

0486869

3552

ARREST / NOTICE TO APPEAR																					
Juvenile Referral Report																					
ADMINISTRATIVE	OBTS Number			1. Arrest			3. Request for Warrant			1	Juvenile N										
				2. N.T.A.			4. Request for Capias														
Agency ORI Number		Agency Name			Agency Report Number (N.T.A.'s only)																
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE			06-17-061712																
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Weapon Seized / Type		Multiple Clearance Indicator			01											
					2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No																
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
04/07/2017		1710																			
Name (Last, First, Middle) Hadid, Isaac, J																					
Alias (Name, DOB, Soc. Sec. #, Etc.)																					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 08/01/1961		Height 5'10		Weight 220		Eye Color Brown		Hair Color Brown									
Build large																					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																					
Marital Status Single Religion unk																					
Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unk.																					
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State											
103 Ne 8th Ave, Okeechobee, Fl, 34972								(561) 261-0088		2											
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source Verbal											
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation Artist											
DL Number, State H-300-410-61-281-0		Soc. Sec. Number		INS Number				Place of Birth (City, State) Arlington, Virginia		Citizenship US											
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											
Co-Defendant Name (Last, First, Middle)																					
Residence Phone ()																					
Address (Street, Apt. Number) (City) (State) (Zip) 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 <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 355-2528) informed of any change of address. <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		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 Description Domestic Battery by Strangulation						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number 784.041(2) A		Violation of ORD #							
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-061712						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)		SUN CLUB - 8																			
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 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																					
04/07/2017																					
Signature of Defendant (or Juvenile and Parent /Custodian)																					
Date Signed																					
HOLD for other Agency Name: X DS Ingram 801				Signature of Arresting Officer Name of Arresting Officer (Print) DS Ingram I.D. # 9581				Name Verification (Printed by Arrestee) (PRINT)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: <input type="checkbox"/> Intent to Kill <input type="checkbox"/> B. # <input type="checkbox"/> Pouch # DS Ingram				Transporting Officer ID # 08 Calloway 9605 PSSU				Witness here if subject signed with an -X" PAGE 1 OF 1													
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)																					

Calloway

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
CHARGES DEF	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17-061712								
	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:						
VICTIM	Name (Last, First, Middle) Hadid, Isaac, J		Alias				Race W	Sex M	Date of Birth 08/01/1961				
CHARGES DEF	Charge Description Domestic Battery by Strangulation		784.041(2)		Charge Description								
	Charge Description				Charge Description								
VICTIM							Race W	Sex F	Date of Birth 12/14/1963				
	Business Address (Name, Street) artist		(City)		(State) (zip)		Phone ()		Address Source verbal				
<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. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <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. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>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>													
<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 Udell 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> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: center;"> DS Ingram</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>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></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>known</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>													
ADMINISTRATIVE	<p>PAGE <u>1</u> OF <u>1</u></p>												

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: **Hadid, Isaac, J**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

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 #: 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: _____ D.O.B. 12/14/1963 Race: W Sex: F

Address: _____

City: _____

Home #: _____ 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: _____

Deputy's Name: DS Ingram I.D.# 9581 Date: 04/07/2017
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4199

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Suspect: Hadid, Isaac, J DOB: 08/01/1961 Case #: 17-061712

Victim: [REDACTED] DOB: 12/14/1963 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**
Witness: Yes No **Name:** _____
Victim Pregnant: Yes No **If yes, _____ weeks _____ months**
Injuries: Yes No **Description:** _____
Medical Treatment: Yes No
 At Scene: Yes No **Paramedics:** refused EMS treatment
 At Hospital: Yes No **Hospital:** _____ **Physician:** _____

Are Children Living in Home? Yes No **DCF Notified?** Yes No
Name: _____ **DOB:** ____ / ____ / ____

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

Defendant's Statements **Yes** **No** If yes, **written** **recorded** **oral**

First words Defendant said when you responded to scene:

I put my hand over her mouth so she would shut the hell up.

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

First words Victim said when you responded to scene: I thought he was going to kill me.

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]

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Phone: **Work:** **Cell:**

Employer: Trust **Phone:** (404) 522-1234

Name of Relative: _____ **Phone** _____

Address: _____