

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 Name		Agency Report Number (N.T.A.'s Only)							
	FLO 5 0 0 6 0 0		PALM BEACH POLICE DEPARTMENT		7 6 - 16-001982							
DEFENDANT	Charge Type:		<input type="checkbox"/> 1. Felony <input checked="" 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		If Weapon Seized Enter Type:		Multiple Clearance Indicator					
	Location of Arrest (including Name of Business)		2 Breakers Row		Location of Offense (Business Name, Address)		2 Breakers Row #452					
Date of Arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
12-16-16		1446										
Name (Last, First, Middle)		OBiano, Juan Carlos		Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race		Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build			
W-White B-Black		W M	08/16/16	6'2"	215	Brown	Brown	McC	McC			
Scars, Tattoos, Unique Physical Features (Location, Type, Description)		Tattoo on Left & Right Shoulder				Marital Status	M	Religion	Catholic			
Local Address (Street, Apt/Number)		3884 Victoria Dr. West Palm Beach FL 33406		(City)	(State)	(Zip)	Phone	Indication of Alcohol Influence Y N				
Permanent Address (Street, Apt. Number)		3884 Victoria Dr. West Palm Beach FL 33406		(City)	(State)	(Zip)	Phone	Drug Influence				
Business Name (Name, Street)		1 Breakers Row Palm Beach FL 33480		(City)	(State)	(Zip)	Phone	Residence Type:				
DVL Number, State		0150-423-X-2950		Soc. Sec. Number	711-20-9695	INS Number	Place of Birth (City, State)	1. City 2. County 3. Florida 4. Out of State				
CO-DEF							Citizenship	2. D/L				
Co-Defendant (Last, First, Middle)				Race	Sex	Date of Birth		3. Felony				
Co-Defendant (Last, First, Middle)				Race	Sex	Date of Birth		4. Misdemeanor				
								5. Juvenile				
JUVENILE		<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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. TOTAL HOURS/DAYS				
								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: (Name) <input type="checkbox"/> No (Reason)										
		Property Crime?		Description of Property		Value of Property						
		<input type="checkbox"/> Yes <input type="checkbox"/> No										
CHARGE CODE		Drug Activity	S. Sell	R. Smuggle	K. Dispense/Produce/Cultivate	M. Manufacture/Distribute	Z. Other	Drug Type	B. Barbituate	H. Hallucinogen	P. Paraphernalia/Equipment	I. Unknown
		N. N/A	B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	O. Opium/Deriv.	Z. Other
		P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	S. Synthetic		
CHARGE		Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		(1)(a)1		Violation of ORD #	
		N N	N N	Offense #			78403				Bond	
CHARGE		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			Warrant/Capis Number				Bond	
CHARGE		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			Warrant/Capis Number				Bond	
CHARGE		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			Warrant/Capis Number				Bond	
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.										
		Date Signed										
ADMIN		Signature of Defendant (or Juvenile and Parent/Custodian)		Signature of Arresting Officer		Name Verification (Printed by Arrestee) (PRINT)		SCANNED DEC 17 2016				
		HOLD for other agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee) (PRINT)						
		<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:								
		Initial Deputy	Officer #	Pouch #	Transporting Officer	I.D. #	Agency	Witness here if subject signed with an 'X'				
		12-16-16	8417	PB	Z. Minot			DEC 16 PM 5:16				

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

On the 16 day of December, 20 16 at 1446 m.

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

Charge Description: Domestic Battery Statute #: 784.83 (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: They pushed me

Then they got into an argument and he pushed me away.

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

First words Victim said when you responded to scene: 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 (561) 650-1860 Joe Grizado

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 (561) 650-1860 Cell (5) _____

Employer: Breakers Hotel

Name of Relative: _____ Phone (____) _____

Address: _____

SCANNED
DEC 17 2016



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 filling packet.

1. Incident Report #: 16-1982 Agency Palm Beach P.D.
Offense: Domestic Battery
Suspect/Offender: Juan Carlos Obisno
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
DEC 17 2016

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 H/F who was identified as [REDACTED] was crying and shaking. [REDACTED] Stated that her and [REDACTED] 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.

OFC. Beer 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 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, 1861.

L. Mirel S.C. M 8476 Dawson
Notary/Clerk of Court/Officer (F.S.S. 117-10)

Notary/Clerk of Court/Officer (F.S.S. 117-10)