

0489965

1284

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-17106139															
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 1. Yes 2. No		Multiple Clearance Indicator 1																	
Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)															
Date of Arrest 07/23/2017		Time of Arrest 2251		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) BROWN				ROBERT				Alias (Name, DOB, Soc. Sec. #, Etc.) LOREN													
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 08/15/1963		Height 600		Weight 225		Eye Color BLUE		Hair Color BROWN		Complexion MED		Build LARGE					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status SINGLE		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>									
Local Address (Street, Apt. Number) 9052 VILLA PORTOFINO CIR				(City) BOCA RATON FL		(State) 33496		(Zip)		Phone (561) 235-8221		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2							
Permanent Address (Street, Apt. Number) SAME AS ABOVE				(City)		(State)		(Zip)		Phone ()		Address Source FL DL									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()		Occupation									
D/L Number, State B-650-772-63-295-0 FL				Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) COLBERT, AL		Citizenship US											
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									
<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 07/23/2017		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 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 checked="" 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 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 DOMESTIC BATTERY				Counts 01		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 01		Offense # 17106139		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									
Location (Court, Room Number, Address)																					
Court Date and Time Month Day Year Time AM PM 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 Name:				Signature of Arresting Officer JAMES ALISEO				Name Verification (Printed by Arrestee) SCANNED													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) JAMES ALISEO				I.D.# 19472									
Initials ALISEO				Pouch #				Transporting Officer ALISEO				I.D.# 19472									
Agency PBSO				Witness here if subject signed with me				JUL 24 2017				PAGE 1 OF 1									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17106139								
	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:										
DEF	Name (Last, First, Middle) BROWN ROBERT		Alias LOREN		Race W		Sex M		Date of Birth 08/15/1963				
CHARGES	Charge Description DOMESTIC BATTERY 784.03(1)A(1)		Charge Description										
	Charge Description		Charge Description										
VICTIM	Victim's Name (Last, First, Middle)		Race W		Sex F		Date of Birth 02/13/1963						
	(City)		(State)		(zip)		Phone		Address Source VERBAL				
	Business Address (Name, Street)		(City)		(State)		(zip)		Phone		Occupation		
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 23RD day of JULY 20 17 at 2251 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)													
On Sunday 07/23/2017 at approximately 2138 hours I responded to _____ in unincorporated _____ in reference to a domestic battery that just occurred. According to the 911 call the complainant stated _____ was making threats to kill her.													
Upon my arrival I met with the complainant/victim _____ who stated that _____ Robert Brown had been drinking, and when he came home he grabbed her by her arms and pushed her against the wall upstairs next to her bedroom. _____ showed me her arms where she stated Robert grabbed her. She had red marks on both arms near the bicep that looked like finger marks. When I asked _____ if she needed fire rescue she stated no. _____ stated that she _____ Robert for _____ and that he has _____ during that period of time.													
_____ also stated that while Robert was holding her by the arms, he was looking her in the eye saying that he was going to kill her. _____ said that she was in fear because Robert has verbally abused her for the last few years. When I asked _____ to explain how he had been verbally abusive towards her, she was unable to explain. When I asked how the incident started tonight _____ told me for the past few weeks Robert has been verbally abusing her to the point that she _____. Last night (07/22/2017) _____ called the Sheriff's Office to report that Robert was upset that _____. _____ said that after the Sheriff's Office left her house Robert kept her _____													
I then spoke with Robert Brown who was surprised that the Sheriff's Office was at his house. When I asked Robert what had happened tonight he told me that he was still having an argument with _____ from last night. Robert stated that they have been arguing for the last two weeks. When I asked him if he put his hands on her, Robert stated "no". When I asked how _____ got the injuries on her arms, he told me that she could have done it herself.													
Robert went on to tell me that he went upstairs to the master bedroom to get his cellphone charger _____ was following behind him. Robert stated that he shut the door behind him to keep her away from him. After he got the charger he went down stairs and was later met by responding deputies. Robert later told me that _____ hit him in the back when he was closing the bedroom door behind him, but he believes that it was from when he was trying to close the door and she was trying to push it open. Robert didn't have any visible injuries to his back. Based on my investigation Robert Brown is being arrested for domestic battery pursuant to fss 784.03(1)A(1).													
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH JAMES ALISEO (Signature of Arresting/Investigative Officer)												
	The foregoing instrument was sworn to or affirmed and subscribed before me this 23RD day of JULY 20 17 by JAMES ALISEO 19472 Personally Known												
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced DLs R. Dragano 7760												
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)												

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.**

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# _____

1. Incident Report #: 17106139 Agency: PBSO
Offense: DOMESTIC BATTERY
Suspect/Offender: BROWN ROBERT
D.O.B. 08/15/1963 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home: _____

b. Victim's next of kin, friend or neighbor: N/A
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: JAMES ALISEO

I.D.# 1947 Date: JUL 24 2017 7/23/17

SCANNED