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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 17-061712</b>					
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2. 1. Yes 2. No	
								Multiple Clearance Indicator <b>01</b>	
Date of Arrest <b>04/07/2017</b>		Time of Arrest <b>1710</b>		Booking Date		Booking Time		Jail Date	
								Jail Time	
								Location of Vehicle	
Name (Last, First, Middle) <b>Hadid, Isaac, J</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>08/01/1961</b>		Height <b>5'10</b>		Weight <b>220</b>	
						Eye Color <b>Brown</b>		Hair Color <b>Brown</b>	
						Complexion <b>light</b>		Build <b>large</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Single</b>		Religion <b>unk</b>		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>103 Ne 8th Ave, Okechobee, FL, 34972</b>		(City)		(State)		(Zip)		Phone <b>(561) 261-0088</b>	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Address Source <b>Verbal</b>	
Business Address (Name, Street)		(City)		(State)		(Zip)		Occupation <b>Artist</b>	
D/L Number, State <b>H-300-410-61-281-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Arlington, Virginia</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)		(City)		(State)		(Zip)	
								Residence 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 <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 (Phone 355-2526) informed of any change of address.		School Attended		Grade					
<input type="checkbox"/> Yes, by: (Name)		<input type="checkbox"/> No: (Reason)							
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
Charge Description <b>Domestic Battery by Strangulation</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.041(2) A</b>		Violation of ORD #	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>17-061712</b>		Warrant / Capias Number	
								Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
								Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
								Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
								Bond	
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) <b>04/07/2017</b>									
Date Signed									
HOLD for other Agency Name:		Signature of Arresting Officer <b>DS Ingram</b>				Name Verification (Printed by Arrestee) <b>DS Ingram</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>DS Ingram</b>		I.D. # <b>9581</b>		(PRINT)	
Initials		A.S. #		Touch #		Transporting Officer <b>DS Calloway</b>		ID # <b>9605</b>	
								Agency	
Witness here if subject signed with an "X"								PAGE <b>1</b> OF <b>1</b>	

CALLLOWAY

APR 7 2017 8:12

OBTs Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile N
ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 17-061712</b>					
	Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:
CHARGES	Name (Last, First, Middle) <b>Hadid, Isaac, J</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/01/1961</b>		
	Charge Description <b>Domestic Battery by Strangulation</b>		784.041(2)		Charge Description				
VICTIM	Charge Description		Charge Description						
	Charge Description		Charge Description						
	[Redacted]		[Redacted]		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/14/1963</b>		
	Business Address (Name, Street) <b>artist</b>		(City)	(State)	(zip)	Phone ( )		Address Source <b>verbal</b>	
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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ 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 my (described) investigation.								
	On the <u>7</u> day of <u>April</u> 20 <u>17</u> at <u>1805</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
	<p>On 4/7/17 at approximately 1655hrs I arrived at [Redacted] in reference to 911 call with an open line.</p> <p>While en route PBSO dispatch advised that they heard an unknown female's voice crying, yelling and saying "stop it your abusive, OH God, Oh God." PBSO dispatch also advised that they heard an unknown male voice saying " she won't shut her fucking mouth."</p> <p>Upon arrival DS Calloway, DS Udel and I made contact with [Redacted] was crying, shaking and visibly upset. [Redacted] said that she was afraid [Redacted] Isaac Hadid was going to kill her. [Redacted] said that she is recovering from recent surgery and asked Isaac if he could go to the store and buy her food. [Redacted] stated that Issac immediately began screaming at her. [Redacted] advised that Isaac was under the influence of alcohol. [Redacted] said that Isaac walked towards her while she was sitting in the bed, put his hand on the back of her neck and pushed her face into a pillow on the bed. [Redacted] said that Isaac held her face into the pillow and she was unable to breathe. [Redacted] said that she was eventually able to get away from Isaac but he continued to follow her. Isaac followed her and put his hand over her mouth and nose. [Redacted] added that she couldn't breathe and attempted to get away from Isaac. [Redacted] advised that she eventually got away from Isaac's grasp and called 911. [Redacted] said that she believes Isaac would have strangled her to death if she didn't call 911.</p> <p>I made contact with Isaac who had bloodshot eyes and smelled of an unknown alcoholic beverage. Issac spontaneously uttered " I put my hand over her mouth so she would shut the hell up. Do what you need to do."</p> <p>Based on my investigation I have probable cause for the arrest of Issac Hadid for one count of Domestic Battery by Strangulation FSS 784.041(2). I handcuffed Issac double locked, checked for proper fit and escorted him to DS Calloway's marked patrol vehicle. Isaac was transported to the Main Detention Center where he was booked for his charge.</p>								
	STATE OF FLORIDA COUNTY OF PALM BEACH <div style="text-align: right; margin-right: 100px;">   <b>DS Ingram</b>          (Signature of Arresting/Investigative Officer)       </div>								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>7</u> day of <u>April</u> 20 <u>17</u> by <u>DS Ingram</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>known</u>								
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <div style="text-align: center;">   <u>9685</u> </div>								
	PAGE <b>1</b> OF <b>1</b>								
	DISTRIBUTION:    WHITE - COURT COPY    GREEN - STATE ATTORNEY    YELLOW - AGENCY    PINK - AGENCY								

# VICTIM NOTIFICATION FORM

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

- **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.**

SUSPECT/OFFENDER:

**Hadid, Isaac, J**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

1. Incident Report #: 17-061712 Agency: PBSO  
Offense: Domestic Battery by Strangulation  
Suspect/Offender: Hadid, Isaac, J  
D.O.B. 08/01/1961 Race: W Sex: M

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: [REDACTED] D.O.B. 12/14/1963 Race: W Sex: F  
Address: [REDACTED]  
City: [REDACTED]  
Home #: [REDACTED] Work #: 0 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: [REDACTED]

Deputy's Name: DS Ingram

I.D.# 9581

Date: 04/07/2017

PBSO #0004A REV. 05/11