

0516041

20mm 3313

P622

ARREST / NOTICE TO APPEAR

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

AD M I N I S T R A T I O N	OBTS Number		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number (N.T.A.'s only) <b>7, 8   20-002083</b>		Multiple Clearance Indicator	
D E F E N D A N T	Agency ORI Number <b>0502600</b>		Agency Name		Agency Report Number (N.T.A.'s only)		Multiple Clearance Indicator	
	Charge Type: <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		Enter Type <b>NONE</b>	
C O D E F	Location of Arrest (Including Name of Business) <b>4805 SAWGRASS BREEZE DR.</b>				Location of Offense (Business Name, Address) <b>4805 SAWGRASS BREEZE DR, PALM BEACH GARDENS, FL</b>			
	Date of Arrest <b>04/18/2020</b>	Time of Arrest <b>21:31</b>	Booking Date <b>04/18/2020</b>	Booking Time <b>21:41</b>	Jail Date	Jail Time	Location of Vehicle	
J U V E N I L E	Name (Last, First, Middle) <b>QUINN, PETER D</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White 1 - American Indian R - Black Q - Oriental/Asian		Sex <b>M</b>	Date of Birth <b>06/01/1965</b>	Height <b>5'11</b>	Weight <b>190</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>
C H A R G E	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>4805 SAWGRASS BREEZE DR, PALM BEACH GARDENS, FL 33410</b>				Phone <b>(561) 634-0646</b>			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>4805 SAWGRASS BREEZE DR, PALM BEACH GARDENS, FL 33410</b>				Phone <b>(561) 634-0646</b>			
I N T A K E	DVL Number, State <b>Q500664652010 / FL</b>		INS Number		Place of Birth (City, State) <b>OTTOWA, Canada</b>		Citizenship <b>US</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	
N O T I C E T O A P P E A R	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	
	Name (Last, First, Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone		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.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
C H A R G E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	I. Smuggle D. Deliver E. Use	K. Distribute/ 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. Synthetic	U. Unknown Z. Other			
C H A R G E	Charge Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>		Amount / Unit		Offense #		Counts	
	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		State Violation Number <b>784.03(1)(A)(1)</b>		Violation of ORD #	
C H A R G E	Charge Description		Amount / Unit		Offense #		Counts	
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		State Violation Number		Violation of ORD #	
C H A R G E	Charge Description		Amount / Unit		Offense #		Counts	
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		State Violation Number		Violation of ORD #	
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"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To		
Transported By		Date Transported		Time Transported		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)		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		No Photo Available		
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Access <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>ZUCCARELLI, M.</b>		I.D. # <b>518</b>		(PRINT)		
Issued To <b>WARREN</b>		I.D. # <b>463</b>		Agency <b>PBGPD</b>		PAGE <b>1 of 1</b>		

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P.L.O.S.  DEFENDANT

SCANNED  
APR 19 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>04/18/2020 21:58</b>	Agency Name <b>PALM BEACH GARDENS POLICE</b>	Agency Report Number <b>7   8   20-002083</b>
	Agency ORI Number <b>FL 0502600</b>		

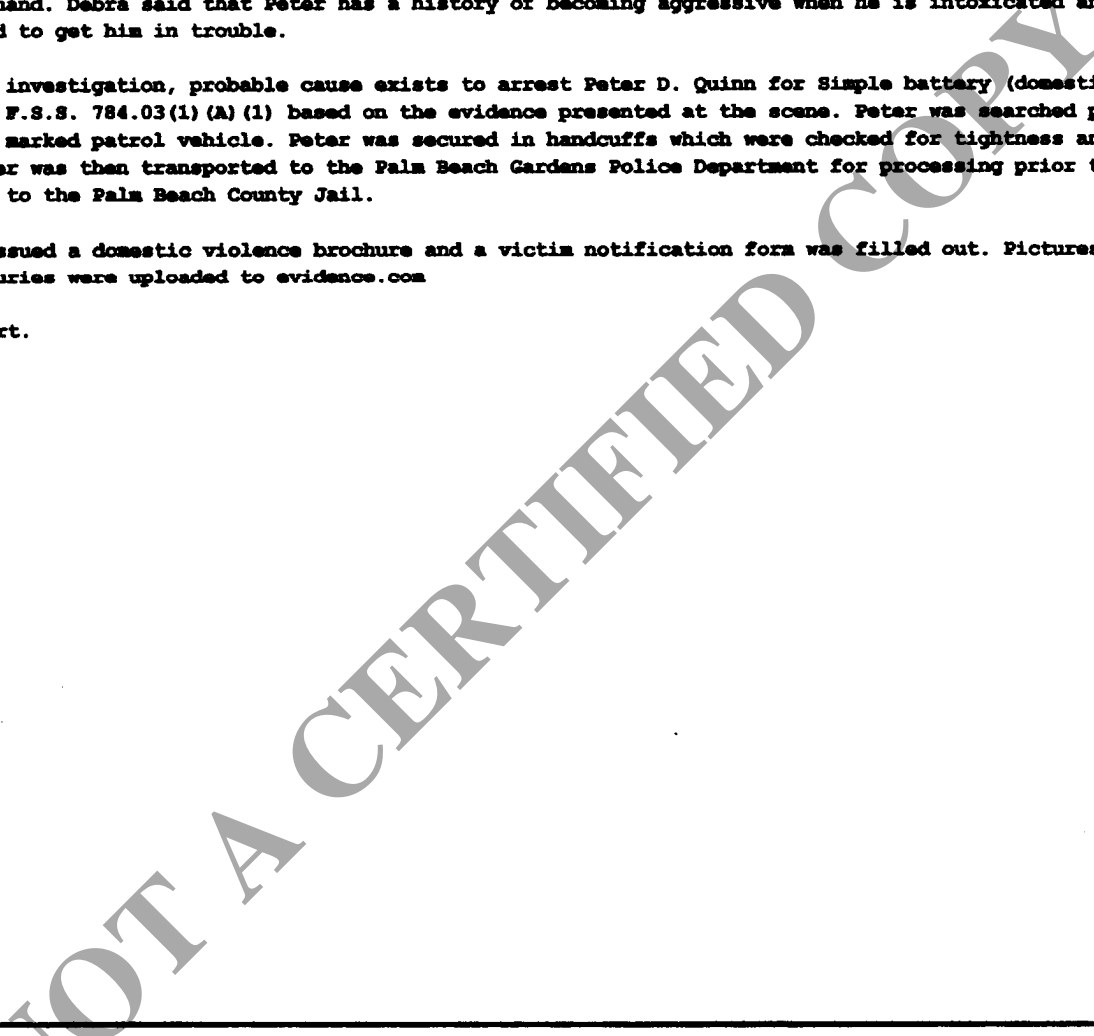
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I then spoke with the caller, Debra R. Quinn (w/f 10/07/67), who told me that she got into an argument with her husband, Peter, and that he smacked the phone out of her hand. I swore Debra in on my SWC. Debra also told me that Peter grabbed her face and pushed her against the wall. Debra has a laceration on her right arm (tricep) and had a red mark on her neck; Debra declined medical assistance. I observed that Peter had a small laceration on his right middle finger that appeared to be new. Police Officer Warren #463 read Peter his constitutional warnings from a card he keeps on his person. Post Miranda, Peter agreed to speak with us. Peter said that he got into an argument with his wife and that when she started to record him, he smacked the phone out of her hand. Debra said that Peter has a history of becoming aggressive when he is intoxicated and she never wanted to get him in trouble.

Based on my investigation, probable cause exists to arrest Peter D. Quinn for Simple battery (domestic) contrary to F.S.S. 784.03(1) (A) (1) based on the evidence presented at the scene. Peter was searched prior to entering my marked patrol vehicle. Peter was secured in handcuffs which were checked for tightness and double locked. Peter was then transported to the Palm Beach Gardens Police Department for processing prior to being transported to the Palm Beach County Jail.

Debra was issued a domestic violence brochure and a victim notification form was filled out. Pictures of Debra's injuries were uploaded to evidence.com

End of report.



STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, Jeneve K Labossiere 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 18 day of April, 2020.

  
**LABOSIERE, JENEVE K**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
APR 19 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>04/18/2020 21:58</b>		Agency Report Number <b>7   8   20-002083</b>			
	Agency ORI Number <b>FL 0502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>			
D E P R T	Name (Last, First, Middle) <b>QUINN, DEBRA R</b>			Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/07/1967</b>
	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>					
V I C T I M	Victim's Name (Last, First, Middle) <b>QUINN, DEBRA R</b>			Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/07/1967</b>
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>4805 SAWGRASS BREEZE DR, PALM BEACH GARDENS, FL 33410</b>			Phone <b>(561) 634-0384</b>		Address Source
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation
	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>DISTRESSED</b>					
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>						
VICTIMS STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>						
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>MARRIED</b>						
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>			
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: DEBRA QUINN		
	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 checked="" type="checkbox"/>	<input type="checkbox"/>				
N A R R O N On 04/18/2020 at approximately 2055 hours, I responded to 4805 Sawgrass Breeze Dr. Palm Beach Gardens, Florida 33410 in reference to a domestic disturbance. On arrival, I activated my body worn camera (BWC) and made contact with Peter D. Quinn (w/m 06/01/65) who was sitting outside on his driveway; Quinn appeared to be intoxicated.						
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>Zucarelli</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>18</u> day of <u>April</u> , <u>2020</u> .						
LABOSIERE, JENEVE K #357 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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**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)
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 20002083 Agency: PBG PD  
 Offense: 38/31  
 Suspect/Offender: Peter Quinn  
 D.O.B. 6/1/65 Race: W Sex: M

2. Warrant #(s): \_\_\_\_\_

3. Complete one (1) of the following:

a. Victim's name: Debra Quinn  
 Address: 4505 SAN ANTONIO BLVD  
 City: PBG State: FL Zip: 33410  
 Home #: 5614340321 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: \_\_\_\_\_

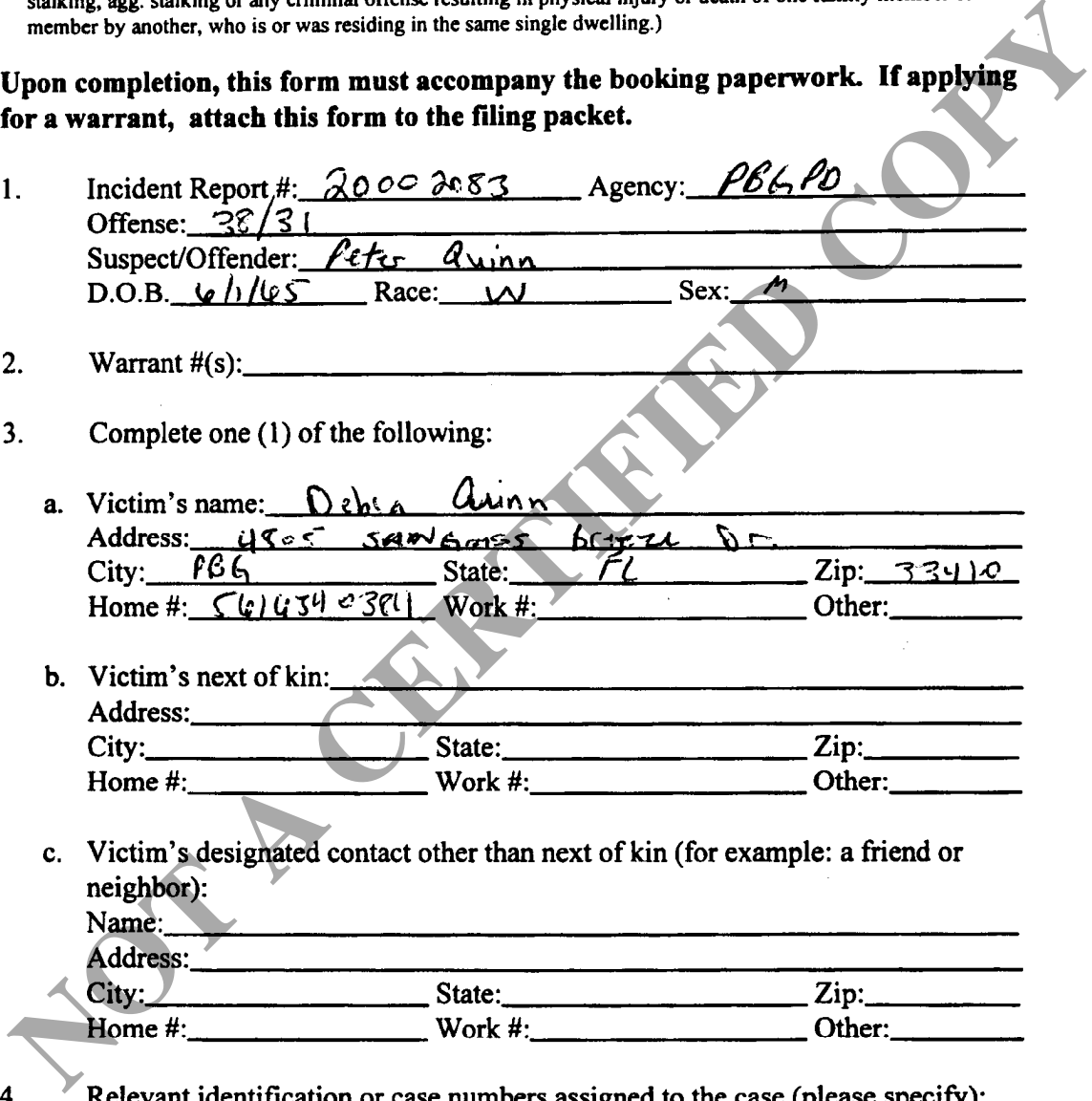
4. Relevant identification or case numbers assigned to the case (please specify):  
 \_\_\_\_\_

**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 : S. Warren I.D.: 463 Date: 4/19/20

SUSPECT/OFFENDER: Peter Quinn  
 COURT CASE/WARRANT #: \_\_\_\_\_  
 (FOR WARRANTS USE ONLY)



SCANNED



# 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: 2020010825	Date: 04/19/2020
	Specialist Name/ID: AM/31562