

0488370

NR

P-1414

 Check if Supplement is Attached1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for CapiasJuvenile 

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report									
	Agency ORI Number		Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only)			0 6 - 1 1 - 0 8 2 9 8 4			
Charge Type: Check as many as apply.		<input type="checkbox"/> 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			If Weapon Seized Enter Type		
Location of Arrest (including Name of Business)		1601-7 Sansbury's Way West Palm Beach FL						Location of Offense (Business Name, Address)			1601-7 Sansbury's Way West Palm Beach FL		
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
052717 2125													
Name (Last, First, Middle)		FOSSETT Patrick Russell						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black		Sex M - Male F - Female	Date of Birth 04/05/41	Height 60	Weight 175	Eye Color blue	Hair Color brown	Complexion tan	Build Med				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Scar on chin, thigh + nose						Marital Status Single	Religion None	Indication of: Alcohol Influence Drug Influence			
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone			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					
DL Number, State		F230-676.71.125-0			INS Number			Place of Birth (City, State)			Citizenship		
Co-Defendant (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large			<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Co-Defendant (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 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 <input type="checkbox"/> Legal Custodian <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			1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 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. <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					
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 E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other		
CHARGE	Charge Description Domestic Battery		Counts 01		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03		Violation of ORD # 11/A1				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense # 17-082984				Warrant / Capias Number				Bond NONB	
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number					Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #				Warrant / Capias Number				Bond	
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number					Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #				Warrant / Capias Number				Bond	
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number					Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #				Warrant / Capias Number				Bond	
NOTICE TO APPEAR	VICTIM NOTIFICATION REQUIRED												
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.													
SCANNED MAY 28 2014													
Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed													
ADMIN	HOLD for other agency		Signature of Arresting Officer X SGT C. Chay, 1650		Name Verification (Printed by Arrestee)								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) SGT C. Chay, 1650			(PRINT)		MAY 27 2014 10:46			
	Intake Deputy C. GILYARD #7392		I.D. #		Transporting Officer Cpl. J. Rosenberg 7135			I.D. #		PAGE 1 OF 1			
	Witness here if subject signed with an "X"												

OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request for Warrant	1	Juvenile
Agency ORI Number	Agency Name			2. N.T.A.	4. Request for Capias		
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number	0 6 - 17-082984		
Charge Type: Check as many as apply	1. Felony	3. Misdemeanor	5. Ordinance	Special Notes:			
	2. Traffic Felony	4. Traffic Misdemeanor	6. Other				
DEF. CHARGES	Name (Last, First, Middle)			Alias		Race	Sex
	Fossett Patrick Russell					W	M
	Domestic Battery					Date of Birth	
VICTIM							

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 Kevin Siner who told

confessed to \_\_\_\_\_ admitting to the below facts.

that he/she saw the arrested person commit the below acts.

was found to have committed the below acts, resulting from my (described) investigation.

On the 27th day of May 2017 at 9:20  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

While working an off duty detail at Perfect Vodka Amphitheater Located 601-7 Sanbornji Way in West Palm Beach Florida I responded to the lawn area at the center stairs. I met employee, Terry Poole. He advised me a couple had just had 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 witness Kevin Siner and Shawn Flammin who were sitting directly behind the couple. They both said [REDACTED] and Fossett was verbally arguing. It then escalated into physical. Fossett then should [REDACTED] with an open palm on the shoulder area twice. The second strike 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 (1)(A)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Sgt. [REDACTED] (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of May 2017 by Known (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced 77391850

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

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **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): [REDACTED]

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: [REDACTED]

Printed name of person waiving notification: [REDACTED]

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

White/Corrections or State Attorney (Warrant Application)

Yellow/Warrants Section

Pink/Central Records

(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: [REDACTED]

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

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL)

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

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: *Together Oct 2016, lived together 1 month*

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: (a) CHILD ABUSE)  YES  NO

PRIOR HISTORY OF DOMESTIC VIOLENCE:  YES  NO

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

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

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

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