

0488370

NR

P-1414

☐ Check if Supplement is Attached

|   |  |   |  |  |  |  |  |   |  |
|---|--|---|--|--|--|--|--|---|--|
| OBTS Number   |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                                   |  | 1. Arrest<br>2. N.T.A.   |  | 3. Request for Warrant<br>4. Request for Capias  |  | Juvenile  |  |
| Agency ORI Number<br>FLO 5 0 0 0 0 0  |  | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE                                       |  | Agency Report Number (N.T.A.'s only)<br>0 6 - 17 - 082984                  |  |  |  |   |  |
| Charge Type:<br>Check as many as apply.<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                 |  | If Weapon Seized<br>Enter Type  |  | Multiple Clearance Indicator<br>01   |  |  |  |   |  |
| Location of Arrest (including Name of Business)<br>601-7 Sansbury's Way West Palm Beach FL  |  | Location of Offense (Business Name, Address)<br>601-7 Sansbury's Way West Palm Beach FL |  |  |  |  |  |   |  |
| Date of Arrest<br>052717  |  | Time of Arrest<br>2125  |  | Booking Date   |  | Booking Time   |  | Jail Date   |  |
| Jail Time   |  | Location of Vehicle   |  |  |  |  |  |   |  |
| Name (Last, First, Middle)<br>Fossett Patrick Russell   |  | Alias (Name, DOB, Soc. Sec. #, Etc.)  |  |  |  |  |  |   |  |
| Race<br>W - White<br>B - Black  |  | Sex<br>M  |  | Date of Birth<br>040541  |  | Height<br>60   |  | Weight<br>175   |  |
| Eye Color<br>blue   |  | Hair Color<br>brown   |  | Complexion<br>tan  |  | Build<br>med   |  |   |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>scar on chin + thigh + nose  |  | Marital Status<br>Single  |  | Religion<br>None   |  | Indication of:<br>Alcohol Influence<br>Drug Influence  |  |   |  |
| Local Address (Street, Apt. Number)<br>4916-CL Sable Pln Litch West Palm Beach FL   |  | City<br>West Palm Beach   |  | State<br>FL  |  | Zip<br>33417   |  | Phone<br>(561) 352-6949   |  |
| Permanent Address (Street, Apt. Number)   |  | City  |  | State  |  | Zip  |  | Address Source  |  |
| Business Address (Name, Street)   |  | City  |  | State  |  | Zip  |  | Occupation<br>Truck Pro Deliv   |  |
| D/L Number, State<br>F230-646. 71-125-0   |  | INS Number  |  | Place of Birth (City, State)<br>Cincinnati OH                              |  | Citizenship<br>U.S.  |  |   |  |
| Co-Defendant (Last, First, Middle)  |  | Race  |  | Sex  |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| Co-Defendant (Last, First, Middle)  |  | Race  |  | Sex  |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><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<br>1. Handled/Processed within Dept. and Released.<br>2. TOT HRS/DYS<br>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.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason) |  | School Attended   |  | Grade  |  |  |  |   |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Description of Property   |  | Value of Property  |  |  |  |   |  |
| Drug Activity<br>N. N/A<br>P. Possess   |  | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use   |  | K. Dispense/<br>Distribute   |  | M. Manufacture/<br>Produce/<br>Cultivate  |  |
| Z. Other  |  | Drug Type<br>N. N/A<br>A. Amphetamine   |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                  |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.   |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic  |  |
| U. Unknown<br>Z. Other  |  | Charge Description<br>Domestic Battery  |  | Counts<br>01   |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                   |  | Statute Violation Number<br>784103  |  |
| Drug Activity   |  | Drug Type   |  | Amount / Unit  |  | Offense #<br>17-082984   |  | Warrant / Capias Number   |  |
| Violation of ORD #  |  | Bond  |  | NONE   |  |  |  |   |  |
| Charge Description  |  | Counts  |  | Domestic Violence<br><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<br><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<br><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<br><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)  |  |   |  |  |  |  |  |   |  |
| 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   |  |  |  |  |  |   |  |
| HOLD for other agency   |  | Signature of Arresting Officer<br>X Sgt. J. Chray 1650                                  |  | Name Verification (Printed by Arrestee)<br>(PRINT)                         |  | Date Signed<br>MAY 27 10:44  |  | PAGE<br>1 OF 1  |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:  |  | Name of Arresting Officer (Print)<br>Sgt. J. Chray 1650                                 |  | I.D. #   |  | Agency   |  | Witness here if subject signed with an  |  |
| Intake Deputy<br>C. GILYARD   |  | I.D. #<br>#7392   |  | Transporting Officer<br>CPL A. Rosenberg 775                               |  | I.D. #   |  | Agency  |  |

| OBTS Number  |   | PROBABLE CAUSE AFFIDAVIT |   | 1. Arrest<br>2. N.T.A. |   | 3. Request for Warrant<br>4. Request for Capias |             | 1 |                    | Juvenile |                          |  |
|--|---|--------------------------|---|------------------------|---|---|-------------|---|--------------------|----------|--------------------------|--|
| ADMIN.   | Agency ORI Number<br>FLO 5 0 0 0 0 0  |                          | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE |                        | Agency Report Number<br>0 6 1 7 0 8 2 9 8 4 |   |             |   |                    |          |                          |  |
|  | Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other  |                          |   |                        | Special Notes:                              |   |             |   |                    |          |                          |  |
| DEF.   | Name (Last, First, Middle)<br>Fossett Patrick Russell   |                          |   |                        | Alias                                       |   | Race<br>W M |   | Sex<br>M           |          | Date of Birth<br>0 5 7 1 |  |
| CHARGES  | Charge Description<br>Domestic Battery  |                          |   |                        | Charge Description                          |   |             |   | Charge Description |          |                          |  |
| VICTIM   |   |                          |   |                        |   |   |             |   |                    |          |                          |  |
| <p>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 ...</p> <p><input type="checkbox"/> committed the below acts in my presence.<br/><input type="checkbox"/> confessed to _____<br/>admitting to the below facts.</p> <p><input checked="" type="checkbox"/> was observed by Kevin Siner who told J. O'bray that he/she saw the arrested person commit the below acts.<br/><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 27th day of May 2017 at 9:20 A.M. P.M. (Specifically include facts constituting cause for arrest.)</p> <p>While working an off duty detail at Perfect Vodka Amphitheater located 601-7 Sansbury Way, in, Wpt Palm Beach Florida I responded to the lawn area at the center stairs. I met employee Terry Poole. He advised me a couple had got into an altercation. I then spoke to [redacted] She was not very cooperative and said she did not want him to get in trouble. I then spoke to witnesses Kevin Siner and Shawn Flammin who were sitting directly behind the couple. They both said [redacted] and Fossett were verbally arguing. It then escalated into physical. Fossett then shoved [redacted] with an open palm in the shoulder area twice. The second shove caused [redacted] to fall backwards. At that point Siner intervened and got [redacted] away from Fossett. Siner then told Fossett if he hit [redacted] again, he would hit him himself. [redacted] had no injuries. Based on witness statements Patrick Russell Fossett is charged with Domestic Battery pursuant to FSS 784.03 (1A).</p> |   |                          |   |                        |   |   |             |   |                    |          |                          |  |
| PROBABLE CAUSE STATEMENT   | <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p>Sgt J. Siner<br/>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing statement was sworn to or affirmed and subscribed before me this 27th day of May 2017 by [redacted]<br/>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Kneelin</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> |                          |   |                        |   |   |             |   |                    |          |                          |  |
| ADMINISTRATIVE   | <p>SCANNED<br/>MAY 28 2017</p> <p>#7739 1650</p>  |                          |   |                        |   |   |             |   |                    |          |                          |  |
| PAGE 1 OF 1  |   |                          |   |                        |   |   |             |   |                    |          |                          |  |

# VICTIM NOTIFICATION FORM

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 #: 17-082984 Agency: PBSO  
Offense: Domestic Battery  
Suspect/Offender: PATRICK RUSSELL FOSSETT  
D.O.B. 04/05/71 Race: W Sex: M

2. Warrant #(s):

3.

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: \_\_\_\_\_

Deputy's Name: Sgt J Obmay Obmay I.D.# 6250 Date: 5/27/2017

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO #0029A REV. 4/99

SUSPECT/OFFENDER:

(FOR V

COURT CASE/WARRANT#:  
(ONLY)

**PALM BEACH COUNTY SHERIFF'S OFFICE**  
**DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM**  
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER: 17-082984

DEFENDANT'S NAME: Patrick Russell Fossett

DEFENDANT'S STATEMENT: ☐ YES ☒ NO (IF YES: ☐ WRITTEN ☐ TAPED ☐ ORAL)

SYNOPSIS: \_\_\_\_\_

VICTIM'S NAME: \_\_\_\_\_

VICTIM'S STATEMENTS: ☐ YES ☒ NO (IF YES: ☐ WRITTEN ☐ TAPED ☒ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL)

intoxicated would not cooperate said she didn't want to get him in trouble

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Together Oct 2016, lived together 6 months

PHOTOGRAPHS: SCENE: ☐ YES ☒ NO VICTIM(S): ☐ YES ☒ NO

911 CALL: ☐ YES ☐ NO WHO CALLED: NA

WEAPON USED: ☐ YES ☒ NO TYPE: hands

MEDICAL TREATMENT: ☐ YES ☒ NO

AT SCENE: ☐ YES ☒ NO PARAMEDICS: \_\_\_\_\_

AT HOSPITAL: ☐ YES ☒ NO HOSPITAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

ARE CHILDREN LIVING IN HOME: ☐ YES ☒ NO

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☒ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DCF NOTIFIED: (CHILD ABUSE) ☐ YES ☒ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☒ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: \_\_\_\_\_

VICTIM PREGNANT: ☐ YES ☒ NO

ALCOHOL OR DRUGS INVOLVED: ☐ YES ☒ NO

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIVE/FRIEND ADDRESS: \_\_\_\_\_