0539325 23CF2778AMB 3094

CONFIDENTIAL VICTIM INFORMATION

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0502600	Palm Beach Gardens Police Department	7 8 23-001734

Charge Type: Check as many as apply — ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
1422 14TH TER, PBG, FL, 33418	1422 14TH TER, PALM BEACH GARDENS, FL 33418

Date of Arrest	Time of Arrest	Booking Date	Booking ...	...l Date	Jail Time	Location of Vehicle
03/30/2023	03:20					

DEFENDANT

Name (Last, First, Middle): Howell, HOWELL BURTON — Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/29/1956	6'00	160	BLUE	GRAY	LIGHT	large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): | Marital Status: M | Religion: | Indication of Alcohol Influence / Drug Influence: ☒ Yes ☐ No ☐ Unk.

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
1422 14TH TER, PALM BEACH GARDENS, FL 33418				(561) 622-0096	

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
1422 14TH TER, PALM BEACH GARDENS, FL 33418				(561) 622-0096	

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H325322560690 / FL	[redacted]		Burmingham AL	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle) — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

NC BOND

Notified by: (Name)	Date	Time	JUVENILE DISPOSITION (1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated)

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 355-2526) informed of any change of address.
☐ Yes, by: ☐ No.

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses/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

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY - ON 65 YOA/OLDER	784.08(2)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		

1

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

Transported By — Date Transported — Time Transported — Other

FILED PBC - GUN CLUB '23 MAR 31 AM 5:48

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room) — Court Date and Time

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency — ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: J. Kahn 545

Name of Arresting Officer (Print): KAHN, J. — I.D. #: 545

Name Verification (Printed by Arrestee) (PRINT)

Issue Deputy: Barrella — I.D. #: 15812 — Pouch #

Transporting Officer: Kahn J. — I.D. #: 545 — Agency: PBGPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

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

KAHN 545

SCANNED MAR 31 2023

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 23-001734

Charge Type: Check as many as apply.
- [X] 1. Felony
- [ ] 2. Traffic Felony
- [ ] 3. Misdemeanor
- [ ] 4. Traffic Misdemeanor
- [ ] 5. Ordinance
- [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HUDSON, HOWELL BURTON		U	M	02/29/1956

CHARGES

Charge Description	Charge Description
784.08(2)(C) BATTERY - ON 65 YOA/OLDER	
Charge Description	Charge Description

[redacted]

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

- [ ] committed the below acts in my presence.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.
- [ ] confessed to _____ admitting to the below facts.
- [X] was found to have committed the below acts, resulting from my (described) investigation.

On the 30 day of March, 2023 at 04:14 (Specifically include facts constituting cause for arrest.)

On 03/30/2023 at 2:48am, I, Officer J. Kahn was dispatched to [redacted] Florida in response to a domestic dispute.

Upon arrival I contacted [redacted] who was sworn in and provided the following statement:

[redacted] advised that she and [redacted], Howell Hudson, had entered into an argument this evening over essential medical supplies [redacted] needs but did not have access to. She asked Mr. Hudson to look for them and bring them to her. [redacted] advised that Mr. Hudson became irate and started verbally berating her when she began to look for the supplies in his [redacted] after he failed to find them himself. [redacted] advised that she became frustrated with Mr. Hudson`s verbal abuse; she stood up from [redacted] and yelled back at him from about three feet away. When she yelled back at Mr. Hudson, he approached her, grabbed her shoulders and pushed her to the ground where she collided with some boxes. [redacted] advised that she got back up and into [redacted] and proceeded into [redacted] to get to the phone so that she could call emergency services. [redacted] advised that Mr. Hudson followed her into the kitchen and began to grab at her right bicep in an attempt to prevent her from contacting police.

I observed significant bruising on [redacted]s inner right bicep in the shape of a handprint, which matches her statement. [redacted] did make complaints of pain from the fall and her shoulder from being grabbed and pulled by [redacted] however she declined medical attention.

During initial fact-finding Mr. Hudson refused to answer any questions.

With all of the above in mind I find probable cause to arrest Mr. Howell B. Hudson with Battery on a person 65 and older pursuant to Florida State Statute 784.08(2)(C). There

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

LEBLANC, GARY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/30/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KAHN, JUSTIN (545)
NAME OF OFFICER (PLEASE PRINT)

03/30/2023
DATE

COURT | STATE ATTORNEY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | P. I. O.

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 8 23-001734

Charge Type: Check as many as apply.
☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	HUDSON, HOWELL BURTON		U	M	02/29/1956

PROBABLE CAUSE STATEMENT

is nothing to add at this time. My department issued body worn camera was utilized during the course of my investigation.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

LEBLANC, GARY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/30/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KAHN, JUSTIN (545)
NAME OF OFFICER (PLEASE PRINT)

03/30/2023
DATE

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

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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.

1. Incident Report #: 23001734 Agency: PBG PD
   Offense: Battery 65 and older 784.08(2)(c)
   Suspect/Offender: Howell Hudson
   D.O.B. 02/29/56 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

   a. [redacted]

   b. Victim's next of kin: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

   c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
   Name: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):
   _____

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: J Kahn 545 I.D.: 545 Date: 3/30/23

White-Warrants Division **Yellow-Corrections or State Attorney (Warrant Application)** **Pink-Central Records**

PBGPD FORM-054

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)

NOT A CERTIFIED COPY

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(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.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023008306	**Date:** 3/31/2023
	Specialist Name/ID: Pinkneya/7796