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ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1

Juvenile

| | | | | | | | |
|---|-------------------------------|--|-----------------------|---|--------------------------|--|----------------------------|
| OBTS Number | | Agency ORI Number FLO 600000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06 17-081219 | |
| Charge Type Check as many as apply <input 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 1 | | | |
| Location of Arrest (Including Name of Business) 14880 Black Bear Road PBG, FL 33418 | | Location of Offense (Including Name of Business) 14880 Black Bear Road PBG, FL 33418 | | | | | |
| Date of Arrest May 23, 2017 | Time of Arrest 2023 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | |
| Name (Last, First, Middle) O'Hara Brian Peter | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | |
| Race W - White 1 - American Indian B - Black O - Oriental/Asian | Sex M | Date of Birth 06/02/1962 | Height 6'0" | Weight 160 | Eye Color Blue | Hair Color Brown | Complexion Light |
| Build Medium | | Marital Status Married | | Religion Christian | | Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/> | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | Residence Type: 1. City 2. County 3. Florida 4. Out of State | | Phone (561) 723-9265 | | 2 | |
| Local Address (Street, Apt. Number) 14880 Black Bear Road | | City Palm Beach Gardens | | State FL | | Zip 33418 | |
| Permanent Address (Street, Apt. Number) | | City | | State | | Zip | |
| Business Address (Street, Apt. Number) | | City | | State | | Zip | |
| D/L Number, State O600-075-62-162-0, FL | | Social Security Number | | INS Number | | Place of Birth West Palm Beach, FL | |
| Citizenship 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) | | City | | State | |
| | | | | | | Zip | |
| Address (Street, Apt. No.) | | City | | State | | Zip | |
| Notified By (Name) | | Date | | Time | | Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated | |
| Released To (Name) | | Relationship | | Date | | Time | |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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. <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 | | | |
| Drug Activity N. N/A P. Possess | | B. 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 Domestic Battery-Simple | | Counts 1 | | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number 784.03(1A1) | |
| Drug Activity N | | Drug Type N | | Amount/Unit N/a | | Offense # 17-081219 | |
| Warrant/Capias Number | | Bond | | | | | |
| Charge Description | | Counts | | Domestic Violence | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # | |
| Warrant/Capias Number | | Bond | | | | | |
| Charge Description | | Counts | | Domestic Violence | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # | |
| Warrant/Capias Number | | Bond | | | | | |
| Charge Description | | Counts | | Domestic Violence | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # | |
| Warrant/Capias Number | | Bond | | | | | |
| Location (Court, Address, Room Number) TO BE SET | | | | | | | |
| Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> | | | | | | | |
| 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 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 | | | |
| HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Substantial <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | | | Signature of Arresting Officer D/S B. DISTEFANO ID # 19468 | | | |
| Name Verification (Printed by Arresting Officer) (PRINT) MAY 24 2017 | | | | Page 1 of 1 | | | |
| Transporting Officer D/S B. DISTEFANO ID # 19468 Agency PBSO | | | | Witness here if subject signed with an "X" | | | |

B/S: C. GILYARD #7392

D/S B. DISTEFANO 19468

PBSO

Witness here if subject signed with an "X"

| | | | | | | |
|--|--|--|--|--|---------------------|---|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias | | Juvenile <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">1</div> |
| Agency ORI Number FLO 5 0 0 0 0 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06 17-081219 | | |
| Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____ | | | | Special Notes | | |
| Defendant Name (Last, First, Middle) O'Hara Brian | | Peter | | Race W | Sex M | Date of Birth 06/02/1962 |
| Charge Domestic Battery-Simple | | Charge | | | | |
| Charge | | Charge | | | | |
| Victim Name (Last, First, Middle) Joyce Colt | | Kemper | | Race W | Sex M | Date of Birth 08/19/1988 |
| Local Address (Street, Apt. Number) 14880 Black Bear Road | | City Palm Beach Gardens | | State FL | Zip 33418 | Phone (561) 201-9032 |
| Business Address (Street, Apt. Number) | | City | | State | Zip | Phone |
| | | | | | | Address Source Victim |
| | | | | | | Occupation Auto mechanic |
| 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... | | | | | | |
| <input type="checkbox"/> committed the below acts in my presence. | | | | | | |
| <input type="checkbox"/> confessed to admitting to the below facts. | | | | | | |
| <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. | | | | | | |
| <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. | | | | | | |
| On the 23 day of May 20 17 at 1947 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | | | | | |

him, forcing him backward on the calendar panel.

The foregoing instrument was sworn to and affirmed before me this 23rd day of May 20 17, by:

D/S B. DISTEFANO #19468
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

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

D/S B. DISTEFANO
Name of Arresting/Investigating Officer

B. Distefano #19468
Signature of Arresting/Investigating Officer

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