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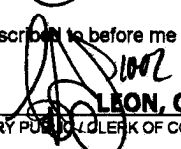
1089

ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 21-007411							
Change 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		If Weapon Seized Enter Type: UNARMED		Multiple Clearance Indicator 1							
Location of Arrest (Including Name of Business) 1510 SPRING HARBOR DR, DELRAY BEACH, FL		Location of Offense (Business Name, Address) 1510 SPRING HARBOR DR, DELRAY BEACH, FL 33445									
Date of Arrest 06/18/2021	Time of Arrest 00:52	Booking Date 06/18/2021	Booking Time 01:02	Jail Date 06/18/2021	Jail Time 00:55	Location of Vehicle					
Name (Last, First, Middle) GILINSKY, ORI DAVID		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black O - Original/African	Sex M	Date of Birth 06/01/1998	Height 5'10	Weight 210	Eye Color BROWN	Hair Color BROWN	Complexion OLIVE	Build Med			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of Alcohol/Influences/Drug Influences Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>					
Local Address (Street, Apt. Number) 1510 SPRING HARBOR DR E, DELRAY BEACH, FL 33445		(City) Delray Beach		(State) FL		(Zip) 33445		Phone (561) 466-0185			
Permanent Address (Street, Apt. Number) 1510 SPRING HARBOR DR E, DELRAY BEACH, FL 33445		(City) Delray Beach		(State) FL		(Zip) 33445		Phone (561) 466-0185			
Business Address (Name, Street) 1510 SPRING HARBOR DR E, DELRAY BEACH, FL 33445		(City) Delray Beach		(State) FL		(Zip) 33445		Phone (561) 466-0185		Occupation	
D/L Number, State G452644982010 / FL		INS Number		Place of Birth (City, State) Baltimore, MD		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		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)	
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							
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		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. Snaggle D. Deliver E. Use		K. Disperse/ 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 8. Synthetic		U. Unknown Z. Other			
Charge Description SIMPLE BATTERY (TOUCH OR STRIKE)		Statute Violation Number 784.03(1A)		Violation of ORD #							
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
N	N	/	21-007411	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	Bond				
					<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	Bond				
					<input type="checkbox"/> Y <input type="checkbox"/> N						
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medical <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries									
Check which applies: <input type="checkbox"/> Released O.R. <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 DELICE		Released By DELICE		Released To CULBERSON			
Transported By CULBERSON		Date Transported 06/18/2021		Time Transported 00:55		Other					
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		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 IF 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		Signature of Arresting Officer DELICE, OLLINSON		ID # 1182		Name Verification (Print) SCANNED		JUN 18 2021		PAGE 1 OF 1	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Revisited Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) DELICE, OLLINSON		ID # 1182		Agency DBPD			
Inmate Designation De mgy will		ID #		Pouch #		Witness here if subject signed with an "X"					

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMINISTRATIVE	Date / Time 06/18/2021 01:05		Agency Name DELAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 21-007411	
	Agency ORI Number FL 0500400					
DEFENDANT	Name (Last, First, Middle) GILINSKY, ORI DAVID				Race W	Sex M
	Alias				Date of Birth 06/01/1998	
CHARGE	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)					
VICTIM	Victim's Name (Last, First, Middle) GILINSKY, TAL MICHAEL				Race W	Sex M
	Local Address (Street, Apt. Number) 1510 SPRING HARBOR DR. E, DELRAY BEACH, FL 33445				Date of Birth 05/22/2000	
	(City) (State) (Zip)				Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Occupation	
ADDITIONAL INFORMATION	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM			
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral					
NARRATIVE	RELATIONSHIP BETWEEN VICTIM & SUSPECT BROTHER					
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: NIKKI WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: HANDS/FEET WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS: Hospital: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: DMC ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES: H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: UNKNOWN PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	The following incident occurred in the City of Delray Beach, Palm Beach County, Florida:					
	STATE OF FLORIDA COUNTY OF PALM BEACH					
	Appeared before me, _____ 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>18</u> day of <u>June</u> , <u>2021</u>					
	 LEON, OSCAR NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

ADMINISTRATIVE	Date / Time 06/18/2021 01:05	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 21-007411
	Agency ORI Number FL 0500400		

On 06-18-21, I responded to 1510 Spring Harbor Dr Apt: E in reference to a mentally ill subject. Upon arrival, I made contact with Tal Gilinsky inside the residence who advised prior to officers arriving on the scene, he got into a verbal dispute with his brother Ori Gilinsky over the usage of the bathroom. T. Gilinsky advised during the dispute O. Gilinsky became upset and began yelling obscenities towards him. As a result, T. Gilinsky advised once he exited the bathroom O. Gilinsky began striking him several times in the face as the two quickly engaged in a physical altercation. While on the scene, I observed T. Gilinsky to have redness to his face and bruising to his chest area which is consistent with signs of a struggle.

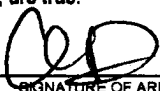
I then made contact with O. Gilinsky outside of the residence who corroborated T. Gilinsky's statement regarding the reasoning for the dispute that occurred however further advised Gilinsky approached him and attempted to engage in a physical altercation with him initially. As a result, O. Gilinsky advised he immediately defended himself by striking Gilinsky several times. While on the scene, I observed O. Gilinsky to have redness to his chest area which is consistent with signs of a struggle.

Based on my observations and the statements provided by both subjects, I was unable to determine the primary aggressor due to injuries on both parties and conflicting statements. It should be noted there were no independent witnesses or surveillance cameras in the area that would have captured this incident.

Based on the above facts, Probable Cause exists to charge Tal Gilinsky with Simple Battery (Domestic) pursuant to F.S.S 784.03(1) and Ori Gilinsky with Simple Battery (Domestic) pursuant to F.S.S 784.03(1).

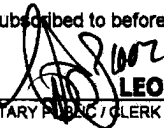
STATE OF FLORIDA
COUNTY OF PALM BEACH

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

 1180

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 18 day of June, 2021



NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

LEON, OSCAR

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)

- Dating Violence

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 #: 21-007411 Agency: DBPD
Offense: Domestic Battery
Suspect/Offender: Ori Gilinsky
D.O.B. 6/1/98 Race: White Sex: Male

2. Warrant #(s): _____

3.a. Victim's name: Tal Gilinsky D.O.B. 5/22/00 Race: W Sex: M
Address: 1510 Spring Harbor Dr. Apt E
City: Delray Beach State: FL Zip: 33445
Home #: None Work #: None Other: _____

b. Victim's next of kin, friend or neighbor: Ronen Gilinsky (Father)
Address: 1510 Spring Harbor Dr. Apt E
City: Delray Beach State: FL Zip: 33445
Home #: (561) 466-0180 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: _____ I.D. # _____ Date: _____

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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: 2021014847

Date: 06/18/2021

Specialist Name/ID: T Howard/7185