

0458207/1973

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06-18-073935
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 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Location of Arrest (Including Name of Business) 6920 TOWN HARBOUR BLVD 2615, BOCA RATON, FL, 33433			Location of Offense (Business Name, Address) 6920 TOWN HARBOUR BLVD #2615, BOCA RATON, FL, 33433	
Date of Arrest 05/13/2018	Time of Arrest 1705	Booking Date	Booking Time	Jail Date

Name (Last, First, Middle) Orosz, Tamas,		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 04/28/1976	Height 6'00	Weight 255
Eye Color BROWN	Hair Color BLACK	Complexion MED	Build LARGE	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Married	Religion	Indication of Alcohol/Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) 6920 Town Harbour Blv Apt 2615, Boca Raton, FL 33433		Phone (954) 817-0417	Residence Type 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number)		Phone	Address Source VERBAL	
Business Address (Name, Street)		Phone	Occupation MECHANIC	
D/L Number, State O620800761480, FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) BUDAPEST, HUNGARY	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
Parent Legal Custodian Other:	(None)			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 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 (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 DOMESTIC BATTERY	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(1)	Violation of ORD #						
Drug Activity N	Drug Type	Amount / Unit	Offense # 18-073935	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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996
Court Date and Time Month 05 Day 13 Year 2018 Time 5:25 AM <input type="checkbox"/> PM <input type="checkbox"/>
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 05/13/2018

HOLD for other Agency Name:	Signature of Arresting Officer DS INGRAM 9581	Name Verification (Printed by Arrestee) MAY 13 PM 6:20
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Name of Arresting Officer (Print) DS INGRAM 9581	I.D. #	PAGE
Transporting Officer DS INGRAM 9581	ID # 9581	Agency PBSO
Witness here if subject signed Arr. #		1 OF 1

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile n
OBTS Number					
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 18-073935		
DEF	Charge Type: Check as many as apply. <input 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:		
CHARGES	Name (Last, First, Middle) Orosz, Tamas,	Alias	Race W	Sex M	Date of Birth 04/28/1976
VICTIM	Charge Description DOMESTIC BATTERY	784.03(1)(A)(1)	Charge Description		
PROBABLE CAUSE STATEMENT	Victim's Name (Last, First, Middle) Havellant, Reka,		Race W	Sex F	Date of Birth 10/05/1976
ADMINISTRATIVE	Local Address (Street, Apt. Number) (City) (State) (zip) 6920 Town Harbour Blvd 2615, Boca Raton, FL 33433		Phone (561) 929-8075	Address Source VERBAL	
	Business Address (Name, Street) (City) (State) (zip)		Phone ()	Occupation HOMEMAKER	
<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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ 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. admitting to the below facts.</p> <p>On the 13 day of MAY 20 18 at 5:10 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On 5/13/18 at approximately 1538hrs I arrived at 6920 TOWN HARBOUR BLVD apt 2615, Boca Raton, FL, 33433 in reference to a domestic dispute.</p> <p>Upon arrival I made contact with Reka Havellant. Reka said that she lives at the address listed above with her two young children and her husband Tamas Orosz. Reka advised that she was in a verbal dispute with Tamas earlier this morning. Reka added that she left for the beach this morning with the kids to deescalate the situation. Reka said that she returned home today with the kids around 3:15pm and turned the television on in the living room. Reka said that Tamas walked towards her while she was sitting on the couch and began yelling at her. Reka advised that Tamas grabbed the remote and turned the television on and off several times. Reka advised that she stood up off of the couch and began to walk away. Reka said that Tamas walked in front of her, stepped on her feet and pushed her with his two hands against her chest. Reka explained to me that she called 911 and Tamas left the apartment and drove away in his vehicle. Reka added that Tamas constantly verbally and physically abuses her. Reka said that she fears for her life at times. Reka told DS Udell that Tamas told her today that he would kill her during the dispute if she called the police.</p> <p>I noticed a fresh large red mark on Reka's chest that was caused by Tamas pushing her. Reka was crying, shaking and visibly upset. DS Engel took photos of Reka's chest and they were downloaded to PBSO Domestic Violence system.</p> <p>Based on my investigation probable cause exists for the arrest of Tamas Okosz for one count of Domestic Battery pursuant to F.S.S statute 784.03(1)(a)(1). Tamas met with me outside the residence. I handcuffed Tamas, double locked-checked for proper fit and escorted him to my marked control vehicle. Tamas was transported to the Main Detention Center where he was booked for his charge.</p>					
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;"><i>DS Ingram</i> DS Ingram 9581</p> <p>(Signature of Arresting/Investigative Officer)</p>					
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of May 20 18 by DS Ingram known leo</p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)</p> <p><i>Udell #6559</i></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>					
<p>SCANNED MAY 14 2018</p> <p>PAGE 1 OF 1</p>					

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Orosz, Tamas, DOB: 04/28/1976 Case #: 18-073935

Victim: Havellant, Reka, DOB: 10/05/1976 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: HANDS

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: RED MARK ON HER CHEST

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: ZSELYKE HAVELLANT 11/29/08

DOB: ____/____/____

Name: BENDEGUZ HAVELANT 12/21/2012

DOB: ____/____/____

Name: _____

DOB: ____/____/____

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: _____

IT WAS ONLY A VERBAL DISAGREEMENT

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: HE PUSHED ME

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone (____) ____ - ____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 6920 Town Harbour Blvd 2615, Boca Raton, FL 33433

Phone: Home (561) 929-8075 Work (____) ____ - ____ Cell (____) ____ - ____

Employer: _____

Name of Relative: _____ Phone (____) ____ - ____

Address: _____

SCANNED

MAY 14 2018

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.**

1. Incident Report #: 18-073935 Agency: _____
Offense: DOMESTIC BATTERY
Suspect/Offender: Orosz, Tamas,
D.O.B. 04/28/1976 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Havellant, Reka, D.O.B. 10/05/1976 Race: W Sex: F
Address: 6920 Town Harbour Blvd 2615
City: Boca Raton, FL 33433
Home #- (561) 929-8075 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
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: _____

Printed name of person waiving notification: Havellant, Reka,

Deputy's Name: DS Ingram

I.D.# 9581

Date: 05/13/2018