

JK 0152908

17mm 8751
ARREST / NOTICE TO APPEAR

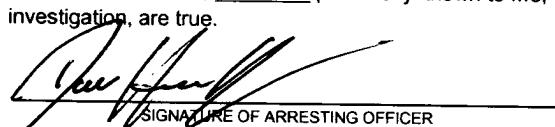
Pch 3178

A D M I N I S T R A T I O N			OBTS Number 0500400			1. Arrest 2. N.T.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.T.A.'s only) 4 0 1 17-011169					
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 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: Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black		Sex M - Male F - Female		Date of Birth 03/10/1971		Height 6'00		Weight 165		Eye Color BROWN	
Marital Status S		Religion CATHOLIC									
Scars, Marks, Tatoo's, Unique Physical Features (Location, Type, Description)											
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone (561) 279-9834											
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone (561) 279-9834											
Business Address (Name, Street) (City) (State) (Zip) Phone (561) 279-9834											
D/L Number, State B65554710900 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BOYNTON BEACH, FL		Citizenship US			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle) 1. 07/15/17									
<input type="checkbox"/> Legal Custodian		Residence Phone									
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone					
Notified by: (Name)						Date		Time		JUVENILE DISPOSITION	
Released To: (Name) Relationship 2. No						Date		Time		1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
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					
<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	
C O D E Drug Activity S. Sell R. Smuggle K. Dispenses/ M. Manufacture/ Z. Other						Drug Type N. N/A C. Cocaine H. Hallucinogen P. Paraphernalia/ U. Unknown B. Buy D. Deliver E. Use A. Amphetamine M. Marijuana O. Opium/Derv. Z. Other					
C H A R G E Charge Description ASSAULT/BATTERY ON OFFICER, FIREFIGHTER, EMT, ETC.						Statute Violation Number 784.07(2A)		M.P.		Violation of ORD #	
Drug Activity Drug Type Amount / Unit Offense # 17-011169						Counts <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)						Statute Violation Number 784.03(1A)		M.P.		Violation of ORD #	
Drug Activity Drug Type Amount / Unit Offense # 17-011169						Counts <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE						Statute Violation Number 843.02		M.P.		Violation of ORD #	
Drug Activity Drug Type Amount / Unit Offense # 17-011169						Counts <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
I N T A K E 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 Explain:					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By 1119		Released By 1119		Released To 1119	
T O A P P E A R Transported By						Date Transported // : :		Time Transported		Other	
N O T I C E <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) 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
Signature of Defendant (or Juvenile and Parent Custodian)											
A D M I N I Signature of Arresting Officer 1119						Name Verification (Printed by Appraiser) SCANNED					
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other						(PRINT)					
Name of Arresting Officer (Print) HOWELL, DAVE L.						I.D. # 1119					
Intake Deputy I.D. # 483						Transporting Officer I.D. # HOWELL, DAVE					
Pouch #						Agency DELRA					
Witness here if subject signed with an "X". JUL 17 2017											

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/15/2017 11:44	AFFIDAVIT		
D E M F	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-011169	
D E M F	Name (Last, First, Middle) BROWNING, MICHAEL O`KELLY	Alias	Race W	Sex M Date of Birth 03/10/1971
C H R G	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)			
V I C T I M	Victim's Name (Last, First, Middle)		Sex F Date of Birth 07/01/1963	Address Source
V I C T I M	Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET AND INTOXICATED		
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]				
A D D I T I O N A L I N F O R M A T I O N N	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: [REDACTED] WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: HANDS WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" 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:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:</p> <p>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 #: 16009253</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/></p>			
N A R R	<p>The following incident occurred in the City of Delray Beach, Palm Beach County, Florida:</p> <p>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 COUNTY OF PALM BEACH <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>VAN NESS, RACHEL <u>Signature</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

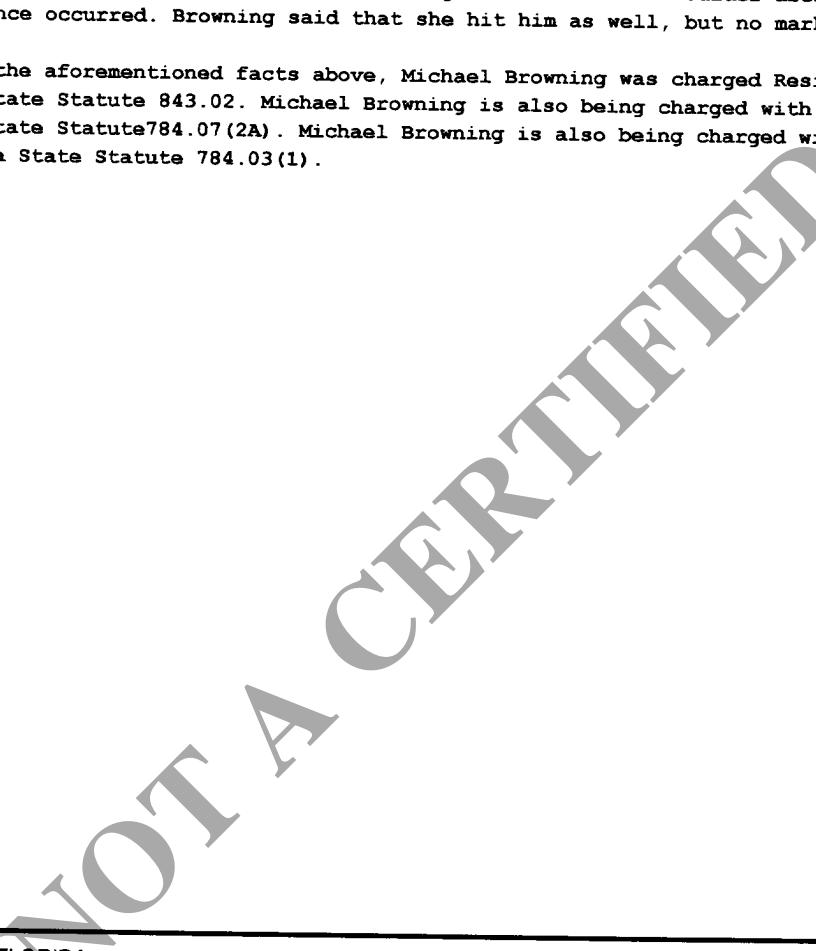
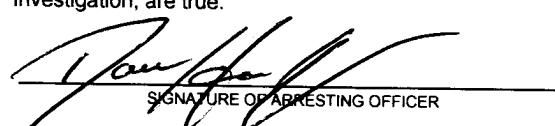
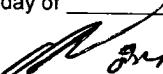
CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 07/15/2017 11:44		
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-011169
<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>VAN NESS, RACHEL  _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

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 0

OCA #:

Victim Rights Fee:

\$0 Victim Reimbursement: \$0

Billing Agency:

Sentence Conditions Exist

Commit Document: PROBABLE CAUSE

Current Bond: \$0

Bond Conditions Exist

District Court Docket:

Bond Type: OWN RECOGNIZA

Work Release Granted

District Court:

Bond Agent:

District Judge:

Bond Insurer:

Bound To Circuit Court:

Bond Written Amt:

\$0 Receipt #:

Check #:

Circuit Court Docket:

Bail Amount: \$0.00

Bail Paid: \$0.00

Circuit Court: GUN CLUB

Paid By Address:

Deposited

City/State/Zip:

Pay Location:

Return Date:

Bond Power:

Expiration Date:

Case #:

Next Court Appearance

Court Building: GUN CLUB

Purpose: FAP-FIRST APPEARANC

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: 07/15/201	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		299	N	0	07/15/2017	13:36	<input type="checkbox"/>				
Disposition: INITIAL BOOKING			Date: 07/15/201	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: 07/15/201	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: 07/15/201	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: 07/15/201	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