

20mm4118AMB

#0514518

VET COURT EX NAVY

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.A. 4. Request For Copies		1		N	
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		20-069514			
Charge Type Check as many as apply 1 Felony <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other <input type="checkbox"/>		Weapon Seized		Etiol Type		Multiple Clearance Indicator		01	
Location of Arrest (Including Name of Business) 19800 SANDPOINTE BAY DR 602		TEQUESTA FL 33469		Location of Offense (Including Name of Business) SAME		SAME			
Date of Arrest May 18, 2020		Time of Arrest 1100		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle) PYELL RICHARD		Alias (Name, DOB, Soc. Sec. # Etc.)							
Race W M		Sex M		Date of Birth 02/04/1952		Height 5'11"		Weight 200	
Eye Color BRN		Hair Color GRY		Complexion MED		Build MED			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE OBSERVED		Marital Status N		Religion N		Indicator of Alcohol/Drugs 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100 <input type="checkbox"/>			
Local Address (Street, Apt. Number) 19800 SANDPOINTE BAY DR 602		City TEQUESTA		State FL		Zip 33469		Phone UNK	
Permanent Address (Street, Apt. Number) SAME AS ABOVE		City		State		Zip		Address Source PALMS	
Business Address (Street, Apt. Number)		City		State		Zip		Occupation RETIRED	
DIL Number, State P400751520440, FL		Social Security Number		INS Number		Place of Birth ALMA, NEBRASKA		Citizenship U.S.	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1 Arrest <input type="checkbox"/> 2 M Large <input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1 Arrest <input type="checkbox"/> 2 M Large <input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile <input type="checkbox"/>	
Parent / Legal Guardian / Other Name (Last, First, Middle)		Address (Street, Apt. No.)		City		State		Zip	
Notified By (Name)		Date		Time		Juvenile Disposition 1. Handed Professional with Dept. and Released 2 TOT HRS/DYS 3 Incarcerated			
Released To (Name)		Relationship		Date		Time			
The above address was provided by <input type="checkbox"/> defendant or <input type="checkbox"/> defendant's parents. The child and/or parents are told to keep the Juvenile Court Clerk's Office (Phone 561 355 2528) informed of any address change. <input type="checkbox"/> Yes by (Name) <input type="checkbox"/> No (Please)		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		Drug Type S Size B Buy T Traffic		Amount/Unit NA		Offense # 20-069514		Warrant/Copies Number	
Charge Description SIMPLE BATTERY (DOMESTIC)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(A)(1)		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Copies Number	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Copies Number	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Copies Number	
Location (Court, Address, Room Number) TO BE SET									
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>									
I AGREE TO APPEAR AT THE ABOVE 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 CONTENT 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			Name Verification (Printed by Arrestee)				
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S M. LUBINSKI			ID # 8235			(PRINT)	
Intake Deputy ID # 139		Transporting Officer DA SANE			ID #			Agency	
Witness here if subject signed with an "X"								Page 1 of 1	

LOUBINSKI 8235

MAY 19 AM 6:1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>20-069514</b>		
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		Special Notes						
Defendant Name (Last, First, Middle) <b>PYELL RICHARD</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/04/1952</b>				
Charge <b>SIMPLE BATTERY</b>		Charge						
Victim Name (Last, First, Middle) <b>McAULIFFE MOIRA</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/17/63</b>				
Local Address (Street, Apt. Number) <b>19800 SANDPOINTE BAY DR 602</b>		City <b>TEQUESTA</b>	State <b>FL</b>	Zip <b>33469</b>	Phone <b>561-714-3228</b>	Address Source <b>PALMS</b>		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation <b>NONE</b>		
<p>The undersign 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.</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <b>18TH</b> day of <b>MAY</b> 20 <b>20</b> at <b>1100</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>								

Upon my arrival I met with the complainant/witness W/F Pamela Davis. Davis stated that while at the Sandpointe Bay community pool area she observed her neighbors, W/F Moira McAuliffe and Richard Pyell, arguing. Richard and Moira are dating and reside together in unit #602. Davis lives next door in unit #603. Davis further explained that Moira and Richard were arguing over money issues when in a fit of rage Richard physically attacked Moira. Richard placed both of his hands around Moira's neck and shoved her, but she was able to maintain her balance and not fall. Davis also stated that Richard has been physical in the past and he has a drinking problem and anger management issues. Davis completed a sworn written statement, which was later placed into evidence.

I later met with Moira, who was back in her 6th floor apartment. Moira had bruising to her right arm, left forearm, and left wrist. Moira, who was crying and upset, refused EMS. Moira provided me with a sworn written statement, which stated the following: While at the pool area approximately an hour ago (1100 hours) Richard got furious and chased me around the pool. Richard put his hands on my neck. I was able to get away and return to my apartment. Moira also stated that she was able to breath during the altercation and at no time was her airway restricted. Moira believes Richard is an alcoholic and need anger management classes. DART deputy J. McCann #3485 took four photographs of Moira's injuries. The photos were later downloaded to the domestic violence website.

I later met with Richard in the apartment. Richard had no injuries. Richard was unsteady on his feet, reeked of alcohol, had blood shot glossy eyes, slurred speech, and appeared highly intoxicated. Richard spontaneously uttered "I touched her shoulders." Richard stated Moira never battered him when I asked him. Richard did not have a lawful reason for placing his hands on Moira.

It should be noted I was approached by other witnesses in the Sandpointe parking lot who witnessed the incident at the pool. The other witnesses collaborated Davis' and Moira's previous statement given to me. The other witnesses did not "want to get involved" or complete a sworn written statement.

After conducting my investigation and speaking with both parties involved, I determined that Richard Pyell is the primary aggressor and did in fact strike the victim, Moira McAuliffe, against her will, which is a violation of F.S.S. 784.03. (1) a 1. Richard was transported to the county jail for booking and processing. This case is cleared by arrest.

The foregoing instrument was sworn to and affirmed before me this <b>18th</b> day of <b>May</b> 20 <b>2020</b> by:	
<b>D/S J. McCann 3485</b>	<b>D/S M. LUBINSKI 8235</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting / Investigating Officer
<i>J. McCann</i>	<i>M. Lubinski</i>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting / Investigating Officer
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**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)(f)	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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020012935	Date: 05/19/2020
	Specialist Name/ID: AM/31562