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50-2022 CF-005231-AMB

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| ADVISOR                                                                                                                                                                                                                                                                                                         |  | ARREST / NOTICE TO APPEAR                                       |  | 1 Arrest<br>2 N.T.A.<br>3 Request for Warrant<br>4 Request for Capias                                                                                                                                          |  | 1 JUVENILE                                                  |  | N                                                                                                                                    |  |
| OBTS Number                                                                                                                                                                                                                                                                                                     |  | Agency ORI Number<br><b>0500700</b>                             |  | Agency Name<br><b>Riviera Beach Police Department</b>                                                                                                                                                          |  | Agency Report Number (N.T.A.'s only)<br><b>8 4 22-04585</b> |  |                                                                                                                                      |  |
| Charge Type<br>Check as many<br><input checked="" 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         |  | If Weapon Seized<br>Enter Type <b>UNARMED</b>                   |  | Multiple Clearance Indicator<br><b>1</b>                                                                                                                                                                       |  |                                                             |  |                                                                                                                                      |  |
| Location of Arrest (Including Name of Business)<br><b>6566 N MILITARY TRL</b>                                                                                                                                                                                                                                   |  |                                                                 |  | Location of Offense (Business Name, Address)<br><b>6566 N MILITARY TRL, RIVIERA BEACH, FL 33404</b>                                                                                                            |  |                                                             |  |                                                                                                                                      |  |
| Date of Arrest<br><b>07/02/2022</b>                                                                                                                                                                                                                                                                             |  | Time of Arrest<br><b>16:18</b>                                  |  | Booking Date                                                                                                                                                                                                   |  | Booking Time                                                |  | Jail Date                                                                                                                            |  |
| Jail Time                                                                                                                                                                                                                                                                                                       |  | Location of Vehicle                                             |  |                                                                                                                                                                                                                |  |                                                             |  |                                                                                                                                      |  |
| Name (Last, First, Middle)<br><b>PETERSON, DARRLY TODD</b>                                                                                                                                                                                                                                                      |  |                                                                 |  | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                           |  |                                                             |  |                                                                                                                                      |  |
| Race<br>W - White<br>B - Black<br>O - Oriental/Asian<br><b>W</b>                                                                                                                                                                                                                                                |  |                                                                 |  | Sex<br><b>M</b>                                                                                                                                                                                                |  | Date of Birth<br><b>05/09/1973</b>                          |  | Height<br><b>5'11</b>                                                                                                                |  |
| Weight<br><b>220</b>                                                                                                                                                                                                                                                                                            |  | Eye Color<br><b>HAZEL</b>                                       |  | Hair Color<br><b>BROWN</b>                                                                                                                                                                                     |  | Complexion<br><b>LIGHT</b>                                  |  | Build<br><b>HEAVY</b>                                                                                                                |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                   |  |                                                                 |  | Mental Status<br><b>S</b>                                                                                                                                                                                      |  | Religion<br><b>CHRISTIAN</b>                                |  | Indication of Alcohol Influence<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> |  |
| Local Address (Street, Apt. Number)<br><b>4007 COCOPLUM CIR, COCONUT CREEK, FL 33063</b>                                                                                                                                                                                                                        |  |                                                                 |  | (City)<br><b>COCONUT CREEK</b>                                                                                                                                                                                 |  | (State)<br><b>FL</b>                                        |  | (Zip)<br><b>33063</b>                                                                                                                |  |
| Permanent Address (Street, Apt. Number)<br><b>4007 COCOPLUM CIR, COCONUT CREEK, FL 33063</b>                                                                                                                                                                                                                    |  |                                                                 |  | (City)<br><b>COCONUT CREEK</b>                                                                                                                                                                                 |  | (State)<br><b>FL</b>                                        |  | (Zip)<br><b>33063</b>                                                                                                                |  |
| Business Address (Name, Street)<br><b>DEFENDANT</b>                                                                                                                                                                                                                                                             |  |                                                                 |  | (City)<br><b>MIAMI DADE, FL</b>                                                                                                                                                                                |  | (State)<br><b>FL</b>                                        |  | (Zip)<br><b>33133</b>                                                                                                                |  |
| D/L Number, State<br><b>P362178731690 / FL</b>                                                                                                                                                                                                                                                                  |  | Soc. Sec. Number<br><b>[REDACTED]</b>                           |  | INS Number                                                                                                                                                                                                     |  | Place of Birth (City, State)<br><b>MIAMI DADE, FL</b>       |  | Citizenship<br><b>US</b>                                                                                                             |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |  |                                                                 |  | Race                                                                                                                                                                                                           |  | Sex                                                         |  | Date of Birth                                                                                                                        |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |  |                                                                 |  | Race                                                                                                                                                                                                           |  | Sex                                                         |  | Date of Birth                                                                                                                        |  |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other                                                                                                                                                                                                                                                  |  |                                                                 |  | Name (Last, First, Middle)                                                                                                                                                                                     |  |                                                             |  | Residence Phone                                                                                                                      |  |
| <input type="checkbox"/> Legal Custodian                                                                                                                                                                                                                                                                        |  |                                                                 |  | Address (Street, Apt. Number)                                                                                                                                                                                  |  |                                                             |  | Business Phone                                                                                                                       |  |
| Notified by (Name)                                                                                                                                                                                                                                                                                              |  |                                                                 |  | Relationship                                                                                                                                                                                                   |  |                                                             |  | Time                                                                                                                                 |  |
| Released To (Name)                                                                                                                                                                                                                                                                                              |  |                                                                 |  | Relationship                                                                                                                                                                                                   |  |                                                             |  | Time                                                                                                                                 |  |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.                                                                                                                                                                                       |  |                                                                 |  | School Attended                                                                                                                                                                                                |  |                                                             |  | Grade                                                                                                                                |  |
| The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.                                                                                                                                                                                  |  |                                                                 |  | Property, Crime?                                                                                                                                                                                               |  |                                                             |  | Description of Property                                                                                                              |  |
| <input type="checkbox"/> Yes, by <input type="checkbox"/> No                                                                                                                                                                                                                                                    |  |                                                                 |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                            |  |                                                             |  | Value of Property                                                                                                                    |  |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                           |  | S. Sell<br>B. Buy<br>T. Traffic                                 |  | R. Smuggle<br>D. Deliver<br>E. Use                                                                                                                                                                             |  | K. Disperses/<br>Distribute                                 |  | M. Manufacture/<br>Produce/<br>Cultivate                                                                                             |  |
| Z. Other                                                                                                                                                                                                                                                                                                        |  | Drug Type<br>N. N/A<br>A. Amphetamine                           |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                                                                                                                      |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv           |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic                                                                                       |  |
| U. Unknown<br>Z. Other                                                                                                                                                                                                                                                                                          |  | Charge Description<br><b>CHILD ABUSE - WITH ASSAULT/BATTERY</b> |  | Statute Violation Number<br><b>827.03(2)(C)</b>                                                                                                                                                                |  | Violation of ORD #                                          |  |                                                                                                                                      |  |
| Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type<br><b>N</b>                                           |  | Amount / Unit<br><b>/</b>                                                                                                                                                                                      |  | Offense #<br><b>22-04585</b>                                |  | Counts                                                                                                                               |  |
| Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                           |  | Warrant / Capias Number                                         |  | Bond                                                                                                                                                                                                           |  |                                                             |  |                                                                                                                                      |  |
| Charge Description                                                                                                                                                                                                                                                                                              |  | Statute Violation Number                                        |  | Violation of ORD #                                                                                                                                                                                             |  |                                                             |  |                                                                                                                                      |  |
| Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type                                                       |  | Amount / Unit                                                                                                                                                                                                  |  | Offense #                                                   |  | Counts                                                                                                                               |  |
| Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                           |  | Warrant / Capias Number                                         |  | Bond                                                                                                                                                                                                           |  |                                                             |  |                                                                                                                                      |  |
| Charge Description                                                                                                                                                                                                                                                                                              |  | Statute Violation Number                                        |  | Violation of ORD #                                                                                                                                                                                             |  |                                                             |  |                                                                                                                                      |  |
| Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type                                                       |  | Amount / Unit                                                                                                                                                                                                  |  | Offense #                                                   |  | Counts                                                                                                                               |  |
| 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 <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries |  |                                                             |  |                                                                                                                                      |  |
| Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail                                                                                                                                                     |  |                                                                 |  | PROPERTY - Received By                                                                                                                                                                                         |  |                                                             |  |                                                                                                                                      |  |
| <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health                                                                                                                                                                                                                        |  |                                                                 |  | Released By                                                                                                                                                                                                    |  |                                                             |  |                                                                                                                                      |  |
| Transported By                                                                                                                                                                                                                                                                                                  |  |                                                                 |  | Date Transported                                                                                                                                                                                               |  |                                                             |  |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                 |  |                                                                 |  | Time Transported                                                                                                                                                                                               |  |                                                             |  |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                 |  |                                                                 |  | Other                                                                                                                                                                                                          |  |                                                             |  |                                                                                                                                      |  |
| INSTRUCTION NO. 1 - Mandatory appearance in court                                                                                                                                                                                                                                                               |  |                                                                 |  | Location (Court, Room)                                                                                                                                                                                         |  |                                                             |  |                                                                                                                                      |  |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.                                                                                                                                                                               |  |                                                                 |  | Court Date and Time                                                                                                                                                                                            |  |                                                             |  |                                                                                                                                      |  |
| I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. |  |                                                                 |  | No Photo Available                                                                                                                                                                                             |  |                                                             |  |                                                                                                                                      |  |
| Signature of Defendant (or Juvenile and Parent/Custodian)                                                                                                                                                                                                                                                       |  |                                                                 |  | Date Signed                                                                                                                                                                                                    |  |                                                             |  |                                                                                                                                      |  |
| HOLD For Other Agency                                                                                                                                                                                                                                                                                           |  |                                                                 |  | Signature of Arresting Officer<br><b>[Signature]</b>                                                                                                                                                           |  |                                                             |  |                                                                                                                                      |  |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest                                                                                                                                                                                                                                     |  |                                                                 |  | Name of Arresting Officer (Print)<br><b>KEARNEY, T.</b>                                                                                                                                                        |  |                                                             |  |                                                                                                                                      |  |
| <input type="checkbox"/> Suicidal <input type="checkbox"/> Other                                                                                                                                                                                                                                                |  |                                                                 |  | I.D. #<br><b>6245</b>                                                                                                                                                                                          |  |                                                             |  |                                                                                                                                      |  |
| Intake Date                                                                                                                                                                                                                                                                                                     |  |                                                                 |  | Transporting Officer<br><b>J McFarlen</b>                                                                                                                                                                      |  |                                                             |  |                                                                                                                                      |  |
| I.D. #                                                                                                                                                                                                                                                                                                          |  |                                                                 |  | Agency<br><b>6922 RSPD</b>                                                                                                                                                                                     |  |                                                             |  |                                                                                                                                      |  |
| Pouch #                                                                                                                                                                                                                                                                                                         |  |                                                                 |  | Witness here if subject signed with an "X"                                                                                                                                                                     |  |                                                             |  |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                 |  |                                                                 |  | PAGE<br><b>1 OF 1</b>                                                                                                                                                                                          |  |                                                             |  |                                                                                                                                      |  |

| OBS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          | PROBABLE CAUSE AFFIDAVIT                                                                                                                                                                                                                                    |                                             | 1. Arrest<br>2. N.T.A. |  | 3. Request for Warrant<br>4. Request for Capias |  | 1                                  | JUVENILE | N              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------|--|-------------------------------------------------|--|------------------------------------|----------|----------------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Agency ORI Number<br><b>FL FLO500700</b> | Agency Name<br><b>Riviera Beach Police Department</b>                                                                                                                                                                                                       | Agency Report Number<br><b>8 4 22-04585</b> |                        |  |                                                 |  |                                    |          |                |
| Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          | <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)<br><b>PETERSON, DARRLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          | Alias                                                                                                                                                                                                                                                       |                                             | Race<br><b>W</b>       |  | Sex<br><b>M</b>                                 |  | Date of Birth<br><b>05/09/1973</b> |          |                |
| Charge Description<br><b>827.03(2)(c) CHILD ABUSE - WITH ASSAULT/BATTERY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          | Charge Description                                                                                                                                                                                                                                          |                                             |                        |  |                                                 |  |                                    |          |                |
| Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | Charge Description                                                                                                                                                                                                                                          |                                             |                        |  |                                                 |  |                                    |          |                |
| Victim's Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | Race<br><b>B</b>                                                                                                                                                                                                                                            |                                             | Sex<br><b>F</b>        |  | Date of Birth<br><b>01/19/2013</b>              |  |                                    |          |                |
| Local Address (Street, Apt. Number)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | (City)                                                                                                                                                                                                                                                      |                                             | (State)                |  | (Zip)                                           |  | Phone                              |          | Address Source |
| 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>2</u> day of <u>July</u>, <u>2022</u> at <u>15:57</u> (Specifically include facts constituting cause for arrest.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                             |                                             |                        |  |                                                 |  |                                    |          |                |
| <p>In the City of Riviera Beach, Palm Beach County, State of Florida:</p> <p>The following investigation was captured by Officer Kearney's and Sergeant Schneider's BWC.</p> <p>On Saturday, July 2nd, 2022; at approximately 1530 hours, I along with Sergeant Schneider, Officer Cherisma and Officer McFadden were working an off-duty detail at Rapids Waterpark at 6566 N. Military Trail. We were advised by security that an altercation had taken place in and near the Lazy River. By the time we became involved the incident had already occurred and security had addressed it.</p> <p>We were advised that two adults became angry at a group of juveniles because the juvenile repeatedly splashed water at the adults even after they were asked not to. A parent of one of the children came forward and advised it didn't end at that, but, both adults purposely threw their water rafts at the children; subsequently hitting a young girl, a young boy and the female herself.</p> <p>As a result of this information, I conducted an investigation. I spoke to [REDACTED] B/F, 01/19/13 (Victim #1 for case number 22-. She confirmed they had been splashing and having fun as well as a man and a female asked them to stop splashing. She said that as they were nearing the area to get off, when she got hit in the head with a raft. She also stated that she got hit with the handle. She said that her head hurt during the initial incident. She remembered that her mother got out of the Lazy River and speak to a female.</p> |                                          |                                                                                                                                                                                                                                                             |                                             |                        |  |                                                 |  |                                    |          |                |
| <p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>DODSON, MICHAEL W</b> <i>MW</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 117.10)</p> <p><u>7/2/22</u></p> <p>DATE</p> </div> <div style="width: 45%;"> <p><i>J#1245</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>KEARNEY, TORRENCE (6245)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>07/02/2022</u></p> <p>DATE</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                                                                                                                                                                                                                                             |                                             |                        |  |                                                 |  |                                    |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                             |                                             |                        |  |                                                 |  |                                    |          | PAGE<br>1 OF 3 |

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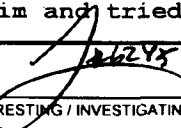
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                          |  |                                                                                                                                                                                                                                           |                                               |                 |          |                                    |
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| OOTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT                                                   |  | 1 Arrest<br>2 N.T.A.                                                                                                                                                                                                                      | 3 Request for Warrant<br>4 Request for Capias | 1               | JUVENILE | N                                  |
| Agency ORI Number<br><b>FL FL0500700</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Agency Name<br><b>Riviera Beach Police Department</b>                                    |  | Agency Report Number<br><b>8 4 22-04585</b>                                                                                                                                                                                               |                                               |                 |          |                                    |
| Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Special Notes:                                                                           |  |                                                                                                                                                                                                                                           |                                               |                 |          |                                    |
| <input checked="" type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <input type="checkbox"/> 3 Misdemeanor<br><input type="checkbox"/> 4 Traffic Misdemeanor |  | <input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other                                                                                                                                                                  |                                               |                 |          |                                    |
| Name (Last, First, Middle)<br><b>PETERSON, DARRLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                          |  | Race<br><b>W</b>                                                                                                                                                                                                                          |                                               | Sex<br><b>M</b> |          | Date of Birth<br><b>05/09/1973</b> |
| <p>I next conducted a sworn recorded statement with [REDACTED] mother; [REDACTED] B/F, 03/24/92. [REDACTED] was in the water at the time, and saw the incident. Ms. [REDACTED] said she got out of the water to speak to the man that threw the raft. She asked, "Did you throw that at the kids?" The man walked off, however, the female said, "Yes I did". This female was later confirmed to be : Hemeke, Victoria, W/F, 05/01/81. They had a verbal altercation, but, it did not turn physical. Note: The female tried to provoke a physical fight by putting up her hands as if to fight.</p> <p>I spoke to [REDACTED] B/M, 08/19/10; Victim #1 for case number 22-04588. He confirmed [REDACTED] story in reference to them having fun and splashing. He also confirmed the adult male and female told them to stop splashing and even remembered the man say, "What the fuck?". He heard the adults say that the he and [REDACTED] were being disrespectful. He confirmed he got hit in the head by a raft, however, he was not sure which person threw it at him. He said that he felt the handle portion of the raft hit his head. The raft him in the head. He did not complain of any pain.</p> <p>I conducted a sworn recorded statement with [REDACTED] mother; [REDACTED], B/F, 05/17/91. She confirmed that she was in the water with the kids. She confirmed that a prior area in the Lazy Rivier, the children told her that a man and women told them to stop splashing. She told them to just have fun and didn't think much more on it. So they all continued in the Lazy Rivier. She saw a raft being thrown but didn't know where that raft went. She then saw the female, who had complained that the children had splashed, throw her raft which then hit [REDACTED] in the head. She confirmed the handle attached to the raft is the portion that hit [REDACTED] in the head. She was heading to confront the female when she saw [REDACTED] approach the female.</p> <p>She confirmed , all the while witnessing, [REDACTED] ask both the male and female if they threw the raft. The female said, in return, "Yes, I did". She confirmed that Ms. [REDACTED] had a verbal argument with the female and then they retrieved a lifeguard to tell them the incident. She did confirm that a conversation was had with security as well.</p> <p>Sergeant Schneider conducted sworn recorded statement with, [REDACTED] B/M 09/05/63. [REDACTED] confirmed he was not in the water, but was standing near the edge of the Lazy River. He saw a white male take a raft and aggressively throw it at a young girl saw the raft hit the child's head. (confirmed to be [REDACTED]). [REDACTED] said that the action was not called for and he confronted the male as the male got out of the water. The male told him that the children had been splashing him. [REDACTED] responded that it was just water. The male got angry with him and tried to prove a</p> |  |                                                                                          |  |                                                                                                                                                                                                                                           |                                               |                 |          |                                    |
| SWORN AND SUBSCRIBED BEFORE ME<br><br><b>DODSON, MICHAEL W</b><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)<br>7/2/22<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                          |  | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><br><b>KEARNEY, TORRENCE (6245)</b><br>NAME OF OFFICER (PLEASE PRINT)<br><b>07/02/2022</b><br>DATE |                                               |                 |          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                          |  | PAGE<br>2 OF 3                                                                                                                                                                                                                            |                                               |                 |          |                                    |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                       |  |                                                 |                                               |                       |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|-------------------------------------------------|-----------------------------------------------|-----------------------|------------------------------------|
| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT                |  | 1 Arrest<br>2 N.T.A.                            | 3 Request for Warrant<br>4 Request for Capias | <b>1</b>              | JUVENILE <b>N</b>                  |
| Agency ORI Number<br><b>FL FL0500700</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Agency Name<br><b>Riviera Beach Police Department</b> |  | Agency Report Number<br><b>8   4   22-04585</b> |                                               |                       |                                    |
| Charge Type<br>Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Special Notes:                                        |  |                                                 |                                               |                       |                                    |
| Name (Last, First, Middle)<br><b>PETERSON, DARRLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                       |  | Alias                                           | Race<br><b>W</b>                              | Sex<br><b>M</b>       | Date of Birth<br><b>05/09/1973</b> |
| <p>verbal altercation with him. [REDACTED] did not partake in that and just stood there. [REDACTED] confirmed there was another witness who saw it and was also upset at the actions of the adult male.</p> <p>Sergeant Schneider made intial contact with Ms. Hemeke and Mr. Peterson. Ms. Hemeke said that she did throw her raft, however, she hadn't meant to hit anyone. She confirmed that she had been angry at the kids splashing. Sergeant Schneider asked her why she handled the situation like that and just didn't call a lifeguard. Her answer was that she , "Doesn't Kiss and Tell". Mr. Peterson did not say much. He said they were being splashing. He never said, initially, that he threw a raft as well. It was believed that she was the only one that threw a raft. When Sergeant Schneider asked Mr. Peterson if he threw a raft, he said that he did , but that he didn't mean to throw it at anyone.</p> <p>Note: Mr. Peterson did not want to provide his name. It was later discovered that Mr. Peterson is on probation for a child abuse case in Osceola County.</p> <p>Note: [REDACTED] is a victim of Child Abuse w/o Great Bodily Harm F.S.S 827.03. (under case number 22-04585).</p> <p>Note: [REDACTED] is a vicim of Simple Battery F.S.S. 784.03 (1A1)</p> |  |                                                       |  |                                                 |                                               |                       |                                    |
| NOT A CERTIFIED COPY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                       |  |                                                 |                                               |                       |                                    |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>DODSON, MICHAEL W</b> <i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>7/2/22</u></p> <p>DATE</p> </div> <div style="width: 45%;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>KEARNEY, TORRENCE (6245)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>07/02/2022</b></p> <p>DATE</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                       |  |                                                 |                                               |                       |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                       |  |                                                 |                                               | PAGE<br><b>3 OF 3</b> |                                    |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)

- **Domestic Violence** - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

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

1. Incident Report 22-04585 Agency Riviera Beach Police Department  
Offense: Chile Abuse  
Suspect/Offender: Darryl Todd Peterson  
D. O. B.: 05/09/1973 Race: White Sex: Male
2. Warrant #(s): \_\_\_\_\_
3. Complete one (1) of the following:
  - a. Victim's Name: [REDACTED]  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: [REDACTED] Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - b. [REDACTED]
  - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please \_\_\_\_\_)

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Kearney I.D. # 6245 Date: 7/2/22

SUSPECT/OFFENDER

Darryl

Todd

COURT CASE/WARRANT #

(FOR WARRANTS USE ONLY)



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

|                                                             | X                                   | Florida State Statute                   | Description                                                                                                                                                                | Page Number(s) |
|-------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| L/E Exemptions                                              | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|                                                             | <input type="checkbox"/>            | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.                                                                                                                                                      |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).                                                                                                                                             |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.                                                                                                                                                                |                |
| Public Info. Exemptions                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.                                                                                                                                                 |                |
|                                                             | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.                                                                                                                                                  |                |
|                                                             | <input type="checkbox"/>            | 395.3025(7)(a),<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.                                            |                |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <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"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                             | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

|                            |                                   |
|----------------------------|-----------------------------------|
| Booking Number: 2022016944 | Date: 7/3/2022                    |
|                            | Specialist Name/ID: M. Took #8557 |