0436633 2618

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 17094157

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

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator: 02

Location of Arrest (Including Name of Business): [redacted]

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/24/2017	0345					

DEFENDANT

Name (Last, First, Middle): **Neale, Howard, William**

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/19/1994	5'08	155	BLUE	BROWN	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Single | Religion: CHRISTIAN | Indication of: Alcohol Influence / Drug Influence — Y [ ] N [ ] Unk. [X]

Local Address (Street, Apt. Number) (City) (State) (Zip): 3510 Harlowe Ave, Boynton Beach, FL 33436 | Phone: ( ) 561-603-3516 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): , | Phone: ( ) | Address Source:

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
N400339940190, FL	[redacted]		Boca Raton, FL	USA

CO-DEF

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

JUVENILE

[ ] Parent [ ] Legal Custodian [ ] Other:

Residence Phone: ( )

Address (Street, Apt. Number) (City) (State) (Zip): No Bond / No Bond 2

Business Phone: ( )

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 provided by [ ] defendant and / or [ ] defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. [ ] Yes, by: (Name) [ ] No: (Reason)

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. 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. Synthetics | U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
Domestic Battery by Strangulation	01	[X] Y [ ] N	784.041(2)(a)		N	N		17094157		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
BATTERY	01	[ ] Y [ ] N	784.03(1)(a)(2)		N	N		17094157		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
		[ ] Y [ ] N								

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
		[ ] Y [ ] N								

NOTICE TO APPEAR

Location (Court, Room Number, Address):

Court Date and Time: Month Day Year Time AM PM

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: 06/24/2017

2017 JUN 25 AM 8:34

ADMIN

HOLD for other Agency Name:

[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other:

Intake Deputy: JANN 8101 I.D. # Pouch #

Signature of Arresting Officer: X [signature] 16040

Name of Arresting Officer (Print): DS BUTTERWORTH #16040 I.D. # PBSO

Transporting Officer: DS BUTTERWORTH ID # 16040 Agency PBSO

Name Verification (Printed by Arrestee) (PRINT):

Witness here if subject signed with an -X"

PAGE OF

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT N.T.A. SIGNED

PBSO #149 REV. 8/97

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SCANNED JUN 25 2017

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 17094157

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
Neale, Howard, William		W	M	01/19/1994

CHARGES

Charge Description		Charge Description	
Domestic Battery by Strangulation	784.041(2)(a)	BATTERY	784.03(1)(a)(2)
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
[redacted]			W	F	10/31/1994
Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone	Address Source		
[redacted]					
Business Address (Name, Street) (City) (State) (Zip)		Phone ( )	Occupation		

PROBABLE CAUSE STATEMENT

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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 24TH day of JUNE 2017 at 0345 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On 06/24/2017 at approximately 0350 hours, I was dispatched to in unincorporated Boynton , FL in reference to an alarm activation.

Upon my arrival I met with the victim, identified verbally as, [redacted] The victim explained she was spending the night at [redacted] During the night the defendant, later identified by DAVID, became upset when she received text messages on her phone. The defendant took the victims phone and started to go thought the text messages. The victim was following the defendant around the house, when the defendant slammed the victim against a wood door. The defendant then grabbed the victim's throat and begin to squeeze down. The victim stated that she could not breath and started to "blackout." The defendant released his grip and she fell to the floor. The victim again attempted to retrieve her phone, this time so she could contact 911. The victim stated she jumped on the defendant's back attempted to retrieve a cell phone. The defendant throw the victim to the floor and took his foot and pressed it against her throat, again causing the victim to have a hard time breathing. The victim stated after getting up off the ground this time she once again attempted to grab a cell phone and the defendant bit her on the upper right arm in the bicep area. The victim then ran inside of the residence and used the emergency bottom on the homes alarm system.

I spoke with the defendant, identified by Florida DL as, Howard Neale. The defendant explained the as him and the victim were lying in bed he took her phone so he could take photos of text messages on her phone. The defendant stated that the victim than "jumped on my back" and "I tossed her off." The defendant stated that he never choked the victim , but he did bit the victim after she attempted to her cell phone back.

I observed on the victim's body what appeared to be a fresh bit mark with bruising beginning to start and fresh blood around the edges. I also observed several red marks in the area of the victims neck and throat area. I the victim also had several scrapes on her legs. The defendant did have several scratch marks on his back. All the marks were superficial and had little to no bleeding.

Based on my investigation the defendant did actually and intentionally touch and strike the victim against her will and did intentionally cause bodily harm to the victim, contrary to Florida Statute.
Based upon my investigation the defendant did knowingly and intentionally, against the will of the victim, [redacted] apply pressure on the throat and neck of the victim impeding the normal breathing and circulation of the blood so as to create a risk of or cause great bodily harm, contrary to Florida Statute 784.041(2).

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) **DS BUTTERWORTH 16040**

The foregoing instrument was sworn to or affirmed and subscribed before me this 24TH day of JUNE 2017 by **DS BUTTERWORTH 16040**

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) 26798

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PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

SCANNED
JUN 25 2017

VICTIM NOTIFICATION FORM

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

- **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**

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

1. Incident Report #: **17094157** Agency: **PBSO**
   Offense: **Domestic Battery by Strangulation**
   Suspect/Offender: **Neale, Howard, William**
   D.O.B. **01/19/1994** Race: **W** Sex: **M**

2. Warrant # (s):

3.a. Victim's name: [redacted]
   Addr[redacted] D.O.B. **10/31/1994** Race: **W** Sex: **F**
   City: [redacted]
   Hom[redacted] Other:

b. Victim's next of kin, friend or neighbor: [redacted]
   Address:
   City:
   Hom[redacted] Work #: Other:

NOTE: PURSUANT TO F.S. 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 [redacted]

Deputy's Name: **DS BUTTERWORTH 16040** I.D.# **PBSO** Date: **06/24/2017**

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

PBSO 00028A REV. 4199

SUSPECT/OFFENDER: **Neale, Howard, William** COURT CASE/WARRANT#.
(FOR WARRANTS USE ONLY)

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JUN 25 2017

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Neale, Howard, William DOB: 01/19/1994 Case #: 17094157

Victim: [redacted] DOB: 10/31/1994 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:

Weapon Used: × Yes No Type: hands/ feet

Witness: Yes No Name:

Victim Pregnant: Yes × No If yes, ___ weeks _____ months

Injuries: × Yes No Description: bit mark to right arm, bruising to neck and body

Medical Treatment: × Yes No

At Scene: × Yes No Paramedics: PBCFR

At Hospital: Yes × No Hospital: Physician:

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

Name: [redacted] DOB: 12/05/2015

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: relax this is not a big deal

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

First words Victim said when you responded to scene: I need help I can't breath

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:

Local Address: [redacted]

Phone:

Employer:

Name of Relative

Address:

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SCANNED
JUN 25 2017