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Marsy's Law CVI FL Const. Art.1 § 16(b)

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias **01** Juvenile **N**

OBTS Number	Agency ORI Number FLO: 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 - 23049665	
Charge Type: Check as many as apply.	<input checked="" 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 <b>02</b>
Location of Arrest (including Name of Business)			Location of Offense (Business Name, Address)			
Date of Arrest <b>03/23/23</b>	Time of Arrest <b>2336hrs</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>Arbaugh Chad Alan</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>07/02/1969</b>	Height <b>5'11</b>	Weight <b>240</b>	Eye Color <b>Blue</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Single</b>	Religion <b>None</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Mobile Phone <b>954-871-1778</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>02</b>
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>FL DL</b>
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation
D/L Number, State <b>A612101692420, FL</b>		Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>Middletown, Ohio</b>		Citizenship <b>USA</b>
Co-Defendant (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 (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:	Name (Last)	(First)	(Middle)	Residence Phone
Address (Street, Apt. Number)		(City)	(State)	(Zip)
Notified by: (Name)		Date	Time	
Released to: (Name)		Relationship	Date	Time
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) 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	

**DOMESTIC VICTIM NOTIFICATION REQUIRED**

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. Synthetic	U. Unknown Z. Other
Charge Description <b>Battery (Domestic)</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1a)</b>		Violation of ORD #		Bond <b>NO BOND</b>		
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>23049665</b>	Warrant / Capias Number						
Charge Description <b>Domestic Battery By Strangulation</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.041(2a)</b>		Violation of ORD #		Bond <b>NO BOND</b>		
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>23049665</b>	Warrant / Capias Number						
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Bond		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Bond		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						

Location (Court, Room Number, Address)					
Court Date and Time Month _____ Day _____ Year _____ Time _____ A.M. <input type="checkbox"/> P.M. <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 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 <b>03/23/23</b>	

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.					
Signature		Signature			
HOLD for other agency		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicide Other: <b>2023</b>		Name of Arresting Officer (Print) <b>D/S O. Charelus</b>		(PRINT) I.D. # <b>39045</b>	
Initials/ID # <b>[Signature]</b>		Transporting Officer <b>D/S V. Saint Jean</b>		Agency <b>8192 PBSO</b>	
Witness here if subject signed with an "X"					



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

Name (Last, First, Middle)  
**Suspect:** Arbaugh Chad Alan **DOB:** 07/02/1969 **Case #:** 23049665

Name (Last, First)  
**Victim:** [REDACTED] **DOB:** [REDACTED] **Race:** W **Sex:** F

**Relationship between Victim and Defendant:** [REDACTED]

**Photographs:** Scene Yes  No  Victim  Yes  No Defendant  Yes  No

**911 Call:**  Yes  No **Caller:** [REDACTED]

**Weapon Used:**  Yes  No **Type:** Hands/Fists/Feet

**Witness:** Yes  No  **Name:** (Last) (First) (Middle)

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

**Injuries:**  Yes  No **Description:** Abrasion/Bruise

**Medical Treatment:**  Yes  No

**At Scene:**  Yes  No **Paramedics:**

**At Hospital:**  Yes  No **Hospital:** West Boca Medical Center **Doctor:** Dr. Zimmerman

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

**Name:** **DOB:**

**Name:** **DOB:**

**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:**

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

**First words Victim said when you responded to scene:**

**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:** (Last) [REDACTED]

**Local Address:** [REDACTED]

**Phone:** [REDACTED]

**Employer:** (Name) (Employer Address)

**Name of Relative:** (Last) (First) **Phone:**

**Address:**

SCANNED  
 MAR 24 2023

# 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**
- **Dating Violence**

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 23049665 Agency: PBSO  
Offense: Battery (Domestic) Domestic Battery By Strangulation  
Suspect/Offender: Name (Last) Arbaugh (First) Chad (Middle) Alan  
D.O.B. 07/02/1969 Race: W Sex: M

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: [REDACTED] Name (Last, First) [REDACTED] D.O.B. [REDACTED] Race: W Sex: F  
Address: [REDACTED]  
City: [REDACTED] State: FL Zip: [REDACTED]  
Home #: [REDACTED] Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: PURSUANT TO ES. 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: Name (Last, First) [REDACTED]  
Deputy's Name: D/S O.Charelus I.D. # 39045 Date: 03/24/23

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

SUSPECT/OFFENDER Arbaugh  
Chad  
Alan  
COURT CASE/WARRANT #:  
(FOR WARRANTS USE ONLY)



**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 checked="" type="checkbox"/>	FL Constitution, Article 1, 16(b)	Other: Marsy's Law	1-6
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023007763	Date: 03/24/2023
	Specialist Name/ID: T.Howard/7185