

0482653 N/H 16mm 1390736

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-16-150954</b>				
	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		Weapon Seized / Type 2. Yes 2. No		Multiple Clearance Indicator 01						
	Location of Arrest (Including Name of Business) 523 S K ST, apt 1 Lake Worth FL 33460				Location of Offense (Business Name, Address) 523 S K ST, apt 1 Lake Worth FL 33460						
	Date of Arrest 11-11-16	Time of Arrest 1701	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
DEFENDANT	Name (Last, First, Middle) <b>McGaughran Peter J</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W</b>		Sex <b>M</b>	Date of Birth <b>07/28/1984</b>	Height <b>5'9</b>	Weight <b>205</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>MEDIUM</b>	Build <b>MEDIUM</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATOOS ON RIGHT ARM, RIGHT RIB, RIGHT FOREARM, LEFT TRICEP, BACK</b>				Marital Status <b>SINGLE</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.				
	Local Address (Street, Apt. Number) <b>523 S K ST apt 1 Lake Worth FL 33460</b>				Phone <b>(561) 614-7910</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>				
	Permanent Address (Street, Apt. Number)				Phone		Address Source <b>DEFENDANT</b>				
	Business Address (Name, Street)				Phone		Occupation <b>UNEMPLOYED</b>				
	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>GALLOWAY TOWNSHIP, NEW JERSEY</b>		Citizenship <b>US</b>		
	Co-Defendant Name (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 Name (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			
	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)			
Notified by: (Name)				Date <b>11-11-16</b>	Time	Disposition 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. <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 <b>BATTERY (DOMESTIC)</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1)A1</b>		Violation of ORD #					
Drug Activity <b>N/A</b>		Drug Type <b>N/A</b>	Amount / Unit	Offense # <b>16-150954</b>	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				
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				
NOTICE TO APPEAR	Location (Court, Room Number, Address)										
	Court Date and Time 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.										
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer (Print) <b>I. MORALES 26699</b>		Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		I.D. # <b>26699</b>		(PRINT)				
	Intake Deputy <b>7623</b>		I.D. #		Pouch #		Transporting Officer <b>E. Morales 9160</b>		I.D. # <b>8530</b>		
	DISTRIBUTION: WHITE - COURT COPY				GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		

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

# 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)
- **Dating Violence**
- **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 #: 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: [Signature]  
Printed name of person waiving notification: [Redacted]  
Deputy's Name: J. Morales I.D. # 26699 Date: 11/11/16

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #: