D/S B. SHATARAWH#7623T COPY

Resisted Arrest

I.D. #

Pouch #

Other:

Dangerous

Suicidal

Intake Deputy

reeman **GREEN - STATE ATTORNEY**

I.D.

5929

of Arresting Officer (Print)

Transporting Office

YELLOW - AGENCY

I.D. #

293

PBSO

PINK - JAIL

Witness here if subject signed with an "X".

(PRINT

GOLD - DEFENDANT (N.T.A.'s ONLY)

PAGE

	OBTS Number PROBABLE CAUSE AFFIDAVIT 1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias						
ADMIN	Agency ORI Number Agency Name Agency Name Agency Name Agency Report Number Agency						
	Charge Type:						
DEF	Name (Last, First, Middle) Race Sex Date of Birth / 8						
CHARGES	Charge Description Charge Description Charge Description Charge Description Charge Description						
ਤੇ							
Σ	TYSON JAIR 21/10 11716 TUSCANY DA LAURE/MD 20708 WM 0./30,93						
VICTI	Local Address (Street, Apt. Number) (Cify) (State) (Zip) Phone (240 82/2/5/ MD D.L., Business Address (Name, Street) (City) (State) (Zip) Phone (Zip) Phone (Zip) Phone (City) Occupation						
Н	NONE () NONE						
	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 committed the below acts in my presence. who told who told						
	confessed to that he/she saw the arrested person commit the below acts. admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.						
	On the 30 day of April 20 at 1950 A.M. & P.M. (Specifically include facts constituting cause for arrest.)						
	Anjune Deunauth, while having a dispute with the Victim,						
	Jair 217 ho Tyson, did punch and Kick him with closed Kists and feet.						
	Both admit to living together for whost a year making this a						
	domestic / tration.						
	By striking tyson, Deonauth comitted simple by Hery F.S.S.						
	784.03						
EMENT							
STATE							
CAUSE :							
JLE C							
PROBABLE							
P							
	· · · · · · · · · · · · · · · · · · ·						
	STATE OF FLORIDA						
rive	COUNTY OF PALM BEACH 293						
STRA	(Signature of Arrésting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of April 20/8, by 11/5/65747293						
ADMINISTRATIVE	(Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of April 20 18, by D15 100 TA 7 2 93 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Porsonally Known						
۲	Notary Public, Clerk of Court, Officer (F.S.S.) (7.10)						
L	DISTRIBUTION: WHITE — Court Copy GREEN — State Attorney YELLOW — Agency PINK — Agency						

PALM BEACH COUNTY SHERIFF'S OFFICE DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM (SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER: 18 068 995	
DEFENDANT'S NAME: Anjania Deo DEFENDANT'S STATEMENT: YES TO NO (IF YES: D	nauth
DEFENDANT'S STATEMENT: DYES DE NO (15 YES: D	WRITTEN TAPED DORAL)
SYNOPSIS: VICTIM WEI PLACED GAR	Kilol - 20 4804.0 + 1071.110.
billionis. The first property of the form	The state of the s
	4
VICTIM'S NAME: Jairzinho Adoni. VICTIM'S STATEMENTS: YES YOUND (IF YES: WE)	S Tafari Tyson
VICTIM'S STATEMENTS: DIVES DIVID GEVES: DIVID	TTEN TAPED TOPAL
OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL)	Dr. Wil / C. Carrett
OBSERVATIONS OF VICTIVI. (FITT SICAL & EMOTIONAL)	710 0(17676 74) 07/85
RELATIONSHIP BETWEEN VICTIM AND SUSPECT: 804	acre are triend
RELATIONSHIP BETWEEN VICTIM AND SUSPECT.	The of All Mark
PHOTOGRAPHS: SCENE: ☐ YES ☐ NO VICTIM(S):	Type, Dyo
911 CALL: YES ONO WHO CALLED: Sharor	from United Airlines
THE STATE OF THE S	THE COM TAT VALLET
WEAPON USED: ☐ YES ☐ NO TYPE:	
WEAPON USED: TYPE:	*
MEDICALTREATMENT: □ YES ②NO	
AT SCENE: YES YOU PARAMEDICS:	DIMAGNA
AT HOSPITAL: ☐ YES ☐ NO HOSPITAL:	PHYSICIAN:
ADECUM DENI NINGBURONE TIVES TWO	
ARE CHILDREN LIVING IN HOME: TYPES TO NO	
NAME:	DOB:
	DOB:
NAME:	DOB:
WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): Y	
NAME:	
NAME:	
NAME:	DOB:
· · · · · · · · · · · · · · · · · · ·	VICTIM PREGNANT: YES NO
	O ALCOHOL OR DRUGS INVOLVED: YES NO
VIOLATION OF RESTRAINING ORDER: ☐ YES Ø NO	CASE#:
ALTERNATE VICTIM CONTACT INFORMATION: (IF V	
	PHONE:
RELATIVE/FRIEND ADDRESS:	
PBSO #0004A REV. 01/01	

SUSPECT/OFFENDER:

FOR WARRANTS USE ONLY)

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)

- Sexual Offense (Ch. 794)

- Attempted Murder

- Attempted Sexual Offense

- **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.)

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

1.	Incident Rep	oort#:/	18-068	995	_	A _{\$}	gency:	PESO
	Offense:	Domectic	BA4tery	, ,				
	Suspect/Offe	ender:	eanautt	+ AN	ANI -			
	D.O.B. <u>6-1</u>	6-88]	Race:	W		Sex	: femole
2.	Warrant #(s)	١٠						
	warrano "(B)	·	· · · · · · · · · · · · · · · · · · ·					
3.a.	Victim's nan	ne:Jaicz	Inho Adon	is TAFA	755 D.O.	B./- 30-	93 Race	e: <u>U</u> Sex: <u>M</u>
	Address: //	716 TUS	cany Dei	<u> </u>				
	Address: // City: LAU	nel			State:	MA	Zip	20708
	Home #: 240	0-82/-	2151 V	Vork #:		-	Other:	
b.	Victim's next	of kin, fri	end or nei	ghbor:				
	Address:	,		8-1-1-1-1		-		
	City:				State		Zin	,
	Home #:		V	Vork #	_ 00000		Other	
			/	· O111 //			Onler.	
NOT	E: PURSUANT TO	O F.S. 119.07,	THE CONTE	NTS OF T	HIS FORM	MAY BE SU	BJECT TO	CONFIDENTIALITY.
Vict	tim/Relation	Notifica	ation Wai	iver an	d Confid	lential	Informa	tion Request.
	k applicable boxe		-					_
	Vaiver:	ŕ	not to be	notified	ruhan Aba			. 1 6
_ '	varver.	1 CHOOSE	not to be	notinea	wnen tne	arrestee	e is reieas	ed from custody.
-	Confidential:	I reques only to violence	sexual bat	mation o tery, sta	on this for lking, chi	m be ker ld abuse	pt confide , harassn	ential (applicable nent or domestic
Signa	ature of person v	waiving no	otification:					
Print	ed name of pers	son waivir	ng notificat	tion:				
	ty's Name:		_		I.	.D.#_72	93 Date	e: <u>4-30-18</u>

White/Corrections or State Attorney (Warrant Application)
PBSO #0029A REV. 4/99

Yellow/Warrants Section

Pink/Central Records