

0509963

NH 9MM/9/14 741

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check of Supplement is Attached
1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

OBTS Number		Agency ORI Number FLD 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-119-100530		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		Juv. Ref. #	
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator	
Location of Arrest (including Name of Business) C30 LAKE AVE LAKE WORTH						Location of Offense (Business Name, Address) 630 LAKE AVE LAKE WORTH FL					
Date of Arrest 080419		Time of Arrest 1845		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) CALLAWAY, JOHN						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M		Date of Birth 092462		Height 6-00		Weight 180		Eye Color B	
Hair Color B		Complexion MIA		Build M		Mental Status NO		Religion NO		Indication of Alcohol/Influence/Drug Intoxication Y N Unk	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status		Religion		Indication of Alcohol/Influence/Drug Intoxication	
Local Address (Street, Apt. Number) 6308 LANTANA PINES CI. LANTANA FL 33602		City LANTANA		State FL		Zip 33602		Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)		City		State		Zip		Phone		Address Source ALDC	
Business Address (Name, Street)		City		State		Zip		Phone		Occupation Groomer Dog	
D/L Number, State C400479623440		INS Number		Place of Birth (City, State) ONTARIO NY		Citizenship USA					
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
Parent Legal Custodian Other:		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 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 (561) 355-6511) 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		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Denv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description LEAVING THE SCENE OF CRASH		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.061		Violation of ORD # 11109			
Drug Activity		Drug Type		Amount / Unit		Offense # 19-100530		Warrant / Capias Number		Bond	
Charge Description ROBB OFFICE W/O VIOLENCE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 843.02		Violation of ORD # 11109			
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) 3228 GUN CLUB RD. WEST PALM BEACH FL. 33406											
Court Date and Time Month Sept. Day 3 Year 2019 Time 10:00 AM P.M.											
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/Guardian) J. Alderman						Date Signed 8-4-19					
HOLD for other agency		Signature by Arresting Officer J. Alderman		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Slight <input type="checkbox"/> Other		Name of Arresting Officer (Print) J. ALDERMAN 8388		(PRINT)						PAGE 1 OF 1	
Intake Report #		I.D. #		Pouch #		Supporting Officer J. ALDERMAN 8388		Agency PBSO		Witness here if subject signed with an "X"	

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Copies

1

Juvenile

ADMIN	OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 19-100530		
	Charge Type	1 Felony	2 Traffic Felony	3 Misdemeanor	4 Traffic Misdemeanor	5 Ordinance	6 Other

DEF	Name (Last, First, Middle) CALLAWAY, JOHN	Alias	Race W	Sex M	Date of Birth 09/24/62
-----	--	-------	-----------	----------	---------------------------

CHARGES	Charge Description LEAVING THE SCENE OF CRASH W/ PROP DAMAGE	Charge Description
	Charge Description RESIST OFFICER W/O VIOLENCE	Charge Description

VICTIM	Victim's Name (Last, First, Middle) STATE OF FL	Race	Sex	Date of Birth		
	Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

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 committed the below acts, resulting from my (described) investigation.

On the 04 day of AUG 20 19 at 1845 A.M P.M (Specifically include facts constituting cause for arrest.)

On 08/04/19 at 1850 hours I responded to 630 Lake Ave in reference to a hit and run crash. Upon arrival I made contact with the complainant owner of V-2 a 09 Toyota FL tag EVGE40 Benjamin Beerman. Beerman advised a W/M subject had pulled in behind his vehicle attempting to park and had crashed in to the back of it several times. I observed at least three separate to the rear of his vehicle. The suspect vehicle a Black 15 Jeep Wrangler FL tag 947PSV was still parked and in contact with the Toyota. Several minutes later a W/M approached me and identified himself as the owner of the Jeep Wrangler. John Callaway. Callaway appeared to be intoxicated and when he asked what was going on the was told that his car had been in an accident. He then spontaneously stated that he was responsible and the had parked the car. The vehicle was also parked half way on the side walk as well as being crashed into the vehicle in front of him. Callaway was advised that his vehicle was being towed due to the fact that it was parked illegally on the side walk and that he was admittedly too intoxicated to drive. He was told to sit and wait for the traffic crash investigation and pending citation to be issued scene of for leaving th. He failed to comply and attempted to interfere with the tow driver as well as as the assisting deputy attempting to inventory the vehicle. After being told several times to stop and sit back down Callaway was placed into handcuff restraints and was placed into the back of my patrol car. He was then transported to the county jail.

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH
	(Signature of Arresting / Investigative Officer)
	The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of AUG 20 19 by J Alderman (Print name of Arresting / Investigative Officer), who is personally known to me and/or produced identification. Type of identifier produced known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
D3 23 21 29160



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019025475	Date: 08/05/2019
	Specialist Name/ID: AM/31562