

0482653 N/H 1.6mm 1292.236

| OBTS Number  |  |   |  | ARREST / NOTICE TO APPEAR   |  |                            |  | Juvenile Referral Report  |  |  |  | 1. Arrest<br>2. N.T.A.  |  | 3. Request for Warrant<br>4. Request for Capias                              |  | 1 Juvenile  |  |   |  |                        |  |  |  |
|--|--|---|--|---|--|----------------------------|--|---|--|--|--|---|--|--|--|---|--|---|--|------------------------|--|--|--|
| Agency ORI Number  |  | Agency Name   |  | PALM BEACH COUNTY SHERIFF'S OFFICE  |  |                            |  | Agency Report Number (N.T.A.'s only)  |  |  |  | 16-150954   |  |  |  |   |  |   |  |                        |  |  |  |
| ChargeType:<br>Check as many as apply  |  | <input type="checkbox"/> 1. Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 4. Traffic Misdemeanor |  | 5. Ordinance<br>6. Other  |  |                            |  | Weapon Seized / Type  |  | 2 1. Yes<br>2. No  |  | Multiple Clearance Indicator  |  | 01   |  |   |  |   |  |                        |  |  |  |
| Location of Arrest (Including Name of Business)<br>523 S K ST ,apt 1   |  |   |  |   |  |                            |  | Location of Offense (Business Name, Address)<br>523 S K ST ,apt 1 Lake Worth FL 33460 |  |  |  |   |  |  |  |   |  |   |  |                        |  |  |  |
| Date of Arrest<br>11-11-16   |  | Time of Arrest<br>1701  |  | Booking Date  |  | Booking Time               |  | Jail Date   |  | Jail Time  |  | Location of Vehicle   |  |  |  |   |  |   |  |                        |  |  |  |
| Name (Last, First, Middle)<br>McGaughran Peter J   |  |   |  |   |  |                            |  | Alias (Name, DOB, Soc. Sec. #, Etc.)  |  |  |  |   |  |  |  |   |  |   |  |                        |  |  |  |
| Race<br>W - White 1 - American Indian<br>B - Black 0 - Oriental/Asian  |  | Sex<br>W M  |  | Date of Birth<br>07/28/1984   |  | Height<br>5'9              |  | Weight<br>205   |  | Eye Color<br>BLUE  |  | Hair Color<br>BROWN   |  | Complexion<br>MEDIUM   |  | Build<br>MEDIUM   |  |   |  |                        |  |  |  |
| Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)<br>TATTOOS ON RIGHT ARM,RIGHT RIB,RIGHT FOREARM,LEFT TRICEP,BACK  |  |   |  |   |  |                            |  | Marital Status<br>SINGLE  |  | Religion<br>CATHOLIC   |  | Indication of:<br>Alcohol Influence<br>Drug Influence                   |  | Y N<br>□ □   |  | Unk.  |  |   |  |                        |  |  |  |
| Local Address (Street, Apt. Number)<br>523 S K ST apt 1  |  |   |  |   |  |                            |  | (City) Lake Worth   |  | (State) FL   |  | (Zip) 33460   |  | Phone<br>(561) 614-7910  |  | Residence Type:<br>1. City<br>2. County   |  | 3. Florida<br>4. Out of State                   |  | 1                      |  |  |  |
| Permanent Address (Street, Apt. Number)  |  |   |  |   |  |                            |  | (City)  |  | (State)  |  | (Zip)   |  | Phone<br>( )   |  | Address Source  |  | DEFENDANT                                       |  |                        |  |  |  |
| Business Address (Name, Street)  |  |   |  |   |  |                            |  | (City)  |  | (State)  |  | (Zip)   |  | Phone<br>( )   |  | Occupation  |  | UNEMPLOYED                                      |  |                        |  |  |  |
| D/L Number, State  |  |   |  | Soc. Sec. Number  |  |                            |  | INS Number  |  |  |  | Place of Birth (City, State)<br>GALLOWAY TOWNSHIP, NEW JERSEY           |  |  |  | Citizenship<br>US   |  |   |  |                        |  |  |  |
| Co-Defendant Name (Last, First, Middle)  |  |   |  |   |  |                            |  | Race  |  | Sex  |  | Date of Birth   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |   |  |                        |  |  |  |
| Co-Defendant Name (Last, First, Middle)  |  |   |  |   |  |                            |  | Race  |  | Sex  |  | Date of Birth   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |  | <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)<br>No (First) (Middle)  |  |   |  |                            |  |   |  |  |  |   |  | Residence Phone<br>( )   |  |   |  |   |  |                        |  |  |  |
| Address (Street, Apt. Number)  |  |   |  |   |  |                            |  | (City)  |  | (State)  |  | (Zip)   |  |  |  | Business Phone<br>( )   |  |   |  |                        |  |  |  |
| Notified by: (Name)  |  |   |  |   |  |                            |  | Date<br>11-11-16  |  | Time   |  | Juvenile Disposition<br>1. Handled/processed within Dept. and Released. |  | 2. TOT HRS / DYS   |  | 3. Incarcerated   |  |   |  |                        |  |  |  |
| Released To: (Name)  |  |   |  |   |  |                            |  | Relationship  |  |  |  |   |  |  |  | Date  |  | Time  |  |                        |  |  |  |
| The above address provided by <input checked="" 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.<br>□ Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |   |  |   |  |                            |  | School Attended   |  |  |  |   |  |  |  | Grade   |  |   |  |                        |  |  |  |
| Property Crime?<br>□ Yes □ No  |  | Description of Property   |  |   |  |                            |  | Value of Property   |  |  |  |   |  |  |  |   |  |   |  |                        |  |  |  |
| Drug Activity<br>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/Derv.   |  | P. Paraphernalia/<br>Equipment<br>S. Synthetics |  | U. Unknown<br>Z. Other |  |  |  |
| Charge Description<br>BATTERY (DOMESTIC)   |  |   |  |   |  |                            |  | Counts<br>1   |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |  |   |  | Statute Violation Number<br>784.03(1)(A)                                     |  | Violation of ORD #  |  |   |  |                        |  |  |  |
| Drug Activity<br>N/A   |  | Drug Type<br>N/A  |  | Amount / Unit   |  | Offense #<br>16-150954     |  |   |  |  |  | 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)   |  |   |  |   |  |                            |  |   |  |  |  |   |  |  |  | Bond  |  |   |  |                        |  |  |  |
| Court Date and Time  |  |   |  |   |  |                            |  |   |  |  |  |   |  |  |  | Bond  |  |   |  |                        |  |  |  |
| Month  |  | Day   |  | Year  |  | Time                       |  | AM  |  | PM   |  |   |  |  |  |   |  |   |  |                        |  |  |  |
| 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  |  |                            |  | Name Verification (Printed by Arrestee)   |  |  |  |   |  |  |  |   |  |   |  |                        |  |  |  |
| Name:<br>X   |  |   |  | Name of Arresting Officer (Print)<br>I.MORALES 26699                        |  |                            |  | Name Verification (Printed by Arrestee)   |  |  |  |   |  |  |  |   |  |   |  |                        |  |  |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal  |  |   |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other: |  |                            |  | I.D. #  |  |  |  |   |  |  |  |   |  |   |  |                        |  |  |  |
| Intake Deputy<br>7623  |  |   |  | I.D. #  |  | Pouch #                    |  | Transporting Officer<br>I.MORALES 9160 8530   |  | Agency   |  |   |  |  |  |   |  |   |  |                        |  |  |  |
| Witness here if subject signed with an -X"   |  |   |  |   |  |                            |  |   |  |  |  |   |  |  |  |   |  |   |  |                        |  |  |  |
| DISTRIBUTION: WHITE COURT COPY   |  |   |  |   |  |                            |  |   |  |  |  |   |  |  |  |   |  |   |  |                        |  |  |  |

| OBTS Number  |   | PROBABLE CAUSE AFFIDAVIT  |  |       |     | 1. Arrest<br>2. N.T.A. |                 | 3. Request for Warrant<br>4. Request for Capias |  | 1                                  | Juvenile | N |
|--|---|---|--|-------|-----|------------------------|-----------------|---|--|------------------------------------|----------|---|
| ADMIN  | Agency ORI Number<br><b>FLO 500000</b>  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>  | Agency Report Number<br><b>06- 16-150954</b>                               |       |     |                        | Special Notes:  |   |  |                                    |          |   |
| DEF  | ChargeType:<br>Check as many as apply.<br>1. Felony<br>2. Traffic Felony  | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |       |     |                        |                 |   |  |                                    |          |   |
| CHARGES  | Name (Last, First, Middle)<br><b>McGaughran Peter J</b>   | Alias   |  |       |     | Race<br><b>W</b>       | Sex<br><b>M</b> | Date of Birth<br><b>07/28/1987</b>              |  |                                    |          |   |
|  | Charge Description<br><b>BATTERY (DOMESTIC) 784.03(1) 1'M</b>   | Charge Description  |  |       |     |                        |                 |   |  |                                    |          |   |
| VICTIM   | Charge Description  | Charge Description  |  |       |     |                        |                 |   |  |                                    |          |   |
|  | Victim's Name (Last, First, Middle)   |   |  |       |     |                        |                 |   |  | Date of Birth<br><b>05/05/1990</b> |          |   |
|  | (City)  | (State)   | (Zip)  | Phone | ( ) |                        |                 |   |  | Occupation<br><b>UNEMPLOYED</b>    |          |   |
| <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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> |   |   |  |       |     |                        |                 |   |  |                                    |          |   |
| PROBABLE CAUSE STATEMENT   | <p>On the <u>11</u> day of <u>NOVEMBER</u> <u>20 16</u> at <u>1701</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I MET WITH [REDACTED] IN THE CITY OF LAKE WORTH, [REDACTED] TOLD ME HER BOYFRIEND PETER J MCGAUGHRAN AND HER HAD GOTTEN INTO AN ARGUMENT ABOUT HIM BEING INTOXICATED. [REDACTED] ADVISED ME HE GOT ANGRY AND CHASED HER INTO THE HOUSE. [REDACTED] STATED PETER CORNERED HER AND ATTEMPTED TO HIT HER WITH AN OPEN FIST AND STRUCK HER WATCH, WHICH SHE WAS WEARING ON HER WRIST. [REDACTED] STATED SHE BLOCKED HIM BY FLAILING HER ARMS. [REDACTED] GOT HIT IN THE LEFT CHEEK WITH AN OPEN HAND. [REDACTED] TOLD ME PETER THEN KNOCKED HER TO THE GROUND AND KICKED HER IN THE LEFT HIP AND THIGH AREA WITH HIS BOOTS. [REDACTED] TOLD ME SHE RIPPED HIS SHIRT DURING THE STRUGGLE. [REDACTED] TOLD ME SHE GOT AWAY AND GRABBED HER BABY AND WALKED OUTSIDE. DUE TO MY DESCRIBED INVESTIGATION PETER IS BEING CHARGED WITH DOMESTIC SIMPLE BATTERY.</p> |   |  |       |     |                        |                 |   |  |                                    |          |   |
| ADMINISTRATIVE   | <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p><b>I.MORALES 26699</b></p> <p>(Signature of Arresting/Investigative Officer)</p> <p><b>SCANN</b> <b>11/16/893</b></p> <p>The foregoing statement was sworn to or affirmed and subscribed before me this <u>11</u> day of <u>NOVEMBER</u> <u>20 16</u> by <u>I.MORALES 26699</u> <u>LEO</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>  |   |  |       |     |                        |                 |   |  |                                    |          |   |
|  | <p>PAGE <b>1</b> OF <b>1</b></p>  |   |  |       |     |                        |                 |   |  |                                    |          |   |

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:

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)
- **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.)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 16-150954 Agency: PBSO  
Offense: Domestic Assault  
Suspect/Offender: Peter J McGaughan  
D.O.B. 7/28/84 Race: White Sex: Male

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: \_\_\_\_\_ D.O.B. 5/5/90 Race: W Sex: F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's name: \_\_\_\_\_  
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: B. R. R.

Printed name of person waiving notification: B. R. R.

Deputy's Name: I. Morales I.D. # 20699 Date: 11/11/16