	<u> </u>	l	Alias (Name, DOB, Soc. Sec. #, Etc.)	
		of Birth 5/27/1993 Heig	5'03 Weight		Complexion Build Med
	Scars, Marks, Tatoos, Unique Physical Features (Location, Left arm, chest.	Type, Description)		rital Status Religion Indication Alcohol II Unk Drug Infle	rfluence 🔲 🕒 🔲
ANT	Local Address (Street, Apt. Number) 13886 158th Street N, Jupiter, Florida 3	(City) (State) 33478	(Zip)	Phone Residence (561) 352-6775 Residence 2. County 2. County	
EFEN	Permanent Address (Street, Apt. Number)	(City) (State)	(Zip)	Phone Address S Verbal	
_	Business Address (Name, Street)	(City) (State)	(Zip)	Phone Occupation	1 1
	D/L Number, State Soc. K516800936870, FL	Sec. Number	INS Number	Place of Birth (City, St Miami, FL	· · · · · · · · · · · · · · · · · · ·
	Co-Defendant Name (Last, First, Middle)		Race Sex	Date of Birth 1. Arrested	USA 3. Felony 4. Misdemeanor
20	Co-Defendant Name (Last, First, Middle)		Race Sex	Date of Birth 1. Arrested	4. Misdemeanor 5. Juvenile 3. Felony 4. Misdemeanor
	Parent Name (Last) Legal Custodian Other:	(First)) (Mic	3die) 2. Al Large	5. Juvenile Residence Phone
	Address (Street, Apt. Number)	1-1601/30	an d	tale) (Zip)	Business Phone
щ.	Notified by: (Name)	Date	Time		HRS / DYS
NEN	Released To: (Name)	Relations	ship		Date Time
,	The above address provided by ∐defendant and / or [to keep the Juvenile Court Clerk (Phone 355-2526) infor ☐ Yes, by: (Name)	defendant's parents The child and med of any change of address.	/ or parent was told	School Attended	Grade
	Property Crime? Description of Property Yes No			Value of Property	·
3000	Drug Activity S. Sell R. Smuggle K. Disp N. N/A B. Buy D. Deliver Distr P. Possess T. Traffic E. Use	ense/ M. Manufacture/ Z. Othe Produce/ Cultivate	n Drug Type N. N/A A. Amphetamine	C. Cocaine M. Marijuana	P. Paraphemalia/ U. Unknown Equipment Z. Other 5. Synthetics
ä	Charge Description Battery (Domestic)	Counts Domestic Violence	504.03(4.4)	umber	Violation of ORD #
CHAR	Drug Activity Drug Type Amount / Unit	Offense # 22053034	Warrant I Capias No	umber	Bond
ų,	Charge Description	Counts Domestic Violence		umber	Violation of ORD#
7	Drug Activity Drug Type Amount / Unit	Offense #	Warrant / Capias No	umber	Bond 13
GE I	Charge Description	Counts Domestic		umber	Violation of ORD #
CHAR	Drug Activity Drug Type Amount I Unit	Offense #	Warrant / Capias No	umber	Bond 1
ĘĘ.	Charge Description	Counts Domestii		umber	Violation of ORD#
SE	Drug Activity Drug Type Amount / Unit	Offense #	Warrant / Capias N	iumber	Bond
Ä	Location (Court, Room Number, Address)			· ·	55
A P P	Court Date and Time Month Day	Year	Time	AM	РМ
2	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGN FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY	IATED TO ANSWER THE OFFENSE	CHARGED OR TO PA	NTEMPT OF COURT AND A WARRANT FOR	ID THAT SHOULD I WILLFULLY MY ARREST SHALL BE ISSUED
٢	Signature of Defendant (or Juvenile and Paren	t /Custodian)		04/03/2022 Date Signed SCA	NNFD
	HOLD for other Agency Name:	Signature of Apasting Officer	2	Name Verification (Printed by Arrestee)	1. 2022
		Name of Arresting Officer (Pries) C. O'Leary 28713	1.D. # 28713	(PRINT) APR) 4 2022 PAGE
	1015 1011/me200991 11	7, 7 4, 1, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Agency PRSC	Witness here if subject signed with an -X'	
	DISTRIBUTION: WHITE - COURT COPY	GREEN - STATE ATTORNEY	FELLOW - AGENCY	PINK - AGENCY GOLD - DEFEND	ANT (N.T.A.'s ONLY)

	OBTS Number		PROBABLE CAUSE AFFIDAVIT			Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias			Juvenile	^e N		
ADMIN	Agency ORI Number FLO 50000	Agency Name	ACH COUNTY	SHERIFF'	S OFFICE		eport Number 22053034	1				
₹	ChargeType: 1. Felony	× 3	. Misdemeanor	5. (Ordinance		Special Notes					
DEF	as apply. 2. Traffic Feld Name (Last, First, Middle)	ony 4	. Traffic Misdemeanor		Other Alias			Race	Sex	Date of Bir	th	
ES DE						W F 5/27/1993						
18	Battery (Domestic)		78	84.03(1m1)								
CHA	Charge Description				Charge Descripti	on						
	Victim's Name (Last, First, Middle) Maxwell, Douglas, I							Race W	Sex M	Date of Birt 08/01/1996		
ΣI.	Local Address (Street, Apt. Number) 709 Westwind Drive, West Palm	(City)					1	Addres	s Source	<u></u>		
Š	Business Address (Name, Street)	Beach, Florius	(City)		(State) (Zíp)	Phone	1		Occupa			
Н	The undersinged certifies and swears the	it he/she has just a	nd reasonable arounds	lo believe, and d	one believe that the	ss believe that the above named Defendant committed the following violation of la				of law		
	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 Image: Committed the below acts in my presence. Image: Committed the below acts in my presence. Image: Committed the below acts in my presence.											
	confessed to	, procenta.		that he	she saw the arr			the below	v acts.	7		
	admitting to the below facts.	ril	22 10		und to have com							ion.
	On the 3 day of Ap		20 22 at 18		A. M. 🔀 P.M.					*		
	I was patrolling the In								,			,
	Palm Beach County, F		•				_			•	Ģ	
	Douglas Maxwell, and northbound in a 10-fo			entifiea	verdany as	s being	g named	Inai	ya Ko	ombor, 1	ravenn	ıg
	northouna m a 10 10	ot minatao.	e vessei.			TC.						
	As I was traveling nor	thbound b	ehind the ves	sel, I obs	erved a ph	iysical	alterca	tion o	ccurr	ing bety	veen	
	Kombor and Maxwell.					_			_	_		
	immediately conducted			essel and	had Maxv	vell re	locate to	o the b	oack (of my Pa	alm Be	ach
	County Sheriff's Office (PBSO) patrol vessel.											
<u> </u>	While speaking with Maxwell, he stated that he and Kombor were arguing and that they were going to											
MEN	continue traveling home for the night. Maxwell requested to ensure that Kombor made it home safely so											
TATE	that they could be separated for a short period of time. I requested Maxwell complete a PBSO Sworn											
SE S	Statement but Maxwell refused.											
E CAUSE STATEMENT	At this time, I began speaking with Kombor who stated that Maxwell was acting jealous as they were at											
ᇤ	the Peanut Island sandbar and that they were arguing regarding the jealously. Kombor stated that she											
PROBA	never struck Maxwell during the altercation. Kombor stated that she and Maxwell were dating and that											
٩	they recently moved and are living in the same residence.											
П	Thalya Kombor did actually and intentionally touch or strike Douglas Maxwell against the will of Douglas Maxwell and Douglas Maxwell was a family or household member of Thalya Kombor, contrary to Florida											
	Statute 784.03(1), 741.28 and 741.283.											
	STATE OF FLORIDI											
	C. O'Leary 28713 (Signature of Arresting/Investigative Concer)											
ATIVE	The foregoing instrument was sworn to of affirmed and subscribed before me this 3 day of April 20 22 by D/S Christopher O'Leary											
ISTR,	(Print name of Arresting/Investigative Officer					ion produce	Vnouvn					
ADMINISTRATIVE	D/S M. O'Connor #8776		M.a		211	,					PAC	3F
Ĭ	Notary Public, Clerk of Court, Officer (F.S.S.	117.10	, ,	۲	110						1.)F 1

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

Suspect: Kombor,	Thalya,		DOB: <u>5/27/1993</u> Case #: <u>22053034</u>				
		DOB:	08/01/1996	Race: W	Sex: M		
Relationship betwee	en victim and i	Defendant: Boyfriend					
Photographs: Scen	e □ Yes 🗵 No	Victim ☐ Yes	☑ No Defe	ndant□ Yes 💆	No		
911 Call:	□ Yes ⊠ No	Caller:					
Weapon Used:	□ Yes ⊠ No	Type:					
		Name:					
		If yes, weeks					
		Description:					
Medical Treatment:		-			_		
At Scene:	□ Yes 🛭 No	Paramedics:					
At Hospital:	□ Yes 図 No	Hospital:	Physicia	ın:			
Are Children Living	g in Home?	□ Yes ☑ No	DCF Notifie	ed? 🗆 Yes	i		
Name:				DOB:	//		
Name:							
Name:				DOB:	//		
Injunction	□ Yes ☑ No	Case #:	<u> </u>				
No Contact Order	□ Yes ☑ No	Case #:					
Alcohol or Drugs	□ Yes ⊗ No	□ Unknown					
Prior History of Do	mestic/Dating \	Violence □ Yes 🛭 No					
Defendant's Stateme	ents 🗆 Yes	No If yes, □writt	en 🗆 recorded	□oral			
First words Defenda	ant said when y	ou responded to scer	ne:	··			
Victim's Statements	. □ Voc	No If yes, □writt	en Drecorded	□oral			
		responded to scene:					
			··· · · · · · · · · · · · · · · · · ·				
Did the Victim cont:	act anyone oth	er than police within	an hour of the incid	ent regarding	he incident?		
□ Yes NoIf yes, nar	me:		p	hone ()			
Observations of Vic	tim (Physical &	Emotional):					
□ Upset □ Cry	ing 🗆 Fear	ful 🗆 Hysterical	□ Afraid	□ Calm	□ Nervous		
☐ Complained of pa	in □Othe	r					
Victim Contact Info				•			
Local Address: 709	Westwind Drive	, West Palm Beach, Flor	ida 33408				
Phone: Home	.() -	Work (- Cell (()	<u> </u>		
Employer:	<u> </u>		Cen (<u></u> _			
			Phon	ie ()	-		
Address:					-		



Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
tions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
L/E E		119.071(2)(f)	Confidential informants (Cls).	
		119.071(2)(e)	Confession.	
suc		985.04(1)	Juvenile offender records.	
Public Info. Exemptions		119.071(h)(i)	Assets of a crime victim.	
fo. Ex		395.3025(7)(a), 456.057(7)(a)	Medical information.	
blic In	=	394.4615(7)	Mental health information.	
Pu		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.	
	×	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
		(viii) 394.4615(7)	Clinical records under the Baker Act.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
(Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
ıl Administ				
es of Judicia				
Florida Rul				
Other		4	Other:	
ŏ			Other:	

REVIEW COMPLETED BY

Booking Number: 2022008625	Date: 4/4/2022
	Specialist Name/ID: Mat Meek / 33849