

ARREST / NOTICE TO APPEAR

7MM 12297  
1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias

JUVENILE

OBTS Number	Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9, 4   2017-0019043</b>	
Charge Type: Check as many as apply:	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized		Multiple Clearance Indicator
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Enter Type <b>Hands/feet/teeth</b>		
Location of Arrest (Including Name of Business) <b>610 CLEMATIS ST APT 515</b>			Location of Offense (Business Name, Address) <b>610 CLEMATIS ST 531, WEST PALM BEACH, FL 33401</b>			
Date of Arrest <b>10/08/2017</b>	Time of Arrest <b>19:18</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>KILHEENEY, JOHN</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White   I - American Indian   <b>W</b> B - Black   O - Oriental/Asian   <b>M</b>			Date of Birth <b>06/04/1961</b>	Height <b>6'04</b>	Weight <b>310</b>	Eye Color <b>BROWN</b>
Sex <b>M</b>			Hair Color <b>GRAY OR</b>	Complexion <b>LIGHT</b>	Build <b>Heavy</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>S</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>610 CLEMATIS ST 531, WEST PALM BEACH, FL 33401</b>			Phone <b>(954) 812-9556</b>			Residence Type: 1. City 3. Florida 2. County 4. Out of State   <b>1</b>
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>610 CLEMATIS ST 531, WEST PALM BEACH, FL 33401</b>			Phone <b>(954) 812-9556</b>			Address Source <b>VERBAL</b>
Business Address (Name, Street) (City) (State) (Zip)			Phone			Occupation <b>Self</b>
D/L Number, State <b>K450460612040 / FL</b>		Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>BUCKS COUNTY, PA,</b>		Citizenship <b>US</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)						Residence Phone
<input type="checkbox"/> Legal Custodian						Business Phone
Address (Street, Apt. Number) (City) (State) (Zip)						
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.				School Attended	Grade	
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____		Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ 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. Synthetic
						U. Unknown Z. Other
Charge Description <b>BATTERY - BATTERY (SIMPLE)</b>			Statute Violation Number <b>784.03(1)(A2)</b>		Violation of ORD #	
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>2017-0019043</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
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"/> T.O.T. County Jail				PROPERTY - Received By		Released By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Released To		
Transported By		Date Transported	Time Transported	Other		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room)			
			Court Date and Time			
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						
Signature of Defendant (or Juvenile and Parent Custodian)				Date Signed		
HOLD for Other Agency		Signature of Arresting Officer <b>C. Anuly 2017</b>		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) <b>SULLIVAN, COURTNEY</b>		(PRINT)		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		I.D. # <b>02017</b>				
Intake Deputy	I.D. #	Pouch #	Signature of Arresting Officer <b>S. Sullivan 2017 WPB</b>	I.D. # Agency		
Witness here if subject signed with an "X".						

2017 OCT -9 AM 5:26  
WEST PALM BEACH COUNTY JUVENILE COURT

No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>10/08/2017 21:33</b>		Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>9   4   2017-0019043</b>	
	Name (Last, First, Middle) <b>KILHEENEY, JOHN</b>				Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/04/1961</b>
C H R G	Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>							
	Victim's Name (Last, First, Middle) <b>LOCKHART, PAULA</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/28/1966</b>	
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>610 CLEMATIS ST 531, WEST PALM BEACH, FL 33401</b>			Phone <b>(203) 273-2785</b>		Address Source <b>VERBAL</b>		
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation		

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):  
**SHAKING**

RELATIONSHIP BETWEEN VICTIM & SUSPECT

**DATING**

PHOTOGRAPHS:	Scene:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	911 CALL:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALLER:
WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:
WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)
INJURIES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	

On Sunday, October 08, 2017 at approximately 16:23 hours, I responded to 600 Banyan Blvd in reference to a domestic battery. Upon arrival, I made contact with the victim, Paula Lockhart. Lockhart advised of the following in a sworn taped statement.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, 1 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

C. Aully 2017  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8 day of October, 2017.

J L 1475  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time	10/08/2017 21:33	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500800	WEST PALM BEACH POLICE DEPARTMENT	9   4   2017-0019043

Lockhart advised she was home at her residence with her boyfriend, John Kilheeny of about 1 and a half years on Thursday, 10/05/17. Lockhart advised they had went to bed together and then randomly in the morning hours, approximately 3am on 10/06/17, Lockhart awoke to Kilheeny watching pornography on the television. Lockhart advised Kilheeny that she did not want him watching pornography at her house and that she wanted him to leave. Lockhart advised that Kilheeny began to get very angry and grabbed her by the left forearm and pushed her onto the bed in their bedroom. Lockhart stated Kilheeny pushed her onto the corner of the bed, and therefore, Lockhart fell off and hit her face on the ground and advised she must have hit her elbow and shoulder on the nightstand as well. Lockhart advised he grabbed her so hard that his fingernails scraped and cut her.

Lockhart advised after that, she went to bed and did not speak to Kilheeny. Lockhart advised she did not call police due to the fact she did not want to get Kilheeny in trouble and also that the police might not believe her.

Lockhart ended up meeting with a friend the days following and they motivated Lockhart to come into the police station and advise us what had occurred.

Lockhart had a large black and blue bruise on her left forearm and two small circular scrapes on her left forearm. Lockhart also had a bruise on her left shoulder and on her knees. Lockhart also had a black and blue bruised lip, nose and under her eyes.

I later made contact with Kilheeny at 610 Clematis St, Apt 515, where I obtained a sworn taped statement from him.

Kilheeny advised he was not home when the incident with Lockhart occurred. Kilheeny advised that on the night the police first came to the residence which was 10/4/17, he left the residence for the night to sleep elsewhere. Kilheeny stated when he returned on Thursday morning, Lockhart already had the injuries to her forearm from falling down.

Kilheeny advised the next night, Lockhart fell again in front of him and hit her face on the ground. Kilheeny advised he has never hit nor grabbed Lockhart, except for when he would catch her from falling.

Based on the above information and injuries, probable cause exists to charge John Kilheeny with (1) one count of Domestic Simple Battery, per F.S.S. 784.03(1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, 1 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

C. Anley 2017  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8 day of OCTOBER, 2017.

SL 1475  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)