

Rapid/10-7

1269

0483635

ARREST/NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s Only)	
	FLO 5 0 0 6 0 0		PALM BEACH POLICE DEPARTMENT		7 6 - 16 - 001982			
	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:		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) 2 Breakers Row		Location of Offense (Including Name of Business) 2 Breakers Row # 452					
DEFENDANT	Date of Arrest 12/16/16		Time of Arrest 1446		Booking Date		Booking Time	
	Jail Date		Jail Time		Location of Vehicle			
	Name (Last, First, Middle) Obiano Juan Carlos		Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W-White M-Black O-Oriental/Asian W		Sex M		Date of Birth 08/16/16		Height 6'2"	
	Weight 216		Eye Color Brown		Hair Color Brown		Complexion Med	
	Build Med		Marital Status M		Religion Catholic		Indication of: Alcohol Influence Drug Influence Y N Unk	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo on Left & Right Shoulder		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
	Local Address (Street, Apt. Number) 3884 Victoria Dr. West Palm Beach FL 33406		Phone 407-602-3184					
	Permanent Address (Street, Apt. Number) 3884 Victoria Dr. West Palm Beach FL 33406		Phone 407-602-3184					
	Business Name (Name, Street) 1 Breakers Row Palm Beach FL 33480		Phone 561-650-1860		Occupation Maintenance			
CO-DEF	DL Number, State 0150-423-K-2950 FL		Soc. Sec. Number MI-20-9695		INS Number		Place of Birth (City, State) Argentina	
	Citizenship U.S.							
	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth	
	Name (Last)		(First)		(Middle)		Residence Phone	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Business Phone							
	JUVENILE	Notified By: (Name)		Date		Time		Juvenile Disposition
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				
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. Barbituate C. Cocaine E. Heroin		
H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		Unknown Z. Other				
Charge Description Domestic's Battery		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 78403		
Drug Activity N		Drug Type N		Amount/Unit		Warrant/Capias Number (1)(a)1		
CHARGE		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number
	Drug Activity		Drug Type		Amount/Unit		Warrant/Capias Number	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount/Unit		Warrant/Capias Number	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount/Unit		Warrant/Capias Number	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount/Unit		Warrant/Capias Number	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount/Unit		Warrant/Capias Number	
NOTICE TO APPEAR	Location (Court, Room Number, Address)							
	Court Date and Time							
	Month		Day		Year		Time A.M. 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/Custodian)				Date Signed			
	HOLD for other agency		Signature of Arresting Officer L. Minot		Name Verification (Printed by Arrestee) (PRINT)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Inmate Deputy J. B. 854		Pouch #		Transporting Officer L. Minot 8417 PS	
	I.D. #		Agency		Witness here if subject signed with an "X"			
	ADMIN							

SCANNED  
DEC 17 2016

**DOMESTIC VIOLENCE/DATING VIOLENCE**  
**PROBABLE CAUSE AFFIDAVIT**  
**PALM BEACH POLICE DEPARTMENT**

On the 16 day of December, 2016 at 1446 m.

Subject: Juan Carlos Obiano DOB: 08/15/76 Case #: 16-1982

Charge Description: Domestic Battery Statute #: 784.03 (1)

Victim: [REDACTED] DOB: [REDACTED] Race: H Sex: F

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant Yes ☐ No

911 Call: ☒ Yes ☐ No Caller: [REDACTED]

Weapon Used: Yes ☐ No ☒ Type: [REDACTED]

Witness: Yes ☐ No ☒ Name: [REDACTED]

Victim Pregnant: Yes ☐ No ☒ If yes,        weeks        months

Injuries: ☒ Yes ☐ No Description: Bruising on left palm of hand

Medical Treatment: Yes ☐ No ☒

At Scene: Yes ☐ No ☒ Paramedics: [REDACTED]

At Hospital: Yes ☐ No ☒ Hospital: [REDACTED] Physician: [REDACTED]

Are Children Living in Home? ☒ Yes ☐ No DCF Notified? Yes ☐ No ☒

Name: [REDACTED] DOB: [REDACTED]

Name: [REDACTED] DOB:    /   /   

Name: [REDACTED] DOB:    /   /   

Injunction Yes ☐ No ☒ Case #: [REDACTED]

No Contact Order Yes ☐ No ☒ Case #: [REDACTED]

Alcohol or Drugs Yes ☐ No ☒ Unknown ☐ Prior History of Domestic Violence Yes ☐ No ☒

Defendant's Statements ☒ Yes ☐ No If yes, written ☒ recorded ☐ oral ☒ Recorded

First words Defendant said when you responded to scene: [REDACTED] pushed me

down They got into an argument and he pushed [REDACTED] away.

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

First words Victim said when you responded to scene: [REDACTED] pushed me

down.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☒ Yes ☐ No If yes, name: Female Boss + Breakers Security phone (901) 650-1860 Joe Cruzado

Observations of Victim (Physical & Emotional): [REDACTED]

☒ Upset ☒ Crying Fearful Hysterical Afraid Calm ☒ Nervous

Complained of pain Other Complained of her hand hurting

Victim Contact Information:

Local Address: 3884 Victoria Dr.

West Palm Beach FL 33406

Phone: Home (561) 209-3487 Work (301) 650-1860 Cell ( )

Employer: Breakers Hotel

Name of Relative: [REDACTED] Phone ( )

Address: [REDACTED]

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# PALM BEACH POLICE DEPARTMENT 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 #: 16-1982 Agency Palm Beach P.D.  
Offense: Domestic Battery  
Suspect/Offender: Juan Carlos Obiano  
D.O.B. 8/15/76 Race: H Sex: M

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

3. Complete one (1) of the following:

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#: \_\_\_\_\_ ZIP: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify):

16-1982

**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: Refused  
Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Lori Minot I.D.: 8417 Date: 12/16/16  
Lori Minot

SUSPECT/OFFENDER:


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

SCANNED  
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Narrative:

On Friday, 12-16-18 at approximately 1420 hours, I was dispatched to 1 Breakers Row Palm Beach regarding a Domestic Battery. Upon arrival, I met with M/F who was identified as [REDACTED] was crying and shaking. [REDACTED] Stated that her and H/m Juan Carlos Obiano DOB 08-15-76 were working in Apartment 452 and they got into an argument regarding Juan's parents. Juan was on a ladder and when he came down the ladder, he had an unknown tool in his hand. Juan walked toward her holding the tool and shaking it. Juan then approached [REDACTED] and pushed her, causing her to fall on the ground. [REDACTED] Stated when she fell backwards she put her left hand down to catch her fall. She then fell on her buttocks. [REDACTED] Stated Juan then walked away. [REDACTED] Stated that her left hand was hurting. I saw bruising on her left palm. No other marks were visible. Photographs were taken and turned into Crime Scene.

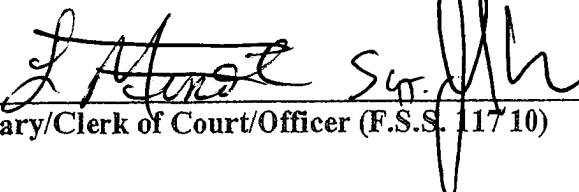
Off. Beck arrived on scene and conducted a tape interview. Juan confirmed [REDACTED] statement that they got into an argument and he pushed her to the ground. Juan was taken to County Jail without incident.

  
Signature of Arresting Officer

State of Florida  
County of Palm Beach

Appeared before me, [REDACTED] (print name), personally known to me or showed Officer [REDACTED] identification, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

Sworn to and subscribed before me this 16 day  
of December, 2018.

  
Notary/Clerk of Court/Officer (F.S.S. 117.10) 0476 Dawson