

Marsy's Law invoked - CVI present

# ARREST / NOTICE TO APPEAR

O Out View  
S Surrender  
J Release on Warrant  
T Taken into Custody

JUVENILE

|                                                                    |                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                                                                                                                    |                                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| AD<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N     | OBTS Number                                                                                                                                                                                                                                                                                                     | Agency ORI Number<br><b>0500800</b>                                                              | Agency Name<br><b>West Palm Beach Police Department</b>                                                                                                                                                            | Agency Report Number (N.T.A.'s only)<br><b>9, 4   2022-0006674</b>                                |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                          | Charge Type:<br>Check as many<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                   | Location of Arrest (Including Name of Business)<br><b>600-BLK OKEECHOBEE BLVD, WPB, FL 33401</b> |                                                                                                                                                                                                                    | Location of Offense (Business Name, Address)<br><b>400 BANYAN BLVD, WEST PALM BEACH, FL 33401</b> |
|                                                                    | Date of Arrest<br><b>05/18/2022</b>                                                                                                                                                                                                                                                                             | Time of Arrest<br><b>18:35</b>                                                                   | Booking Date<br><b>05/18/2022</b>                                                                                                                                                                                  | Booking Time<br><b>18:45</b>                                                                      |
|                                                                    | Name (Last, First, Middle)<br><b>GIAMATT, CHRISTOPHER VINCENT</b>                                                                                                                                                                                                                                               |                                                                                                  | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                               |                                                                                                   |
|                                                                    | Race<br>W - White<br>B - Black<br>A - Asian<br>W<br>M<br>Date of Birth<br><b>06/24/2001</b>                                                                                                                                                                                                                     |                                                                                                  | Height<br><b>6'00</b>                                                                                                                                                                                              | Weight<br><b>170</b>                                                                              |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                               | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>TATT RIGH ARM / SLEEVE</b>                                                                                                                                                                                                  |                                                                                                  | Marital Status<br><b>S</b>                                                                                                                                                                                         | Religion<br><b>CHRISTIAN</b>                                                                      |
|                                                                    | Local Address (Street, Apt. Number)<br><b>233 PARK RD N, WEST PALM BEACH, FL 33411</b>                                                                                                                                                                                                                          |                                                                                                  | Home Phone<br><b>(561) 512-7268</b>                                                                                                                                                                                | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br><b>1</b>              |
|                                                                    | Permanent Address (Street, Apt. Number)<br><b>233 PARK RD N, WEST PALM BEACH, FL 33411</b>                                                                                                                                                                                                                      |                                                                                                  | Mobile Phone                                                                                                                                                                                                       | Address Source<br><b>DL</b>                                                                       |
|                                                                    | Business Address (Name, Street)<br><b>CLEMATIS SOCIAL, 219 CLEMATIS ST</b>                                                                                                                                                                                                                                      |                                                                                                  | Work Phone                                                                                                                                                                                                         | Occupation<br><b>Doorman</b>                                                                      |
| C<br>O<br>D<br>E<br>F                                              | D/L Number, State<br><b>G530118012241 / FL</b>                                                                                                                                                                                                                                                                  | Soc. Sec. Number                                                                                 | D/S Number                                                                                                                                                                                                         | Place of Birth (City, State)<br><b>WEST PALM BEACH, US</b>                                        |
|                                                                    | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         | Race                                                                                             | Sex                                                                                                                                                                                                                | Date of Birth                                                                                     |
|                                                                    | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         | Race                                                                                             | Sex                                                                                                                                                                                                                | Date of Birth                                                                                     |
|                                                                    | Name (Last, First, Middle)                                                                                                                                                                                                                                                                                      |                                                                                                  | Residence Phone                                                                                                                                                                                                    |                                                                                                   |
| C<br>H<br>A<br>R<br>G<br>E                                         | Address (Street, Apt. Number)<br>(City) (State) (Zip)                                                                                                                                                                                                                                                           |                                                                                                  | Business Phone                                                                                                                                                                                                     |                                                                                                   |
|                                                                    | Notified by: (Name)                                                                                                                                                                                                                                                                                             |                                                                                                  | Date                                                                                                                                                                                                               | Time                                                                                              |
|                                                                    | Released To: (Name)                                                                                                                                                                                                                                                                                             |                                                                                                  | Relationship                                                                                                                                                                                                       | Date                                                                                              |
|                                                                    | The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.                                                  |                                                                                                  | School Attended                                                                                                                                                                                                    | Grade                                                                                             |
| I<br>N<br>T<br>A<br>K<br>E                                         | Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                          |                                                                                                  | Description of Property                                                                                                                                                                                            |                                                                                                   |
|                                                                    | Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                           |                                                                                                  | Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                                              |                                                                                                   |
|                                                                    | S. Sell<br>B. Buy<br>T. Traffic                                                                                                                                                                                                                                                                                 |                                                                                                  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                                                                                                                          |                                                                                                   |
|                                                                    | R. Seizure<br>D. Deliver<br>E. Use                                                                                                                                                                                                                                                                              |                                                                                                  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                                                                                                                                                                 |                                                                                                   |
| N<br>O<br>T<br>I<br>C<br>E                                         | Charge Description<br><b>BATTERY - LICENSED SECURITY OFFICER</b>                                                                                                                                                                                                                                                |                                                                                                  | Statute Violation Number<br><b>784.07(2B)</b>                                                                                                                                                                      | Violation of ORD #                                                                                |
|                                                                    | Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                       | Drug Type<br><b>N</b>                                                                            | Amount / Unit                                                                                                                                                                                                      | Offense #                                                                                         |
|                                                                    | Courts                                                                                                                                                                                                                                                                                                          | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N            | Warrant / Capias Number                                                                                                                                                                                            | Bond<br><b>3,000</b>                                                                              |
|                                                                    | Charge Description                                                                                                                                                                                                                                                                                              |                                                                                                  | Statute Violation Number                                                                                                                                                                                           | Violation of ORD #                                                                                |
| T<br>O<br>A<br>P<br>P<br>E<br>A<br>R                               | Drug Activity                                                                                                                                                                                                                                                                                                   | Drug Type                                                                                        | Amount / Unit                                                                                                                                                                                                      | Offense #                                                                                         |
|                                                                    | Courts                                                                                                                                                                                                                                                                                                          | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N            | Warrant / Capias Number                                                                                                                                                                                            | Bond                                                                                              |
|                                                                    | Health / Apparent Physical Condition of Defendant                                                                                                                                                                                                                                                               |                                                                                                  | Any knowledge of the following:<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries |                                                                                                   |
|                                                                    | Check which applies:<br><input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail                                                                                                                                                 |                                                                                                  | PROPERTY - Received By                                                                                                                                                                                             |                                                                                                   |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N | Transported By                                                                                                                                                                                                                                                                                                  |                                                                                                  | Date Transported                                                                                                                                                                                                   | Time Transported                                                                                  |
|                                                                    | INSTRUCTION NO. 1 - Mandatory appearance in court<br><input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.                                                                                                                       |                                                                                                  | Location (Court, Room)                                                                                                                                                                                             |                                                                                                   |
|                                                                    | 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. |                                                                                                  | Court Date and Time                                                                                                                                                                                                |                                                                                                   |
|                                                                    | Signature of Defendant (or Juvenile and Parent/Custodian)                                                                                                                                                                                                                                                       |                                                                                                  | Date Signed                                                                                                                                                                                                        |                                                                                                   |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N | I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE.<br>I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY<br>AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.                                                |                                                                                                  | (561) 512-7268                                                                                                                                                                                                     |                                                                                                   |
|                                                                    | HOLD for Other Agency                                                                                                                                                                                                                                                                                           |                                                                                                  | Name Verification (Printed by Arrestee)                                                                                                                                                                            |                                                                                                   |
|                                                                    | Signature of Arresting Officer<br><b>FORGIONE, ANTHONY</b>                                                                                                                                                                                                                                                      |                                                                                                  | I.D. #<br><b>02221</b>                                                                                                                                                                                             |                                                                                                   |
|                                                                    | Transporting Officer<br><b>A. FORGIONE</b>                                                                                                                                                                                                                                                                      |                                                                                                  | I.D. #<br><b>2221</b>                                                                                                                                                                                              |                                                                                                   |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N | Name of Arresting Officer (Print)<br><b>FORGIONE, ANTHONY</b>                                                                                                                                                                                                                                                   |                                                                                                  | I.D. #<br><b>02221</b>                                                                                                                                                                                             |                                                                                                   |
|                                                                    | Agency<br><b>WPBPD</b>                                                                                                                                                                                                                                                                                          |                                                                                                  | Date<br><b>MAY 18 PM 9:20</b>                                                                                                                                                                                      |                                                                                                   |
|                                                                    | Witness here if subject signed with an "X".                                                                                                                                                                                                                                                                     |                                                                                                  | PAGE<br><b>1 OF 1</b>                                                                                                                                                                                              |                                                                                                   |
|                                                                    | Signature of Defendant (or Juvenile and Parent/Custodian)                                                                                                                                                                                                                                                       |                                                                                                  | Date Signed                                                                                                                                                                                                        |                                                                                                   |

SCANNED  
MAY 19 2022

| OBT Number     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PROBABLE CAUSE AFFIDAVIT |                                                         | 1. Arrest<br>2. N.T.A. |                                                     | 3. Request for Warrant<br>4. Request for Copies                                                                                             |                 | T                                  | JUVENILE |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------|------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------|----------|
| ADMINISTRATIVE | Agency ORI Number<br><b>FL FL0500800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Agency Name<br><b>WEST PALM BEACH POLICE DEPARTMENT</b> |                        | Agency Report Number<br><b>9   4   2022-0006674</b> |                                                                                                                                             |                 |                                    |          |
|                | Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br>Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                         |                        |                                                     | Special Notes:                                                                                                                              |                 |                                    |          |
| DEFENSE        | Name (Last, First, Middle)<br><b>GIAMATT, CHRISTOPHER VINCENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                         |                        |                                                     | Race<br><b>W</b>                                                                                                                            | Sex<br><b>M</b> | Date of Birth<br><b>06/24/2001</b> |          |
|                | Charge Description<br><b>784.07(2B)   SECURITY BATTERY - LICENSED SECURITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                         |                        |                                                     | Charge Description                                                                                                                          |                 |                                    |          |
| CHARGES        | Charge Description<br><b>784.07(2B)   SECURITY BATTERY - LICENSED SECURITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                         |                        |                                                     | Charge Description                                                                                                                          |                 |                                    |          |
|                | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                         |                        |                                                     | Charge Description                                                                                                                          |                 |                                    |          |
| VICTIM         | Victim's Name (Last, First, Middle)<br><b>PIERRE, EMILE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                         |                        |                                                     | Race<br><b>B</b>                                                                                                                            | Sex<br><b>M</b> | Date of Birth<br><b>5/21/1983</b>  |          |
|                | Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>2308 TIMBER FOREST DR WPB, FL 33415</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                         |                        |                                                     | Phone<br><b>561-877-2088</b>                                                                                                                |                 | Address Source                     |          |
| PROBABLE CAUSE | Business Address (Name, Street) (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                         |                        |                                                     | Phone                                                                                                                                       |                 | Occupation                         |          |
|                | <p>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.</p> <p>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 my (described) investigation.</p> <p>On the <u>9</u> day of <u>May</u>, <u>2022</u> at <u>16:57</u> (Specifically include facts constituting cause for arrest.)</p> <p>On Sunday, May 8, 2022, I responded to the 200 block of Banyan Blvd to investigate a battery that occurred earlier this morning. Upon arrival, I met with the victim identified as Emile Pierre [B/M 05/21/1983] who reported he was involved in an altercation inside the City Center garage at approximately 4:15 AM this morning [05/08/2022].</p> <p>Pierre reported he is employed by Cameron J. Ellis Security [CJE Security] which is contracted by the City of West Palm Beach to provide security to the city's parking garages. During today's investigation, Pierre reported he was working in capacity as a security officer at the City Center Garage located at 400 Banyan Blvd. Pierre advised he was working the entrance/exit gate on the S Dixie side of the garage. At approximately 4:10 AM, Pierre noticed a subject who was previously trespassed from the downtown parking garages stemming from an earlier incident in April of 2022.</p> <p>This subject walked into the garage where Pierre was stationed to retrieve his vehicle. As the he walked past Pierre, Pierre told him he was trespassed from the parking garages and was not allowed on the property. The subject responded by raising his middle finger towards Pierre indicating "Fuck You" and kept walking past Pierre.</p> <p>Approximately five minutes later the subject attempted to drive out of the garage where Pierre was stationed. Pierre reminded the subject he was not allowed inside the garage and he could not return. The subject exited his vehicle and began a verbal argument with Pierre. He then enters his vehicle and continues yelling at Pierre with his car door open. Pierre opens the gate in order for the subject to leave. Once the gate opens, the suspect spat on Pierre's face with the saliva landing on this lower, right bottom lip and spit from the suspect also showered the right side of his cheek. Pierre also advised some of the spit landed in his mouth.</p> |                          |                                                         |                        |                                                     |                                                                                                                                             |                 |                                    |          |
| ADMINISTRATIVE | SWORN AND SUBSCRIBED BEFORE ME<br><b>TORRES, PAMELA</b><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)<br><u>05/09/2022</u><br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                         |                        |                                                     | SIGNATURE OF REPORTING / INVESTIGATING OFFICER<br><b>TREU, BRENT (01975)</b><br>NAME OF OFFICER (PLEASE PRINT)<br><u>05/09/2022</u><br>DATE |                 |                                    |          |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                         |                        |                                                     | PAGE<br><b>1 OF 2</b>                                                                                                                       |                 |                                    |          |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS 9 2022 P.I.O.

 SCANNED  
 MAY 9 2022

| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT |  | 1. Arrest<br>2. N.T.A. |  | 3. Request for Warrant<br>4. Request for Copies |  | T        | JUVENILE |                   |  |
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| Agency ORI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Agency Name                              | Agency Report Number                   |  |                        |  |                                                 |  |          |          |                   |  |
| <b>FL FLO500800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>WEST PALM BEACH POLICE DEPARTMENT</b> | <b>9 4 2022-0006674</b>                |  |                        |  |                                                 |  |          |          |                   |  |
| Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                                        |  | Special Notes:         |  |                                                 |  |          |          |                   |  |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                        |  | Alias                  |  | Race                                            |  | Sex      |          | Date of Birth     |  |
| <b>GIAMATT, CHRISTOPHER VINCENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                        |  |                        |  | <b>W</b>                                        |  | <b>M</b> |          | <b>06/24/2001</b> |  |
| <p>I spoke with JCE Security Supervisor James Brunache [B/M 09/01/1982.] Brunache was able to obtain video footage of this event from the security cameras of the parking garage. Due to the placement of the camera, Pierre is just out of view. However, the video shows the suspect inside his vehicle with the door open. There is clear view of this person spitting in the direction where Pierre is standing. The subject then drives out of the garage at a high rate of speed.</p> <p>Pierre described the subject as a young, white male with short black hair. Pierre took a photograph of the suspect standing outside of his vehicle and the vehicle itself. The tag attached to the car is IV2 3FC which is registered to a 2004 Chevrolet Impala in Royal Palm Beach Florida. The registered owner, Michael Giamatt [04/05/1960], does not match the description provided by Pierre. However, the vehicle's owner's (possible) son is Christopher Giamatt [W/M 6-24-2001]. His information was discovered after checking Michael's last name with RMS. Christopher's photograph from his driver's license matches the description of the subject provided by Pierre and looks like the person in the photograph taken by Pierre.</p> <p>Immediately after the suspect left the garage, Pierre contacted Brunache and another security guard who met with Pierre inside the garage. Approximately ten minutes later, the same subject came back to the garage with two other male subjects on foot. Pierre advised the three began yelling at him and his colleagues and wanted to fight. Once they realized Pierre was not alone, they left the garage walking south.</p> <p>Brunache followed the subjects who walked inside of Clematis Social located at 219 Clematis Street (approximately two blocks east where the garage is located). Brunache surmised the subjects worked at Clematis Social as he could see them inside drinking alcoholic beverages. The business was closed at this time. Brunache spoke with the manager of the establishment and stated one of the employees spat on one of the security guard's face. According to Pierre who was also present, the manager offered Pierre various amounts of money in an attempt to make this situation "go away". Pierre refused stating he had already called police and wanted to press charges. Pierre was offered up to \$500 but refused to take the money.</p> <p>On 5-9-2022 Officer Lopez met with the victim of the battery incident, Emile Pierre, to administer a photo lineup to Pierre in an attempt to identify the suspect who spat in his face. It should be noted Officer Lopez has no knowledge of the case nor does he have any information pertaining to who the suspect is. Upon receiving the photographic lineup, Pierre immediately identified the person in position number five as the one who spit on his face. The person in position number five is Christopher Giamatt. Based on the facts of the case and the positive identification from Pierre, probable cause exists for the arrest of Christopher Giamatt for violation of Florida State Statute: 784.07 (2B) - Battery on a licensed Security Officer.</p> |                                          |                                        |  |                        |  |                                                 |  |          |          |                   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>TORRES, PAMELA</b> <i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>05/09/2022</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p><i>[Signature]</i> 1975</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>TREU, BRENT (01975)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>05/09/2022</b></p> <p>DATE</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                        |  |                        |  |                                                 |  |          |          |                   |  |

SCANNED  
 MAY 19 2022  
 PAGE 2 OF 2  
 P.I.O.



**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) |
|--------------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>L/E Exemptions</b>                                              | <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.                                                                                                                                                                |                |
| <b>Public Info. Exemptions</b>                                     | <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),<br>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.                                            |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(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),<br>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"/>            |                                         |                                                                                                                                                                            |                |
| <b>Other</b>                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                                    | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

|                            |                                           |
|----------------------------|-------------------------------------------|
| Booking Number: 2022013022 | Date: 5/19/2022                           |
|                            | Specialist Name/ID: Chantel Daniels/30347 |

**CANNED**  
**MAY 19 2022**