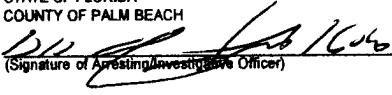
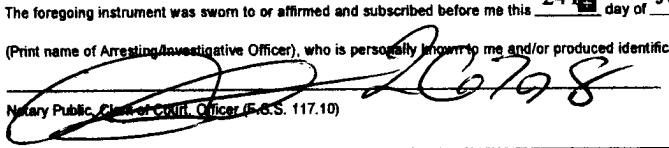




PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N	
ADMIN	DBTS Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-17094157</b>				
DEF	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:			
CHARGES	Name (Last, First, Middle) <b>Neale, Howard, William</b>			Alias	Race W	Sex M	Date of Birth 01/19/1994
Charge Description Domestic Battery by Strangulation		Charge Description BATTERY 784.041(2)(a) 784.03(1)(a)(2)					
Charge Description		Charge Description					
VICTIM	Victim's Name (Last, First, Middle)			Race W	Sex F	Date of Birth 10/31/1994	
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation	
<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>							
<p>On the <u>24TH</u> day of <u>JUNE</u> <u>2017</u> at <u>0345</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>							
<p>On 06/24/2017 at approximately 0350 hours, I was dispatched to in unincorporated Boynton, FL in reference to an alarm activation.</p>							
<p>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 victim's phone and started to go through 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 began 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 threw 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.</p>							
<p>I spoke with the defendant, identified by Florida DL as, Howard Neale. The defendant explained that 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 then "jumped on my back" and "I tossed her off." The defendant stated that he never choked the victim, but he did bite the victim after she attempted to grab his cell phone back.</p>							
<p>I observed on the victim's body what appeared to be a fresh bite mark with bruising beginning to start and fresh blood around the edges. I also observed several red marks in the area of the victim's neck and throat area. 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.</p>							
<p>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.</p>							
<p>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).</p>							
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p> DS BUTTERWORTH (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>24TH</u> day of <u>JUNE</u> <u>2017</u> by <u>DS BUTTERWORTH 16040</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p> Notary Public, Clerk or Civil Officer (F.G.S. 117.10)</p>						
ADMINISTRATIVE	<p>PAGE <b>1</b> OF <b>1</b></p>						

SUSPECT/OFFENDER: Neale, Howard, William

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:

# VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

**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 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: \_\_\_\_\_  
Address: \_\_\_\_\_ D.O.B. 10/31/1994 Race: W Sex: F  
City: \_\_\_\_\_  
Home: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home: \_\_\_\_\_ 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: \_\_\_\_\_

Deputy's Name: DS BUTTERWORTH 16040  
White/Corrections or State Attorney (Warrant Application)  
PBSO 00028A REV. 4199

I.D.# PBSO  
Yellow/Warrants Section

Date: 06/24/2017  
Pink/Central Records

SCANNED  
JUN 25 2017

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL 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]

<b>Photographs:</b>	<b>Scene</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Victim</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Defendant</b>	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>911 Call:</b>	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No	<b>Caller:</b>			
<b>Weapon Used:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Type:</b>		hands/ feet			
<b>Witness:</b>	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No	<b>Name:</b>			
<b>Victim Pregnant:</b>	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No	<b>If yes,</b>		<input type="checkbox"/> weeks	<input type="checkbox"/> months
<b>Injuries:</b>	<input checked="" type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Description:</b>		
<b>Medical Treatment:</b>	<input checked="" type="checkbox"/>				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>At Scene:</b>	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No	<b>Paramedics:</b>		PBCFR	
<b>At Hospital:</b>	<input checked="" type="checkbox"/> Yes				<input checked="" type="checkbox"/> No	<b>Hospital:</b>			

Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_  
Are Children Living in Home? Yes  No  DCF Notified? Yes  No

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
**Injunction** Yes  No  Case #: \_\_\_\_\_  
DOB: 12/05/2015 DOB:   /  /   DOB:   /  /

**No Contact Order** Yes  No Case #: \_\_\_\_\_  
**Alcohol or Drugs** Yes  No  Unknown Case #: \_\_\_\_\_

Prior History of Domestic/Dating Violence Yes  No  Unknown

**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?**

Observations of Victim (Physical & Emotional) phone ( ) -

**× Upset**      **Grieving**      **Feeling**      **Worried**

Upset Crying Fearful Hysterical Afraid Calm Nervous  
Complained of

**Other** \_\_\_\_\_

**Victim Contact Information:** [REDACTED]

**Local Address:**

Digitized by srujanika@gmail.com

**Phone:**

**Employer:** [REDACTED]

**Name of Relative** \_\_\_\_\_

**Address:** \_\_\_\_\_

SCANNED BY

SCANNED  
11/25/2017