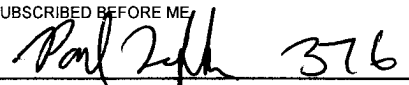

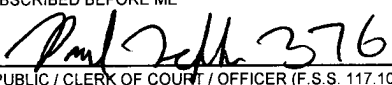
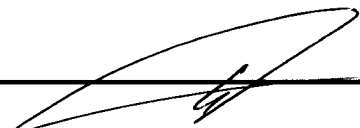


17CF9102

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		Juvenile		
ADMINISTRATIVE	Agency ORI Number FLO, 5, 0, 2, 6, 0, 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7, 8, 11, 71, 90, 53, 05, 11							
	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address) 11 Lethington Rd PMSG FL 33418							
	Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
DEFENDANT	Name (Last, First, Middle) Brownford, Sarah Lara				Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black I - American Indian O - Oriental/Asian	Sex M F	Date of Birth 06.06.82	Height 504	Weight 120	Eye Color Hazel	Hair Color Brown	Complexion Lst	Build Thin			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Unknown				Marital Status D	Religion Unk	Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 2133 Vinnias Cr #105		(City) Wellington	(State) FL	(Zip) 33414	Phone (561) 827-6681		Residence Type: 1. City 2. County 3. Florida 4. Out of State		R		
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source FL DL				
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation				
	D/L Number, State B650792827061		Soc. Sec. Number		INS Number		Place of Birth (City, State)		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			
	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								
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 Description Interference w/ Custody		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 7.8.7.10.3		Violation of ORD #						
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 #				
	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	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	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		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 _____												
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer 320				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) Peter Reynolds		(PRINT)		PAGE 1 OF 1			
	Intake Deputy		I.D. #	Pouch #	Transporting Officer		I.D. #	Agency		Witness here if subject signed with an "X"		

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	JUVENILE
Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 17-005305					
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:	
Name (Last, First, Middle) BROWN, SARAH LORA		Alias		Race W		Sex F		Date of Birth 06/06/1982	
Charge Description 787.03 INTERFERE WITH CUSTODY		Charge Description							
Charge Description		Charge Description							
Victim's Name (Last, First, Middle) FORD, KEVIN GLENN		Local Address (Street, Apt. Number) 11 LETHINGTON RD, PALM BEACH GARDENS, FL 33418		Phone (561) 632-3341		Address Source		Race W Sex M Date of Birth 01/28/1970	
Business Address (Name, Street)		Business Address (City, State, Zip)		Phone		Occupation FINANCE MGR			
<p>The undersigned certifies and swears that he/she has just and resonable 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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>6</u> day of <u>September</u>, <u>2017</u> at <u>20:54</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 9/6/17 at 2042 hours I responded to 11 Lethington Lane in Palm Beach Gardens, Palm Beach County Florida in reference to a child custody issue. The investigation was recorded with my BWC system.</p> <p>Upon arrival I met with Kevin Ford who was later identified as the victim. Ford gave the following sworn statement:</p> <p>Ford and his ex-wife Sarah Brown share custody over there son Logan D. Ford. K. Ford filed a motion for contempt against Brown for failure to comply with custody stipulations over their minor child. On 7/25/17 Ford was issued temporary custody by Judge Karen Miller of the 15th Judicial Circuit in and for Palm Beach County. The judge issued this order after finding Brown in contempt until a permanent/modification was reached. Since then Ford has let Brown have visitation every other weekend and on Wednesday evenings for dinner. On the date of this report Brown picked their son up for dinner after 5 P.M. and was to return Logan at approximately 8 P.M. Shortly after 8 P.M. Ford received a text message from Brown stating Florida was not safe and she was taking Logan out of the state due to the approaching hurricane. The only information Brown gave about where she was going was to Chuck's parents house with no address or phone number. Ford sent several text messages telling Brown to bring Logan back and reminded her of the court order in place. Brown did not respond to the Ford's text messages or return Logan. Ford stated he has hurricane shutters and a generator, and is prepared to keep their son safe during the storm. Ford stated he did not believe his son was in any danger but added that this is a continuation of Brown refusing to comply with custody stipulations set by the courts.</p> <p>Ford provided me with a copy of the court order from 7/25/17. I attempted to contact Brown by her cell phone twice but received voice mail. Messages were left for her to contact me to provide a lawful reason for removing Logan from his father's custody. I</p>									
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>09/07/2017</u> DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  REYNOLDS, PETER M (320) NAME OF OFFICER (PLEASE PRINT) <u>09/07/2017</u> DATE							

A D M I N		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		JUVENILE	
Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 17-005305							
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
D E F		Name (Last, First, Middle) BROWN, SARAH LORA		Alias		Race W		Sex F		Date of Birth 06/06/1982	
<p>sent the Palm Beach County Sheriffs Department by Brown's address in an attempt to make contact with her but no contact was made. Due to Brown's actions it is clear she has no intent at this time to return Logan to his father. Brown is interfering with the current custody rights of the father. Brown is also in violation of the current court order. I believe probable cause exists for Brown for Interference with custody according to F.S.S. 787.03. I am requesting I warrant be issued for Brown for the listed charge.</p>											
P R O B A B L E C A U S E S T A T E M E N T											
A D M I N I S T R A T I V E											
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/07/2017 DATE						 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER REYNOLDS, PETER M (320) NAME OF OFFICER (PLEASE PRINT) 09/07/2017 DATE					
						PAGE 2 OF 2					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.