0504316 19mm 523

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1

Juvenile: N

ADMINISTRATIVE

Agency ORI Number: FL 0 5 0 2 6 0 0

Agency Name: PALM BEACH GARDENS POLICE DEPT.

Agency Report Number (N TA 's only): 7 8 - 1 9 - 0 0 0 7 1 1

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): 11764 Calla Lilly Ct PBG 33418

Location of Offense (Business Name, Address): 11764 Calla Lilly Ct PBG FL 33418

Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01 05 19	23:17					

DEFENDANT

Name (Last, First, Middle): Howe, Keith B

Alias (Name, DOB, Soc Sec #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	12 03 57	6'4	270	BRO	BLK	Fer	Large

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): White Triangle on left Arm

Marital Status: M

Religion: Lutheran

Indication of Alcohol Influence / Drug Influence: Y ☐ N ☐ Unk ☐

Local Address (Street, Apt. Number): 11764 Calla Lilly Ct (City) PBG (State) FL (Zip) 33418

Phone: (612) 849-6500

Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 1

Permanent Address (Street, Apt. Number): 11764 Calla Lilly Ct (City) PBG (State) FL (Zip) 33418

Phone: ( )

Address Source: DL

Business Address (Name, Street): (City) (State) (Zip)

Phone: ( )

Occupation:

D/L Number, State: H000 502 57 443 0

Soc Sec Number: [redacted]

INS Number:

Place of Birth (City, State): Redwood, CA

Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1 Arrested / 2 At Large	3 Felony / 4 Misdemeanor / 5 Juvenile
				☐ 1 ☐ 2	☐ 3 ☐ 4 ☐ 5
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1 Arrested / 2 At Large	3 Felony / 4 Misdemeanor / 5 Juvenile
				☐ 1 ☐ 2	☐ 3 ☐ 4 ☐ 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 Released/Proceed Notice / Det and Released 2 TOT DCF 3 Incarcerated

VICTIM NOTIFICATION NOT REQUIRED

Released To (Name) Relationship Date Time

The above address was provided by ☐ defendant and / or ☐ defendant's parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address ☐ Yes, by (Name) ☐ No (Reason)

School Attended Grade

Property Crime? ☐ Yes ☐ No

Description of Property

Value of Property

CODE

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 Barbiturate, C Cocaine, F Heroin, H Hallucinogen, M Marijuana, O Opium/Derv, P Paraphernalia/ Equipment, S Synthetic, U Unknown, Z Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Simple Battery (Domestic)		☐Y ☐N	784.03(1)(A)2	
Drug Activity	**Drug Type**	**Amount / Unit**	**Offense #**	**Warrant / Capias Number**
			19000111		**Bond** NONE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		
Drug Activity	**Drug Type**	**Amount / Unit**	**Offense #**	**Warrant / Capias Number**	**Bond**

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		
Drug Activity	**Drug Type**	**Amount / Unit**	**Offense #**	**Warrant / Capias Number**	**Bond**

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		
Drug Activity	**Drug Type**	**Amount / Unit**	**Offense #**	**Warrant / Capias Number**	**Bond**

NOTICE TO APPEAR

☐ Instruction No 1 Mandatory Appearance in Court

☐ Instruction No 2 You need not appear in Court but must comply with instructions on Reverse Side

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

ADMIN

HOLD for other Agency Name

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy ID # Pouch #

Signature of Arresting Officer: X 429

Name of Arresting Officer (Print): Leskow ID # 429

Transporting Officer: Leskow ID # 429 Agency PBG

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

SCANNED JAN 06 2019

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

PBGPD FORM-023

Leskow 429

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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 #: 19-000111 Agency: PBG PD
   Offense: 38 Domestic
   Suspect/Offender: Howell, Keith
   D.O.B. 5-19-57 Race: W Sex: M

2. Warrant #(s):

3. Complete one (1) of the following:

   a. Victim's name: Howell, Cindy
   Address: 11762 Calla Lily Ct
   City: Palm Beach G. State: FL Zip: 33410
   Home #: 864-567-1910 Work #: 864-567-1910 Other:

   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 : Leskow I.D.: 429 Date: 1-5-19

White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

PBGPD FORM-054

SUSPECT/OFFENDER:

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

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SCANNED JAN 06

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
01/05/2019 22:49		
Agency ORI Number	Agency Name	Agency Report Number
FL 0502600	PALM BEACH GARDENS POLICE	7 | 8 | 19-000111

NARRATIVE

On January 5th, 2019 at approximately 2249 hours I was dispatched to 11764 Calla Lilly Ct, Palm Beach Gardens, FL 33418 Palm Beach County. This was in reference to a domestic battery.

Upon my arrival I could hear a male yelling inside the residence but could not make out what he was saying. I could see into the residence through the glass door and could see a female (Cynthia Howe) crying. Once she noticed I was at the door she came out to me and appeared shaken. Cynthia Howe was sworn in and stated the following. Earlier today her husband (Keith Howe) was upset with her so she went to sit in the backyard. Keith Howe followed her outside and began to yell at her across the backyard. Keith Howe then left the residence to go to a bar. Keith Howe drove himself home intoxicated and came into the house yelling. She went and sat on their bed and Keith Howe followed her and continued to yell. She told Keith Howe that she was going to record his behavior, and this angered him further. Keith Howe walked over to the bed and pushed her off onto the floor where she landed on her hands and knees. She sat back on the bed and Keith Howe pushed her again off the bed. This time she left the room and contacted the Police.

Cynthia Howe had no visible marks or injuries and refused EMS. Cynthia Howe stated that Keith Howe has gotten physical with her in the past, but this was the first time has contacted the Police.

At this time, I made contact with Keith Howe who was read Miranda from a Department issued Miranda card. Post Miranda Keith Howe stated that he had just returned home from the bar and Cynthia Howe began to yell at him. Keith Howe stated that Cynthia Howe was in his face yelling, so he went into the guest bedroom and went to sleep. After a few minutes I talked to Keith Howe again and this time he stated that Cynthia Howe had slapped him. When I asked why his statement was inconsistent, he stated that Cynthia Howe did not slap him. Keith Howe had no visible marks or injuries.

At the conclusion of my investigation I find that Keith Howe committed battery in that he did actually and intentionally touch or strike Cynthia Howe against her will and Cynthia Howe was a family or household member of Keith Howe, per Florida Statute 784.03(1)(A)(2). Keith Howe was transported the Palm Beach County Jail without incident.

This Officer is equipped with a Department issued body worn camera which was utilized during this investigation.

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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 05 day of 01, 19.

_____ #3341
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

SCANNED JAN 08 2019

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
01/05/2019 22:49	FL 0502600	PALM BEACH GARDENS POLICE	7 | 8 | 19-000111

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HOWE, KEITH BRIAN		W	M	12/03/1957

CHRG

Charge Description: 784.03(1)(A)(2) BATTERY - CAUSE BODILY HARM

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
HOWE, CYNTHIA GAIL	W	F	05/19/1957

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
11764 CALLY LILLY COURT, PALM BEACH GARDENS, FL 33418		
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☒	☐
VICTIM'S STATEMENTS.	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **CRYING & SHAKEN**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **SPOUSE**

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

NARR

(See next page)

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 5 day of 01, 19.

#334

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	119.0712 (2)	Other: Personal Information contained in a motor vehicle record	
	☐	943.031(2)	Other: Names of Gangs Criminal Activity	

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REVIEW COMPLETED BY

Booking Number: 2019000597	**Date:** 1/6/2019
	Specialist Name/ID: M. Tooks #8557

SCANNED
JAN 06 2019