

0354140

1008

ARREST / NOTICE TO APPEAR

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1


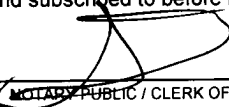
JUVENILE

AD M I N I S T R A T I O N	OBTS Number 0500800	Agency Name West Palm Beach Police Department	Agency Report Number (N.T.A.'s only) 9 4 2016-0016332
D E F E N D A N T	Charge Type: <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 Hands/feet/teeth		
	Multiple Clearance Indicator		
	Location of Arrest (Including Name of Business) 1120 OAK STREET		
C O D E F	Location of Offense (Business Name, Address) 1120 OAK STREET, WEST PALM BEACH, FL 33405		
	Date of Arrest 09/10/2016	Time of Arrest 16:18	Booking Date 09/10/2016
	Booking Time 16:18	Jail Date 09/10/2016	Jail Time 16:18
	Location of Vehicle 1120 OAK STREET, WEST PALM BEACH, FL 33405		
J U V E N I L E	Name (Last, First, Middle) HOLLEY, JAMES		
	Alias: None		
	Alias (Name, DOB, Sex, Sec. #, Ex.)		
	Race W White M Male 09/09/1954 Date of Birth 6'04 Height 190 Weight BLUE Eye Color BROWN Hair Color MEDIUM Complexion Medium Build		
C H A R G E	Local Address (Street, Apt. Number) 1120 OAK ST, WEST PALM BEACH, FL 33405		
	Permanent Address (Street, Apt. Number) 1120 OAK ST, WEST PALM BEACH, FL 33405		
	Business Address (Name, Street) 1120 OAK ST, WEST PALM BEACH, FL 33405		
	D/L Number, State H400440543290 /		
C O D E F	Co-Defendant Name (Last, First, Middle) None		
	Co-Defendant Name (Last, First, Middle) None		
	Name (Last, First, Middle) None		
	Address (Street, Apt. Number) None		
C H A R G E	Notified by: (Name) None		
	Released To: (Name) None		
	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 355-2526) informed of any change of address.		
	Drug Activity <input type="checkbox"/> N/A <input type="checkbox"/> Possess		
C H A R G E	Charge Description BATTERY - BATTERY (SIMPLE)		
	Statute Violation Number 784.03(1)(a)		
	Violation of ORD #		
	Bond		
C H A R G E	Charge Description BATTERY - BATTERY (SIMPLE)		
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	Statute Violation Number 784.03(1)(a)		
	Violation of ORD #		
	Bond		
I N T A K E	Health: Apparent Physical Condition of Defendant		
	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> I.O.T. County Jail		
	PROPERTY - Received By		
N O T I C E	INSTRUCTION NO. 1 - Mandatory appearance in court		
	INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		
	Location (Court, Room) SEP 10 PM 6:22		
	Court Date and Time		
T O A P P E A R	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) None		
	Date Signed		
	Name Verification (Printed by Arrestee) None		
A D M I N I S T R A T I O N	HOLD for Other Agency		
	Name of Arresting Officer (Print) HOUSTON, JASON O.		
	ID # 01009		
	Transporting Officer None		
C O U R T	Witness here if subject signed with an "X"		
	PAGE 1 OF 1		
	SCANNED SEP 11 2016		
	DEFENDANT		

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/10/2016 16:25		Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE DEPARTMENT		Agency Report Number 9 4 2016-0016332	
	Name (Last, First, Middle) HOLLEY, JAMES						Race W	Sex M
C H I E F	Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)							
	Victim's Name (Last, First, Middle) [REDACTED]						Race F	Sex F
V I C T I M	Business Address (Name, Street) [REDACTED]						Address Source [REDACTED]	
	(City) [REDACTED]						(State) [REDACTED]	
A D D I T I O N A L	Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
	DEFENDANT'S STATEMENTS:							
I N F O R M A T I O N	VICTIM'S STATEMENTS:							
	RELATIONSHIP BETWEEN VICTIM & SUSPECT							
F O R M A T I O N	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>PARAMEDICS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>							
	<p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>							
N A R R	<p>On September 9, 2016 at 0550 hours, officers from the West Palm Beach Police Department responded to [REDACTED], in the City of [REDACTED] Palm Beach County, Florida, in reference to a Domestic Disturbance.</p> <p>Your affiant responded to the residence of [REDACTED] W/F 8/11/88 and Holley, James W/M 9/09/54.</p>							
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>10</u> day of <u>Sept</u>, <u>2016</u></p> <p> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>							

SCANNED
SEP 11 2016

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 09/10/2016 16:25	Agency Name WEST PALM BEACH POLICE DEPARTMENT	Agency Report Number 9 4 2016-0016332
	Agency ORI Number FL 0500800		

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██████████ advised that she informed her husband Holley, James that she wanted to divorce him and he became very upset. Holley, James very upset and began drinking heavily.

Holley, James became more and more angry and slapped and pushed ██████████ while the two were arguing.

██████████ decided to go sleep and try and avoid contact with Holley, James.

At approximately 0500 hours ██████████ was woke up by Holley, James, who continued the argument.

Holley, James confronted ██████████ in the hallway by the bathroom and attempted to punch her in the face with his left hand. ██████████ ducked the left hand. Holley, James then threw a right hand and punched ██████████ on the left side of her face above her left eye.

After the punch, Holley, James lost his balance and fell into the bathroom hitting his right ear on the cabinet.

██████████ called the police, who responded.

Your Affiant responded and spoke to both parties.

At that point, ██████████ no visible sign of injury.

At 1600 hours, your Affiant responded back to ██████████ to stand by while ██████████ retrieved property from the residence.

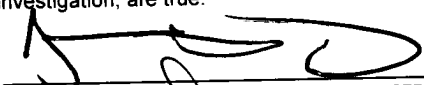
At that time your Affiant observed a large bruise above and around ██████████ left eye.

██████████ stated that the injury was from the punch that Holley, James hit her with earlier that morning.

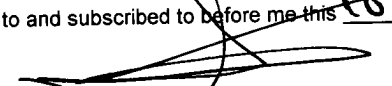
At this time, your affiant has probable cause to charge Holley, James W/M 09/09/42 with one count of Simple Battery, Domestic violation of Florida State Statute 784.03(1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of Sept, 2016


NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
SEP 11 2016

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 16-16332 Agency: WPB PD
 Offense: Battery / Domestic
 Suspect/Offender: Holley, James
 D.O.B. 9/9/54 Race: W Sex: M
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim: _____
 Address: _____
 City: _____
 Home: _____
 - b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
 Printed name of person waiving notification: _____
 Officer's Name: Houston I.D. 1009 Date: 9/19/16

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #: _____
 (FOR WARRANTS USE ONLY)