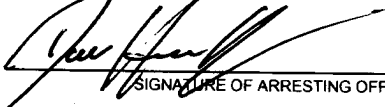


0152908		17mm 8751		Pct 3178	
ARREST / NOTICE TO APPEAR		1 Arrest 2. N.F.A. 3. Request for Warrant 4. Request for Capias		1 JUVENILE	
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.F.A.'s only) 4 0 17-011169	
Charge Type: Check as many as apply <input type="checkbox"/> 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 Hands/fist/feet/teeth		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 521 IBIS DR, DELRAY BEACH		Location of Offense (Business Name, Address) 521 IBIS DR, DELRAY BEACH, FL 33444			
Date of Arrest 07/15/2017	Time of Arrest 09:19	Booking Date 07/15/2017	Booking Time 09:58	Jail Date // ::	Jail Time Location of Vehicle
Name (Last, First, Middle) BROWNING, MICHAEL O'KELLY					
Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black O - Oriental/Asian W M Date of Birth 03/10/1971 Height 6'00 Weight 165 Eye Color BROWN Hair Color BROWN Complexion FAIR Build MEDIUM					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					
Local Address (Street, Apt. Number) (City) (State) (Zip) 521 IBIS DR, DELRAY BEACH, FL 33444					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 521 IBIS DR, DELRAY BEACH, FL 33444					
Business Address (Name, Street) (City) (State) (Zip) 521 IBIS DR, DELRAY BEACH, FL 33444					
D/L Number, State B655554710900 / FL					
Soc. Sec. Number [REDACTED]					
INS Number					
Place of Birth (City, State) BOYNTON BEACH, FL					
Citizenship US					
Co-Defendant Name (Last, First, Middle) [REDACTED]					
Co-Defendant Name (Last, First, Middle) [REDACTED]					
Parent Other: [REDACTED]					
Legal Custodian [REDACTED]					
Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]					
Notified by: (Name) [REDACTED]					
Released To: (Name) [REDACTED]					
Relationship [REDACTED]					
The above address was provided by [ ] defendant and/or [ ] 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.					
Property Crime? [ ] Yes [X] No					
Description of Property [REDACTED]					
Value of Property [REDACTED]					
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 ASSAULT/BATTERY ON OFFICER, FIREFIGHTER, EMT, ETC.					
Statute Violation Number 784.07(2A)					
Violation of ORD # [REDACTED]					
Drug Activity N					
Drug Type N					
Amount / Unit /					
Offense # 17-011169					
Counts 1					
Domestic Violence [ ] Y [X] N					
Warrant / Capias Number					
Bond					
Charge Description SIMPLE BATTERY (TOUCH OR STRIKE)					
Statute Violation Number 784.03(1A1)					
Violation of ORD # [REDACTED]					
Drug Activity N					
Drug Type N					
Amount / Unit /					
Offense # 17-011169					
Counts 1					
Domestic Violence [X] Y [ ] N					
Warrant / Capias Number					
Bond					
Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE					
Statute Violation Number 843.02					
Violation of ORD # [REDACTED]					
Drug Activity N					
Drug Type N					
Amount / Unit /					
Offense # 17-011169					
Counts 1					
Domestic Violence [ ] Y [X] N					
Warrant / Capias Number					
Bond					
Health / Apparent Physical Condition of Defendant					
Any knowledge of the following: [ ] Mental [ ] Escape Risk [ ] Medication [ ] Deformities [ ] Injuries					
Explain:					
Check which applies: [ ] Released O.R. [ ] Released to Parent/Guardian [X] I.O.T. County Jail [ ] Posted Bond [ ] South County Mental Health					
PROPERTY - Received By					
Released By JUL 15 2017					
Transported By					
Date Transported // ::					
Time Transported					
Other					
[X] INSTRUCTION NO. 1 - Mandatory appearance in court [ ] INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					
Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444					
Court Date and Time 08/17/2017 08:30:00					
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 [REDACTED]					
Name Verification (Printed by Arresting Officer) [REDACTED]					
Name of Arresting Officer (Print) HOWELL, DAVE L.					
I.D. # 1119					
Transporting Officer HOWELL, DAVE					
I.D. # 1119					
Agency DELRA					
Witness here if subject signed with an "X"					
PAGE 1 OF 1					

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>07/15/2017 11:44</b>		Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4 0 17-011169</b>		
	Name (Last, First, Middle) <b>BROWNING, MICHAEL O`KELLY</b>						Alias	Race <b>W</b>	Sex <b>M</b>
C H A R G E S	Charge Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>								
	Victim's Name (Last, First, Middle) [REDACTED]						Sex <b>F</b>	Date of Birth <b>07/01/1963</b>	
V I C T I M	Address (Name, Street, City, State, Zip) [REDACTED]						Address Source		
	Phone						Occupation		
A D D I T I O N A L  I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET AND INTOXICATED</b>					
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>								
N A R R	RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]								
	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: [REDACTED]</p> <p>WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <b>HANDS</b></p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: <b>16009253</b></p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>								
The following incident occurred in the City of Delray Beach, Palm Beach County, Florida:									
On July 15, 2017, I responded to a domestic complaint at [REDACTED] Upon arrival, I made contact with the defendant, w/m Michael Browning. Browning was visibly intoxicated and was very defiant. I stood by with									
<p>STATE OF FLORIDA</p> <p>COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <b>15</b> day of <b>July</b>, <b>2017</b>.</p> <p><b>VAN NESS, RACHEL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

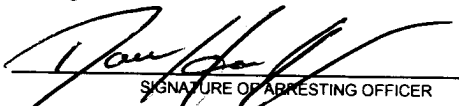

CRIME ANALYSIS

P. I. O.

## 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 <b>07/15/2017 11:44</b>	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 17-011169</b>
	<p>Browning while Ofc. Warne made contact with his [REDACTED] to investigate the situation. I observed Browning tensing up and forming a fist with both hands while being verbally aggressive with officers. I warned Browning to stand back. Officers attempted to deescalate the situation by advising Browning to step back and calm down, but Browning continued to be verbally aggressive in front of me. Officers then advised Browning that he will be placed handcuffs for our safety as well as his own. Browning was told to put his arms behind his back and he refused. Browning continued to tense up, forming a fist and not complying with the officer's commands. Browning was given several verbal warnings to comply and Browning pulled away. I then wrapped my arms around Browning from the rear and took him to the ground. While on the ground, Browning continued to resist by keeping his right hand in front of his torso while laying face down. I was able to get his right hand and place him into handcuffs.</p> <p>[REDACTED] had some swelling/bruising on the right side of her face. She also had mustard on her white shirt and said Browning picked up a table and threw it at her. [REDACTED] said when she went to retrieve her purse, Browning grabbed it from her shoulder causing redness to her shoulder area. Both parties were intoxicated when the violence occurred. Browning said that she hit him as well, but no marks were visible on his face or body.</p> <p>Based on the aforementioned facts above, Michael Browning was charged Resisting without violence pursuant to Florida State Statute 843.02. Michael Browning is also being charged with assault towards officers pursuant to Florida State Statute 784.07(2A). Michael Browning is also being charged with Domestic Simple Battery pursuant to Florida State Statute 784.03(1).</p>				
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>15</u> day of <u>July</u>, <u>2017</u>.</p> <p> <b>VAN NESS, RACHEL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

# PALM BEACH CNTY SHERIFF'S OFFICE

User ID: Tammie C. Huggins-Grant

## Offenses Detail

Date: 07/15/2017

Time: 2:12 PM

Page: 1 of 1

Name: BROWNING, MICHAEL O'KELLY

Jacket #: 0152908

ID #: 20170715043

Book #: 2017024618	Case Type: MISDEMEANOR	Bond Flag: NO BOND
Incident #: 17-011169	Sentence Date:	Completed Date:
Warrant #:	Sentence Judge:	Sentence Type:
Arresting Agency: 40-DELRAY BEACH	Sentence Desc:	
Arresting Officer: HOWELL, DAVE L. 1119	Sentence Time: Years 0 Months 0 Days 0 Hours 0	
Arrest Date / Time: 7/15/2017 9:19	Sentence Start: End:	Consecutive <input type="checkbox"/> 0
OCA #:	Victim Rights Fee: \$0	Victim Reimbursement: \$0
Billing Agency:	Current Bond: \$0	<input type="checkbox"/> Sentence Conditions Exist
Commit Document: PROBABLE CAUSE	Bond Type: OWN RECOGNIZA	<input type="checkbox"/> Bond Conditions Exist
District Court Docket:	Bond Agent:	<input type="checkbox"/> Work Release Granted
District Court:	Bond Insurer:	
District Judge:	Bond Written Amt: \$0	Receipt #: Check #:
Bound To Circuit Court:	Bail Amount: \$0.00	Bail Paid: \$0.00
Circuit Court Docket:	Paid By Address:	<input type="checkbox"/> Deposited
Circuit Court: GUN CLUB	City/State/Zip:	
Circuit Court Judge:	Pay Location:	Return Date:
Arraigned/Convicted:	Bond Power:	Expiration Date:
Dismissed Date:		Next Court Appearance
Case #:	Court Building: GUN CLUB	Purpose: FAP-FIRST APPEARANC
Case Notes:	Div: KK	Judge:
	Court Date: 07/16/2017	Time: 9:00 By: 8550
	Court Notes:	

Offense	Offense Description	Type	ADN	GOC	Counts	Date	Time	PC
784.07-2572	SIMPLE ASSLT - ON OFFICER FIREFIGHTER EMT	FM	299	N	1	07/15/2017	13:33	<input checked="" type="checkbox"/>
Disposition: INITIAL BOOKING		Date: 07/15/2017	Disp By: 8550		DM <input checked="" type="checkbox"/>	DV <input checked="" type="checkbox"/>	DR <input checked="" type="checkbox"/>	DNA <input type="checkbox"/>
*	- ASSAULT/BATTERY ON OFFICER, FIREFIGHTER, NN	NN	299	N	0	07/15/2017	13:36	<input type="checkbox"/>
Disposition: INITIAL BOOKING		Date: 07/15/2017	Disp By: 8550		DM <input checked="" type="checkbox"/>	DV <input checked="" type="checkbox"/>	DR <input checked="" type="checkbox"/>	DNA <input type="checkbox"/>
784.03-2560	BATTERY - TOUCH OR STRIKE	FM	299	N	1	07/15/2017	13:36	<input type="checkbox"/>
Disposition: INITIAL BOOKING		Date: 07/15/2017	Disp By: 8550		DM <input checked="" type="checkbox"/>	DV <input checked="" type="checkbox"/>	DR <input checked="" type="checkbox"/>	DNA <input type="checkbox"/>
*	- SIMPLE BATTERY (TOUCH OR STRIKE) DOMES	NN	299	N	0	07/15/2017	13:37	<input type="checkbox"/>
Disposition: INITIAL BOOKING		Date: 07/15/2017	Disp By: 8550		DM <input checked="" type="checkbox"/>	DV <input checked="" type="checkbox"/>	DR <input checked="" type="checkbox"/>	DNA <input type="checkbox"/>
843.02-3143	RESIST OFFICER - OBSTRUCT WO VIOLENCE	FM	299	N	1	07/15/2017	13:38	<input type="checkbox"/>
Disposition: INITIAL BOOKING		Date: 07/15/2017	Disp By: 8550		DM <input checked="" type="checkbox"/>	DV <input checked="" type="checkbox"/>	DR <input checked="" type="checkbox"/>	DNA <input type="checkbox"/>

VICTIM NOTIFICATION  
REQUIRED

SCANNED

JUL 17 2017