

21mm738MB
ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2021-9991408	
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
Location of Arrest (Including Name of Business) 1000 PASEO CASTALLA, WPB, FL 33405				Location of Offense (Business Name, Address) 1000 PASEO CASTALLA, WEST PALM BEACH, FL 33401		
Date of Arrest 01/28/2021	Time of Arrest 00:07	Booking Date 01/28/2021	Booking Time 00:17	Jail Date 01/28/2021	Jail Time 00:09	Location of Vehicle
Name (Last, First, Middle) PERRAULT, DALE EDWARD			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
Race W - White B - Black O - Asian	Sex M	Date of Birth 10/12/1984	Height 5'11	Weight 170	Eye Color BROWN	Hair Color BROWN
Complexion FAIR			Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status M	Religion UNKNOWN	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1000 PASEO CASTALLA, WEST PALM BEACH, FL 33405			Home Phone (561) 715-5459	Residence Type: 1. City 3. Florida 2. Country 4. Out of State 1		
Permanent Address (Street, Apt. Number) 1000 PASEO CASTALLA, WEST PALM BEACH, FL 33405			Mobile Phone	Address Source FL DL		
Business Address (Name, Street) 1000 PASEO CASTALLA, WEST PALM BEACH, FL 33405			Work Phone	Occupation		
D/L Number, State P643165843720 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) WPB, FL	Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor
Parent <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)			Residence Phone	
Legal Custodian <input type="checkbox"/>		Address (Street, Apt. Number)			Business Phone	
Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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.				School Attended	Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property	
Drug Activity N. N.A. P. Possess	S. Sell B. Buy T. Traffic	R. Struggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	
Drug Type K. N/A A. Amphetamine				B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia Equipment S. Synthetic
U. Unknown 7. Other						
Charge Description BATTERY - BATTERY (SIMPLE)				Statute Violation Number 784.03(1A1)	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
N				1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description				Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description				Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Health / Apparent Physical Condition of Defendant				VICTIM NOTIFICATION Any knowledge of the following: <input type="checkbox"/> Rape <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Medication <input type="checkbox"/> Delinquency <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health				<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By REQUIRED	
Transported By				Date Transported	Time Transported	Other
<input checked="" 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 Page 2.				Location (Court, Room)		
				Court Date and Time		
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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		
I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE				INITIAL		
I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.				(561) 715-5459		
HOLD for Other Agency		Signature of Arresting Officer 2035		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) GARCIA, KIMBERLY		ID # 02035	(PRINT) JAN 28 AM 2:15	
Intake Deputy D. M. Smith	ID #	Pouch #	Transporting Officer K. GARCIA	ID # 2035	Agency WPB	PAGE 1 OF 1
Witness here if subject signed with an "X".						

J# 0521036

P# 2042


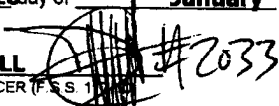
JAN 28 AM 6:00
JUVENILE COURT CLERK
PALM BEACH COUNTY, FL

No. 7
Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMINISTRATIVE	Date / Time 01/28/2021 00:14		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2021-0001408	
	Agency ORI Number FL 0500800		Name (Last, First, Middle) PERRAULT, DALE EDWARD		Race W	Sex M
CHARGE	Charge Description 784.03(1A1) BATTERY- BATTERY (SIMPLE)					
	Victim's Name (Last, First, Middle) PERRAULT, JUSTIN RANDALL				Race W	Sex M
VICTIM	Local Address (Street, Apt. Number) 1000 PASEO CASTALLA, WEST PALM BEACH, FL 33405		(City)	(State)	(Zip)	Phone (941) 981-2736
	Business Address (Name, Street)		(City)	(State)	(Zip)	Address Source FL DL
						Occupation
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DISTRAUGHT			
RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED						
ADDITIONAL INFORMATION	PHOTOGRAPHS: Scene:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
	Victim:		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: JUSTIN PERRAULT	
	WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:	
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)	
	INJURIES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:	
	Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:	
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:	
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:		
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
NARRATIVE	On Wednesday, 1/27/2021, at 23:12 hours I responded to the 1000 Paseo Castalla in reference to a Domestic Battery.					
	I spoke with the victim, Justin Perrault w/m DOB: 7/3/1984, who stated he was battered by his husband Dale					
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>X</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>28</u> day of <u>January</u> , <u>2021</u>  CAMPBELL, DARNELL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 1)						

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 01/28/2021 00:14	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2021-0001408
	Perrault, w/m DOB: 10/12/1984. Justin stated they were together for 8 years and married for 6 years. Justin said Dale came home from a work party intoxicated and agitated. Justin realized he was intoxicated and attempted to get Dale to bed. Justin said he finally got Dale to the bedroom on the SW corner of their house.			

Perrault, w/m DOB: 10/12/1984. Justin stated they were together for 8 years and married for 6 years. Justin said Dale came home from a work party intoxicated and agitated. Justin realized he was intoxicated and attempted to get Dale to bed. Justin said he finally got Dale to the bedroom on the SW corner of their house.

At which point, Dale was making remarks about wanting a divorce and not being happy with Justin. Dale continued making remarks about him not being happy and progressed to talking about Justin's parents. At which point Justin attempted to go to the other room to sleep when Dale pushed Justin two times. Justin was then able to exit the bedroom. Now, standing in the hallway just East of the bedroom they continued to argue. Justin told Dale not to push him. Dale then proceeded to open hand slap Justin in the face two times. Justin stated he rose his hands up to attempt to block the strikes.

Dale continued harassing him with his remarks and proceeded to throw glass and items at him. Justin then ran out the front door. Dale followed in suit throwing Justin's possessions out, in an attempt to kick him out of the residence. Justin then locked himself in his vehicle in front of the residence. Dale proceeded to bang on the glass of his vehicle until the first unit arrived.

When I spoke to Dale he stated Justin was the one that came after him. Dale also advise Justin threw out the items in the front yard. Dale said it never turned physical. Dale then stated that was all that occurred. I went back to Justin after he said he had video of the incident which shows Dale slap Justin multiple times.

Justin's right wrist was swollen from attempting to block the slaps received from Dale. Justin also had red marks on his right cheek and forehead. It should also be noted, Dale had a cut under his right foot from glass he had broken inside the dwelling. Pictures were taken of Justin and Dale's injuries. Sgt Ruiz was notified and Lt Bessette responded to the scene for Dale's injuries The medical response that tended to Dale on scene was captured under Run#21-2017 lead by Lt Olson. Dale was taken to get medically cleared. BWC was activated and pictures were taken

Based on the above facts, videos, and evident injuries consistent with the statements in this investigation, probable cause exists to charge Dale with violation of FSS 784.03(1A1) BATTERY- BATTERY (SIMPLE).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, AK personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28 day of January, 2021

CAMPBELL, DARNELL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S. § 117.10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes.

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 2001-1408 Agency: WPB PD
 Offense: DOMESTIC BATTERY
 Suspect/Offender: DALE PERRAULT
 D.O.B. 10/12/84 Race: W Sex: M

2. Warrant #(s) _____

3. Complete one (1) of the following:

a. Victim's name: Justin Perrault
 Address: 1000 Paseo Castalia
 City: WPB State: FL Zip: 33405
 Home #: 941-981-236 Work #: _____ Other: _____

b. Victim's next of kin:
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify).

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT / OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: K. Garcia I.D.: 2035 Date: 1/28/21

SUSPECT / OFFENDER: Perrault, Dale

COURT CASE / WARRANT #
(FOR WARRANTS USE ONLY)



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021002294	Date: 1/28/2021
	Specialist Name/ID: J. Beck/9007