

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

19 mm 10235

MR 0547

| | | | | | | | | | | | |
|--|--|---------------------------------|---|---|--|--|---|--|--|---|------------------------|
| ADMINISTRATIVE | OBTS Number | | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06-19-112229 | | | | |
| | Charge Type: Check as many as apply. | | 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> | | 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> | | 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/> | | | | |
| | Location of Arrest (Including Name of Business) 4029 Lincoln B, Boca Raton, FL 33434 | | Location of Offense (Business Name, Address) 4029 Lincoln B, Boca Raton, FL 33434 | | Weapon Seized / Type 2 1. Yes 2. No | | Multiple Clearance Indicator 01 | | | | |
| | Date of Arrest 09/06/2019 | Time of Arrest 2128 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | |
| Name (Last, First, Middle) Luckham, Oswald, Compton | | | | | | | | | | | |
| Race W - White 1 - American Indian B - Black 0 - Oriental/Asian | | Sex M | Date of Birth 4/10/1962 | Height 6'00 | Weight 174 | Eye Color Brown | Hair Color Gray | Complexion Light | Build Small | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | Marital Status Divorced | Religion CATHOLIC | Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> | | | | |
| Local Address (Street, Apt. Number) 4029 Lincoln B, Boca Raton, FL 33434 | | | | City | State | Zip | Phone (954) 798-4473 | Residence Type 1. City 2. County 3. Florida 4. Out of State | | | |
| Permanent Address (Street, Apt. Number) | | | | City | State | Zip | Phone | Address Source | | | |
| Business Address (Name, Street) | | | | City | State | Zip | Phone | Occupation Supervisor | | | |
| D/L Number, State L250643621300, FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) New Amsterdam, Guyana | | Citizenship U.S. | | | |
| Co-Defendant Name (Last, First, Middle) | | | | Race | Sex | Date of Birth | 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> | | | | |
| Co-Defendant Name (Last, First, Middle) | | | | Race | Sex | Date of Birth | 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> | | | | |
| Parent Name (Last) | | (First) | | (Middle) | | Residence Phone | | | | | |
| Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | | | | |
| Notified by: (Name) | | Date | Time | JUVENILE DEPARTMENT | | HOURS / DYS | | | | | |
| Released To: (Name) | | Relationship | | Date | | Time | | | | | |
| The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | | | | | 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. Barbiturate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Deriv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other |
| Charge Description SIMPLE BATTERY (DOMESTIC) | | | Counts 1 | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number 784.03(1)(A)(1) | | | Violation of ORD # | | | |
| Drug Activity N | Drug Type N | Amount / Unit | Offense # 19-112229 | Warrant / Capias Number | | | Bond NO BOND | | | | |
| 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 | Offense # | Warrant / Capias Number | | | Bond | | | | |
| 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 | Offense # | Warrant / Capias Number | | | Bond | | | | |
| 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 | Offense # | Warrant / Capias Number | | | Bond | | | | |
| Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996 | | | | | | | | | | | |
| Court Date and Time Month 09 Day 06 Year 2019 Time 21:28 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> | | | | | | | | | | | |
| 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 09/06/2019 | |
| HOLD for other Agency Name: | | | Signature of Arresting Officer 21280 | | | Name Verification (Printed by Arrestee) SCANNED | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input checked="" type="checkbox"/> Other: | | | Name of Arresting Officer (Print) D/S C. Garcia | | | I.D. # 21280 | | | PAGE 1 OF 1 | | |
| Transporting Officer Thomas | | | ID # 0057 | | | Agency PBSO | | | Witness here if subject signed with an "X" | | |

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VICTIM NOTIFICATION REQUIRED

2019 SEP - 7 11:17 AM

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

| | | | | |
|---|--|---|--|--|
| OBTS Number | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number 06- 19-112229 |
| 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 | Special Notes: |

| | | | | |
|---|-------|------------------|-----------------|-----------------------------------|
| Name (Last, First, Middle) Luckham, Oswald, Compton | Alias | Race W | Sex M | Date of Birth 4/10/1962 |
|---|-------|------------------|-----------------|-----------------------------------|

| | | |
|--|-----------------|--------------------|
| Charge Description SIMPLE BATTERY (DOMESTIC) | 784.03(1)(A)(1) | Charge Description |
| Charge Description | | Charge Description |

| | | | |
|--|------------------|-----------------|------------------------------------|
| Victim's Name (Last, First, Middle) Khell, Aine, Risa | Race O | Sex F | Date of Birth 11/07/1976 |
| Local Address (Street, Apt. Number) 5382 Sw 155th Ave, Miramar, FL 33027 | (City) | (State) | (zip) |
| Business Address (Name, Street) | (City) | (State) | (zip) |

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to D/S GARCIA 21280 admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 6th day of September 2019 at 2128 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time, I responded to 4029 Lincoln B, in unincorporated Boca Raton, Florida 33434, in my assigned Palm Beach County Sheriff's Office (PBSO) Class B uniform and marked PBSO vehicle asset # 45297, in reference to a Domestic Disturbance.

Upon my arrival, I met with Complainant/victim who identified herself as Aine Khell. Aine was crying and appeared very upset. Aine stated that her boyfriend of 1 year and 5 months Oswald Luckham were involved in a verbal dispute and Oswald attempted to grab a hold of her cellphone and his cellphone. Aine stated that Oswald backed her up against a corner of the bathroom and put his forearm against her throat and then place it in her head. She said her head Bobbled in the corner of both walls but she never lost consciousness or felt that she could not breathe. She then grabbed his genitals in an attempt to get Oswald to release her and he did. She stated he attempted to grab her again and she kicked him on his Genitals and he backed off. I observed small scratches to Aine's neck. She completed a sworn statement but refused any photographs.

I then spoke with Oswald Luckham. Oswald stated his Girlfriend Aine and him were involved in a verbal altercation in reference she having trust issues about him. In the middle of the argument, Aine grabbed his cellphone and ran to the bathroom. He then ran after Aine and with his shoulder pinned her against the bathroom wall in order to retrieve the cellphone from her. As he had her pin to the bathroom she bragged his genitals and he released her, and she then kicked him in the genital area and walked outside of the house. Oswald had scratches to the back of his neck.

Based on the following investigation: I found probable cause exist for the arrest of Oswald for Simple Battery (Domestic) contrary to F.S.S 784.03(1)(A)(1)

Oswald was then placed into handcuffs, double-locked, and checked for proper fit. Oswald was then taken back to Deputy Carmanate# 30553 marked Palm Beach County Sheriff's Office green and white patrol car, and transported to District 7 for paperwork completion. Oswald was then transported to the Palm Beach County Jail by PBSO Transport Deputy Orozco#6257

This case is cleared by arrest.

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] D/S C. Garcia
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of September 2019 by D/S C. Garcia
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Known)

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED
1 OF 1
SEP 07 2019

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Luckham, Oswald, Compton DOB: 4/19/1962 Case #: 19-112229

Victim: Khell, Aine, Risa DOB: 11/07/1976 Race: O Sex: F

Relationship between Victim and Defendant: Girlfriend and boyfriend

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: small scratches to the victims neck area

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

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

Name: _____ DOB: / /

Name: _____ DOB: / /

Name: _____ DOB: / /

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

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

First words Defendant said when you responded to scene: She took my cellphone

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

First words Victim said when you responded to scene: My boyfriend hit me

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

Yes No If yes, name: _____ phone () -

Observations of Victim (Physical & Emotional): Crying and upset

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 5382 Sw 155th Ave, Miramar, FL 33027

Phone: Home (786) 300-6000 Work () / - Cell () -

Employer: _____

Name of Relative: _____ Phone () **SCANNED**

Address: _____ **SEP-07-2019**

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

Luckham, Oswald, Compton COURT CASE/WARRANT#

(FOR WARRANTS USE ONLY)

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)

- Sexual Offense (Ch. 794)

- Attempted Murder

- Attempted Sexual Offense

- Stalking (F.S. 784.048)

- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 #: 19-112229 Agency: PBSO
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: Luckham, Oswald, Compton
D.O.B. 4/10/1962 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Khell, Aine, Risa D.O.B. 11/07/1976 Race: O Sex: F
Address: 5382 Sw 155th Ave
City: Miramar, FL 33027
Home #- (786) 300-6000 Work #: (/) Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

Waiver: I choose not to be notified when the arrestee is released from custody.

Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: Khell, Aine, Risa

Deputy's Name: D/S C. Garcia

I.D.# 21280

Date: 09/06/2019

SCANNED
SEP 07 2019



Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

| | |
|----------------------------|-------------------------------------|
| Booking Number: 2019029144 | Date: 9/07/19 |
| | Specialist Name/ID: James Beck/9007 |

SCANNED
SEP 07 2019