

21MM2454 MB

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 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 21-004237	
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		If Weapon Seized Enter Type Hands/fist/feet/teeth	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) 1045 E ATLANTIC AVE DB FL 33483			Location of Offense (Business Name, Address) 1045 E ATLANTIC AVE, DELRAY BEACH, FL 33483			
Date of Arrest 04/03/2021	Time of Arrest 03:08	Booking Date 04/03/2021	Booking Time 03:18	Jail Date // : : :	Jail Time	Location of Vehicle
Name (Last, First, Middle) DEC, STACILYN A			Alias: DEC, STACILYN A			
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 08/17/1994	Height 5'03	Weight 130	Eye Color BLUE	Hair Color RED OR
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status M	Religion Not indicated	Complexion OLIVE	
Local Address (Street, Apt. Number) 5139 PINE GROVE DR, WEST PALM, FL 33417			(City)	(State)	(Zip)	Phone (561) 302-0127
Permanent Address (Street, Apt. Number) 5139 PINE GROVE DR, WEST PALM, FL 33417			(City)	(State)	(Zip)	Phone (561) 302-0127
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone
D/L Number, State			INS Number		Place of Birth (City, State) TOMS RIVER, NJ	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)			Residence Phone
Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone
Notified by: (Name)			Relationship	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:			Priority Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drug Activity N. N/A P. Possess			S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate
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. Unknowns Z. Other
Charge Description SIMPLE BATTERY (TOUCH OR STRIKE)			Statute Violation Number 784.03(1A1)			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input checked="" 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"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail	
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) South County 200 W Atlantic Ave Delray Beach, FL 33444			
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) [Signature]			
Signature of Arresting Officer [Signature]			Name of Arresting Officer (Print) MASI, ANTHONY T		I.D.# 1134	
Intake Deputy [Signature]			Transporting Officer MASI		I.D.# Agency 1134 DBPD	
Name Verification (Printed by Arrestee) [Signature]			Name Verification (Printed by Arrestee) [Signature]		Name Verification (Printed by Arrestee) [Signature]	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Rearest Arrest <input type="checkbox"/> Other		PAGE 1 OF 1	
Witness here if subject signed with an "X".						

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

J# 0522413 APR 04 2021 #1120

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/03/2021 03:39		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 21-004237	
	Name (Last, First, Middle) DEC, STACILYN A						Race W	Sex F
C H A R G E S	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) CZARNECKI, EMILEE M						Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 790 MAPLE CREST RD, TOMS RIVER, NJ				Phone (848) 210-5810		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): REDNESS			
VICTIM'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>				
RELATIONSHIP BETWEEN VICTIM & SUSPECT COUSINS								
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:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>				
	911 CALL:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CALLER: STACILYN			
	WEAPON USED:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TYPE: HANDS			
	WITNESSES:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	(If YES, attach witness list)			
	INJURIES:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>				
	MEDICAL TREATMENT:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>				
	AT: Scene:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	PARAMEDICS:			
	Hospital:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S):		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	NAMES/AGES: EMILEE CZARNECKI			
H. R. S. NOTIFIED:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>					
VICTIM PREGNANT:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>					
VIOLATION OF RESTRAINING ORDER:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	CASE #:				
PRIOR HISTORY OF DOMESTIC VIOLENCE:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>					
ALCOHOL OR DRUGS INVOLVED:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>					
N A R R	The following incident occurred in the City of Delray Beach, Palm Beach County FL.							
	On 04/03/2021 I responded to Delray Hideaway at 1045 E Atlantic Ave for a domestic battery. I met with witness Michelle Dillon who sated her daughter, Stacilyn Dec, had attacked Dec's cousin, Emilee Czarnecki. Dillon							
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>3</u> day of <u>April</u> , <u>2021</u> . KELLY, CASEY S NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

CERTIFIED COPY

APR 04 2021

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 04/03/2021 03:39	
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT
	Agency Report Number 4 0 21-004237	

stated in the back parking lot she observed Dec holding Emilee down. I then spoke with Lisa Czarnecki, Emilee's mother who stated that Emilee had walked out back after an argument with her, and that Dec went to look for her. Lisa then stated that Dec had held down Emilee in the parking lot. I spoke with victim, Emilee Czarnecki, next and she stated that she had argued with her mom, Lisa, and that she walked out to the parking lot to get away. Emilee then said that Dec had jumped on her and put her arm around her neck and then hit her. Lastly, I spoke with Dec who stated that Emilee had ran away outside and that she took her down to just hold her and that she did not harm her at all. I did observe a redness around Emilee's upper chest and neck area.

Based on the above stated facts, there is probable cause to charge the defendant, Stacilyn Dec, with simple battery pursuant to FSS 784.03(1A1).

NOT A CERTIFIED COPY


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 3 day of April, 2021.

KELLY, CASEY J 

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.16)

APR 04 2021

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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

1. Incident Report #: 21004237 Agency: Delray Beach
 Offense: Simple Battery
 Suspect/Offender: Justin Dec
 D.O.B. 8/17/94 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Em. Pe Garnecki
 Address: 790 Maple Crest Rd
 City: Toms River State: NJ Zip: _____
 Home #: 878-210-5810 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: Masi I.D.: 1134 Date: 4/3/21

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)

APR 04 2021



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: 2021008010	Date: 4/4/21
	Specialist Name/ID: A. Pinkney/7796