04717760

38772

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile ☐

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 16-133327

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

Multiple Clearance Indicator: 0 1

Location of Arrest (Including Name of Business)		Location of Offense (Including Name of Business)	
915 NORTH E STREET	LAKE WORTH FL 33460	915 NORTH E STREET	LAKE WORTH FL 33460

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Sep 30, 2016	04:00					

Name (Last, First, Middle)			Alias (Name, DOB, Soc. Sec. #, Etc.)
JOHNSON	ALBERT	LEROY	

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	06/08/1986	5'7"	160	BROWN	BROWN	LIGHT	SLIM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of:	Y	N	Unk
SKULL ON RIGHT ARM	SINGLE	CATHOLIC	Alcohol Influence	☐	☐	☒
			Drug Influence	☐	☐	☒

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
915 NORTH E STREET	LAKE WORTH	FL	33460	352-2567587	3

Permanent Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
SAME AS ABOVE					FLORIDA D/L

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

D/L Number, State	Social Security Number	INS Number	Place of Birth	Citizenship
J-525-032-86-208-0/FLORIDA	[redacted]		GAINSVILE FLORIDA	U.S

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
				☐ ☐	☐ ☐ ☐

☐ Parent ☐ Legal Guardian ☐ Other	Name (Last, First, Middle)	Phone
	NONE	
Address (Street, Apt. No.)	City / State / Zip	Business Phone

Notified By (Name)	Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated

VICTIM NOTIFICATION REQUIRED

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 561 355-2526) informed of any address change
☐ Yes, by: (Name) ☐ No: (Reason)

School Attended	Grade

Property Crime? ☐ Yes ☐ 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, P. Paraphernalia/Equipment, U. Unknown, Z. Other

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
DOMESTIC BATTERY	1	☒Y ☐N	784.03(1)(a)(1)		N/A	N/A	N/A	16-133327		NONE
		☐Y ☒N								
		☐Y ☐N								
		☐Y ☐N								
		☐Y ☐N								

SEP 30 PM 5:20
PALM BEACH COUNTY SHERIFF'S OFFICE
GUN BUREAU
2016 SEP 30 PM 5:20

Location (Court, Address, Room Number)

Court Date and Time — Month / Day / Year / Time / AM ☐ / PM ☐

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS **NOTICE TO APPEAR**, THAT I MAY HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
Name		(PRINT)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other	Name of Arresting Officer: D/S F.ACIERNO ID #: 9534	
Intake Deputy / ID # / Pouch #	Transporting Officer / ID # / Agency: D/S F.ACIERNO / PBSO	Witness here if subject signed with an "X"

SCANNED

Page 1 of 1

SEP 30 2016

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile ☐

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 16-133327

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

Special Notes

Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
JOHNSON	ALBERT	LEROY	W	M	06/08/1986

Charge	Charge
DOMESTIC BATTERY	
Charge	Charge

Victim Name (Las[redacted] Race Sex Date of Birth

Local Address (St[redacted]

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

The undersign 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...

☐ committed the below acts in my presence.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☐ confessed to admitting to the below facts.

☒ was found to have committed the below acts, resulting from (described) investigation.

On the 30 day of SEPTEMBER 20 16 at 04:00 ☒ AM ☐ PM

On Friday September 30, 2016 I was dispatched to [redacted] in the City of Lake Worth FL in reference to a Domestic Violence Investigation.

Upon arrival, I made contact with the Victim, identified by her Florida D/L [redacted]. She advised that she and her boyfriend Albert Johnson, also identified by his Florida D/L, were arguing over [redacted] trying to move out of the residence.

[redacted] stated on a Sworn Written Statement that when she went to grab her personal belongings from the house, Albert held her down by her arms and wrist on the bed, yelling at her telling her that she does not have to leave. [redacted] forced herself up from the bed and walked to the bathroom. Albert followed her into the bathroom where he pulled her hair and bit [redacted] on the Nose causing her nose to bleed.

[redacted] locked herself in the bathroom and called 911 for assistance.

I observed a small cut to the right side of her nose. There was fresh blood on her face dripping from her nose. I asked [redacted] if she needed to see Fire Rescue, to which she denied.

D/S Desmond took digital photos of [redacted] injuries, which were later placed onto the PBSO Domestic Website.

Due to the above aforementioned facts, I find that probable cause does exist to arrest Albert Johnson for violation of Florida State Statute 784.03(1)(a)(1) which Albert did actually and intentionally touch or strike [redacted] against the will of [redacted] during an act of Domestic Violence.

The foregoing instrument was sworn to and affirmed before me this 30 day of SEPTEMBER 20 16, by:

D/S J.YERIAN
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

D/S F.ACIERNO 9534
Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause Affidavit)

Defendant: JOHNSON ALBERT LEROY DOB: 06/08/1986 Case #: 16-133327

Victim: [redacted]

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: _____

Witness: ☐Yes ☑No Name: _____

Victim Pregnant: ☐Yes ☑No If yes, _____Weeks _____Months

Injuries: ☑Yes ☐No Description: SMALL CUT TO THE RIGHT SIDE OF VICTIMS NOSE

Medical Treatment: ☐Yes ☑No

At Scene: ☐Yes ☑No Paramedics: _____

At Hospital: ☐Yes ☑No Hospital: _____ Physician: _____

Are children living in the 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: WHAT CAN I HELP YOU WITH OFFICER

Vicitm's statements ☑Yes ☐No If yes, ☑written ☐recorded ☐oral

First words Victim said when you responded to scene: CAN YOU PLEASE HELP ME

Did the Victim contact anyone other than the 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: [redacted]

LAKE WORTH FL 33460

Phone: Home: _____ Work: _____ Cell: [redacted]

Employer: [redacted]

Name of Relative: _____ Phone: _____

VICTIM NOTIFICATION FORM

- **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 #: 16-133327 Agency: Palm Beach County Sheriff's Office
   Offense: DOMESTIC BATTERY
   Suspect/Offender: JOHNSON ALBERT LEROY
   DOB: 06/08/1986 Race: W Sex: M

2. Warrant #(s):

3.a. Victim's Name: [redacted]
   Address:
   City:
   Home #: Work #: Other #:

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

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

Deputy's Name: D/S F.ACIERNO ID #: 9534 Date: 09/SEP/2016

SCANNED SEP 2016

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER Albert L. Johnson COURT CASE/WARRANT #

(FOR WARRANTS USE ONLY)