

05/16989

2020CF005112 AMB

ARREST / NOTICE TO APPEAR

Agency ORI Number 0500800	Agency Name West Palm Beach Police Department	Agency Report Number (N.T.A.'s only) 914 2020-0007845	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
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: NOT APPLICABLE		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 1701 S FLAGLER DR			Location of Offense (Business Name, Address) 1701 S FLAGLER DR 1606, WEST PALM BEACH, FL 33401			
Date of Arrest 06/17/2020	Time of Arrest 08:25	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) FOX, PETER MICHAEL		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 11/06/1978	Height 6'02	Weight 180	Eye Color BROWN	Hair Color BROWN
Complexion FAIR		Build M		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 1701 S FLAGLER DR 1606, WEST PALM BEACH, FL 33401			(City)	(State)	(Zip)	Phone (561) 284-4386
Permanent Address (Street, Apt. Number) 1701 S FLAGLER DR 1606, WEST PALM BEACH, FL 33401			(City)	(State)	(Zip)	Phone (561) 284-4386
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone
D/L Number, State F200673784060 / FL		Soc. Sec. Number	DNS Number		Place of Birth (City, State) New Jersey	Citizenship U.S.

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)			Residence Phone		
Address (Street, Apt. Number)			(City)	(State)	(Zip)	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 defendant and/or 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.

Yes, by: No:

Drug Activity N. N/A P. Postess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	2. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv.	P. Paraphernalia/ Equipment	S. Synthetic	U. Unknown Z. Other
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Charge Description SELL/POSSESS/DISTRIBUTE OBSCENE MATERIAL OF CHILD						Statute Violation Number 847.0128 KT. Sec	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N			1	<input type="checkbox"/> Y <input checked="" 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
Charge Description						Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond

Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <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"/> T.O.I. County Jail	PROPERTY - Received By	Released By JUN 17 10:07
Transported By			Date Transported	Time Transported	Other	

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	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 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	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Name of Arresting Officer (Print) COGNETTI, CATHY	I.D. # 01821	PAGE 1 OF 1
Transmitting Officer [Signature]	I.D. # 1942	Agency WPA
Witness here if subject signed with an "X".		

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS DEFENDANT

SCANNED

JUN 18 2020

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number		
Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE DEPARTMENT	Agency Report Number 9 4 2020-0007845
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

Name (Last, First, Middle) FOX, PETER MICHAEL		Alias	Race W	Sex M	Date of Birth 11/06/1978
Charge Description 847.011(1) SELL/POSSESS/DISTRIBUTE TO SELL OBSCENE		Charge Description			
Charge Description		Charge Description			

Victim's Name (Last, First, Middle) State Of Florida		Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone
Business Address (Name, Street)		(City)	(State)	(Zip)

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 ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to **DET COGNETTI** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
On the **17** day of **June**, **2020** at **08:51** (Specifically include facts constituting cause for arrest.)

On May 5, 2020, I was assigned to further investigate Cyber Tip reports from the National Center of Missing and Exploited Children (NCMEC) from Broward County Sheriff's Office, South Florida ICAC Task Force.

On April 20, 2020, the electronic service provider reported a user with the IP address, 2601:587:400:5550:61ae:fd3e:6ccf:ae9b, had uploaded an image/GIF video containing sexual conduct of a child.



On May 10, 2020, the electronic service provider, reported a user with IP address, 2601:587:400:5550:a91e:86aa:f557:99ba, had uploaded an image containing sexual conduct of a child.

Comcast reported the IP addresses in question, at the time the images were uploaded and/or possessed, are assigned to Peter Fox, at 1701 S Flagler Dr Apt 1606, West Palm Beach, Florida.

On June 9, 2020, Honorable Judge August Bonavita granted the residential search warrant for the residence located at 1701 S Flagler Dr Apt 1606, West Palm Beach, Florida.

On June 11, 2020, a different electronic service provider reported a user with an account containing 3 images of sexual conduct of a child.

On June 17, 2020, West Palm Beach SWAT team, Palm Beach County Sheriff's Office, and West Palm Beach Police executed the residential Search Warrant. During a post Miranda interview, Peter Fox admitted to owning an iPhone 10, which he is the sole user. The phone is not password protected. Peter stated he was under the influence when he entered the chatrooms and shared child pornography. Peter acknowledged that the user name that he used, "Proudped", meant "likes young." A sanitized child pornography image was presented to Peter Fox and Peter Fox acknowledged the image. The image depicted a

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
 ANDERSON, MOLLY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	
06/17/2020 DATE	COGNETTI, CATHY (01821) NAME OF OFFICER (PLEASE PRINT)
	06/17/2020 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTs Number	Agency Name		Agency Report Number
	Agency ORI Number FL 0500800	WEST PALM BEACH POLICE DEPARTMENT		9 4 2020-0007845

Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	



Name (Last, First, Middle) FOX, PETER MICHAEL	Alias	Race W	Sex M	Date of Birth 11/06/1978
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prepubescent female child with an erect penis on her mouth. It appears the male ejaculated in the child's mouth.

Digital Forensics did an on-scene preview of the iPhone belonging to Peter. During this time, Digital Forensic detectives located the chat website that was used to upload child pornography.

Based on the aforementioned facts, I have probable cause to arrest Peter Fox with 1 count of Transmission of Child Pornography FSS 847.012.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	 ANDERSON, MOLLY	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	COGNETTI, CATHY (01821)
	06/17/2020 DATE	06/17/2020 DATE



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: 2020014960	Date: 06/17/20
	Specialist Name/ID: J. Beck/9007