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N/H

3373

OBT Number		<b>ARREST / NOTICE TO APPEAR</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
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>06-16128439</b>					
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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1							
Location of Arrest (Including Name of Business) <b>13889 WELLINGTON TRACE</b>				Location of Offense (Business Name, Address) <b>WELLINGTON FL., 33414</b>		<b>JO-JO RAW BAR AND GRILL</b>					
Date of Arrest <b>09/17/2016</b>		Time of Arrest <b>2345</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Location of Vehicle											
Name (Last, First, Middle) <b>PENDLETON TYLER</b>											
Alias (Name, DOB, Soc. Sec. #, Etc.) <b>J</b>											
Race W - White B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>10/10/1990</b>		Height <b>5'10"</b>		Weight <b>160</b>		Eye Color <b>BRN</b>	
								Hair Color <b>BRN</b>		Complexion <b>MED</b>	
										Build <b>MED</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>						Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Int <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) <b>3351 NW 78TH AVE</b>				(City) <b>MARGATE, FL.</b>		(Zip) <b>33063</b>		Phone <b>(217) 3410004</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>	
Permanent Address (Street, Apt. Number) <b>SAME</b>				(City)		(State)		(Zip)		Address Source <b>DEF</b>	
Business Address (Name, Street) <b>N/A</b>				(City)		(State)		(Zip)		Occupation <b>N/A</b>	
DL Number, State <b>P534-810-90-370-0</b>				Sec. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>SPRINGFIELD IL</b>		Citizenship <b>YES</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) <b>NO LOCAL</b>				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) <b>BOND: \$4,500</b>		(City) (State) (Zip)				Business Phone ( ) ( ) ( )					
Notified by: (Name)				Date <b>09/17/2016</b>		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 <b>BATTERY ON LEO</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>784.07(2B)</b>		Violation of ORD #	
Drug Activity				Drug Type		Amount / Unit		Offense # <b>16128439</b>		Warrant / Capias Number	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
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											
Signature of Defendant (or Juvenile and Parent /Custodian)								Date Signed			
HOLD for other Agency Name:				Signature of Arresting Officer				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) <b>J. BROWN III</b>				(PRINT) <b>#32</b>			
Intake Deputy I.D. #				Pouch #				Witness here if subject signed with sig. X <b>SEP 18 2016</b>			

OBT Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-16128439</b>					
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) <b>PENDLETON TYLER</b>		Alias <b>J</b>		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>10/10/1990</b>	
Charge Description <b>BATTERY ON LEO</b>		<b>784.07(2B)</b>		Charge Description		Charge Description			
Victim's Name (Last, First, Middle) <b>BROWN JAY</b>		Race <b>B</b>		Sex <b>M</b>		Date of Birth			
Local Address (Street, Apt. Number) <b>14000 GREENBRIAR BLVD.,</b>		(City) <b>WELLINGTON</b>		(State) <b>FL.</b>		(zip) <b>33414</b>		Phone <b>(561) 6885447</b>	
Business Address (Name, Street)		(City)		(State)		(zip)		Phone <b>( )</b>	
								Address Source	
								Occupation	
<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> <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 commit 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 <b>17TH</b> day of <b>SEPT</b> 20 <b>16</b> at <b>2345</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>ON SAT., 9/17/16 AT APPROXIMATELY 2339HRS., I RESPONDED TO 13889 WELLINGTON TRACE, JO-JO'S RAW BAR AND GRILL, WELLINGTON FL., REFERENCE TO A DISTURBANCE, WHICH WAS CALLED IN BY D/S J. SMITH #7311, WHO WAS WORKING THE DETAIL AT WELLINGTON MARKET PLACE.</b></p> <p><b>D/S J. SMITH # 7311, WAS FLAGGED DOWN REFERENCE TWO WHITE MALES THAT WERE TOLD TO LEAVE THE ESTABLISHMENT, EARLIER, FOR TRYING TO START A FIGHT AND THEY HAVE RETURNED.</b></p> <p><b>UPON MY ARRIVAL, I MET WITH STAFF, PATRICK MANLEY, WHO WAS STANDING OUTSIDE THE BUSINESS, POINTED TOWARDS TWO WHITE MALES THAT WERE WALKING ACROSS THE PARKING LOT. MANLEY STATED THOSE TWO MEN STARTED ARGUING WITH SEVERAL FEMALES, INSIDE JO-JO'S RAW BAR AND GRILL, AND WAS ASKED TO LEAVE THE ESTABLISHMENT, WHICH THEY DID. HOWEVER, SEVERAL MINUTES LATER, THE TWO MEN RETURNED AND THEY STARTED ARGUING AGAIN WITH CUSTOMERS, AT WHICH TIME STAFF ASKED THEM TO LEAVE AND THEY NOTIFIED AUTHORITIES. MANLEY DID PROVIDE A SWORN WRITTEN STATEMENT.</b></p> <p><b>UPON MY ARRIVAL, AT THE SOUTH END OF THE PARKING LOT, I OBSERVED TWO WHITE MALES, LATER IDENTIFIED AS TYLER J. PENDLETON AND DONALD SIEBERT, AT WHICH TIME I ORDER THE TWO MEN OVER TO MY CRUISER TO CONDUCT MY INVESTIGATION. AS THE MEN WALKED TOWARDS MY CRUISER, I ASKED ORDER THEM TO PLACE THEIR HANDS ON THE HOOD OF MY CRUISER TO CONDUCT A PATDOWN FOR OFFICER SAFETY, AT WHICH TIME PENDELTON PLACED HIS HANDS ON THE HOOD, DRIVER'S SIDE. AS I APPROACHED PENDELTON AND PLACED MY RIGHT HAND ON HIS RIGHT SHOULDER, HE PUSHED OFF MY CRUISER, AND ELBOWED ME IN THE CHEST, AND STATED "FUCK THIS, I DON'T HAVE TO DO THIS" I THEN TOOK MY RIGHT ELBOW AND STRUCK HIM ACROSS THE RIGHT SHOULDER/NECK AREA TO REGAIN CONTROL, AT WHICH TIME HE WAS PLACED IN HANDCUFF.</b></p> <p><b>THEREFORE BASED ON THE ABOVE MENTIONED FACTS, I FIND PROBABLE CAUSE DID EXIST FOR BATTERY ON LEO, VIOLATING F.S.S.784.07(2B).</b></p>									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: center;"><b>J. BROWN III</b></p> <p>(Signature of Arresting/Investigative Officer) <b>17TH SEPT</b> 20 <b>16</b> by <b>J. BROWN III 8678</b></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ by <b>PERSONALLY KNOWN</b></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced</p> <p><b>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</b></p>									