

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant 1 JUVENILE
2 NTA 4 Request for Capias

Agency ORI Number: 0500800 Agency Name: West Palm Beach Police Department Agency Report Number (NTA's only): 9 | J | 2018-0013138
Charge Type: 1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other
Location of Arrest (Including Name of Business): 856 BLUE RIDGE CIR WPB, FL 33409 Location of Offense (Business Name, Address): 856 BLUE RIDGE CIR, WEST PALM BEACH, FL 33409
Date of Arrest: 08/08/2018 Time of Arrest: 00:35 Booking Date: 08/08/2018 Booking Time: 00:45 Jail Date: Location of Vehicle:

Name (Last, First, Middle): PIKE, ASHLEY MICHEL Alias: (None) Alias (Name, DOB, Sex, etc.): (None)
Race: W - White 1 - American Indian B - Black O - Oriental/Asian Sex: F Date of Birth: 11/28/1986 Height: 5'04 Weight: 145 Eye Color: BROWN Hair Color: BLACK Complexion: LIGHT Build: Medium
TATT UPPL BACK / PICTURE OF A STAR; TATT RIGH SHOULDER /
Local Address (Street, Apt. Number): 856 BLUE RIDGE CIR, WEST PALM BEACH, FL 33409 (City) (State) (Zip) Phone: (561) 800-7421
Permanent Address (Street, Apt. Number): 856 BLUE RIDGE CIR, WEST PALM BEACH, FL 33409 (City) (State) (Zip) Phone: (561) 800-7421
Business Address (Name, Street): (City) (State) (Zip) Phone: Address Source: SELF
DL Number, State: P200013869280 / FL Sex: [Redacted] EIN Number: Place of Birth (City, State): FT STEWART, GA. Citizenship: US

Co-Defendant Name (Last, First, Middle): (None) Race: Sex: Date of Birth: 1 Arrested 2 At Large 3 Felony 4 Misdemeanor 5 Juvenile
Co-Defendant Name (Last, First, Middle): (None) Race: Sex: Date of Birth: 1 Arrested 2 At Large 3 Felony 4 Misdemeanor 5 Juvenile
Parent / Other: (None) Name (Last, First, Middle): (None) Legal Custodian: (None) Relationship: (None) Address (Street, Apt. Number): (City) (State) (Zip) Business Phone: (None)

VICTIM NOTIFICATION REQUIRED

Notified by (Name): (None) Date: (None) Time: (None) Relationship: (None) Date: (None) Time: (None)
The above address was provided by defendant and/or defendant's parents. School Attended: (None) Grade: (None)
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 Owner? Yes No Description of Property: (None) Value of Property: (None)

Drug Activity: N N/A P Possess S Sell R. Stuggle D Deliver E Use K Depress/ Duperbuz M. Manufacture/ Produce/ Cultivate 2. Other
Drug Type: N N/A A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opioids/Drugs P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

Charge Description: BATTERY - BATTERY (SIMPLE) Statute Violation Number: 784.03(1)(A) Violation of ORD #: NONE
Drug Activity: N Drug Type: N Amount / Unit: / Offense #: / Counts: 1 Domestic Violence: Y N Warrant / Capias Number: Bond: NONE
Charge Description: (None) Statute Violation Number: (None) Violation of ORD #: (None)
Drug Activity: (None) Drug Type: (None) Amount / Unit: (None) Offense #: (None) Counts: (None) Domestic Violence: Y N Warrant / Capias Number: (None) Bond: (None)
Charge Description: (None) Statute Violation Number: (None) Violation of ORD #: (None)
Drug Activity: (None) Drug Type: (None) Amount / Unit: (None) Offense #: (None) Counts: (None) Domestic Violence: Y N Warrant / Capias Number: (None) Bond: (None)

Health / Apparent Physical Condition of Defendant: (None) Any knowledge of the following: Mental Escape Elopement Deformation Injury
Check which applies: Released O.R. Released to Parent/Guardian TOT County Jail PROPERTY - Received By: (None) Released By: (None) Released To: (None)
Transported By: (None) Date Transported: (None) Time Transported: (None) Other: (None)

INSTRUCTION NO. 1 - Mandatory appearance in court
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED
Signature of Defendant (or Juvenile and Parent/Custodian): (None) Date Signed: (None)

HOLD for Other Agency: (None) Signature of Arresting Officer: (None) Name Verification (Printed by Arrestee): (None)
Name of Arresting Officer (Print): ELLIOTT, KYLE ID #: 01851
Transporting Officer: K. ELLIOTT ID #: 1851 Agency: WPRPD
Page: 1 of 1

COURT STATE ATTORNEY AGENCIES CENTRAL RECORDS JAIL CRIME ANALYSIS P.F.O. DEFENDANT

0470422

95 AUG - 8 2018 AUG 8 AM 1:32

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 08/08/2018 00:03		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2018-0013138	
	Agency ORI Number FL 0500800					
D E F	Name (Last, First, Middle) PIKE, ASHLEY MICHEL				Race B	Sex F
	Alias				Date of Birth 11/28/1986	
C H R G E	Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)					
V I C T I M	Victim's Name (Last, First, Middle) PIERCE, WILLIAM EMMETT				Race W	Sex M
	Local Address (Street, Apt Number) (City) (State) (Zip) 856 BLUE RIDGE CIR, WEST PALM BEACH, FL 33409				Phone (561) 225-5516	
	Business Address (Name, Street) (City) (State) (Zip)				Address Source VERBAL	
					Occupation	
		Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL) INJURED	
DEFENDANT'S STATEMENTS		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
VICTIM'S STATEMENTS		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
RELATIONSHIP BETWEEN VICTIM & SUSPECT COMMON LAW						
		PHOTOGRAPHS	Scene <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
			Victim <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			911 CALL <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER WILLIAM PIERCE
		WEAPON USED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE HANDS/FEET/TEETH
		WITNESSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)
		INJURIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		MEDICAL TREATMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		AT	Scene <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS
			Hospital <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL
		ACT COMMITTED IN PRESENCE OF MINOR(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES
		H R S NOTIFIED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		VICTIM PREGNANT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		VIOLATION OF RESTRAINING ORDER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CASE #
		PRIOR HISTORY OF DOMESTIC VIOLENCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		ALCOHOL OR DRUGS INVOLVED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
A D D I T I O N A L I N F O R M A T I O N	On Tuesday August 7th, 2018 at approximately 2304 hours, while working uniform patrol in a marked unit for the City of West Palm Beach Police Department assigned as Unit 2270, I responded to 856 Blue Ridge Cir (Waterside Townhomes) in reference to a domestic battery.					
N A R R	STATE OF FLORIDA COUNTY OF PALM BEACH					
	Appeared before me, <u>X</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.					
	 SIGNATURE OF ARRESTING OFFICER					
	Sworn to and subscribed to before me this <u>8th</u> day of <u>August</u> , 2018					
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)						

CERTIFIED COPY

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

SCANNED
AUG - 8 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 08/08/2018 00:03	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE	Agency Report Number 914 2018-0013138
	N A R R A T I V E			

WPBPD dispatch advised the caller stated that his wife / child's mother attacked him and punched him in the face with a closed fist. Caller stated his face is bleeding.

Upon arrival, I activated my body worn camera (BWC) and made contact with parties involved; William Pierce (W/M dob 02/07/78) and Ashley Pike (B/F dob 11/28/86) who were sitting calmly on the front patio. I spoke to each party separately and obtained the following case facts:

Pierce and Pike have been in a relationship for 10 years but are not legally married. The couple share a child, Roman (6 yoa) in common and Pike has another child, Javier Ortiz (9 yoa) from a previous relationship. The couple currently reside together with the two children at 856 Blue Ridge Cir.

On this date (08/07/18) at approximately 2230 hours, Pierce and Pike were laying in bed. Pierce confronted Pike about her spending and an argument ensued. The argument escalated and Pike with her right hand (closed fist) struck Pierce on the left side of his face. Pike then exited the residence and called her father, Shakir Selwyn to come pick her up. Prior to Selwyn's arrival, Pike tried to re-enter the residence. At which time, Pierce refused to let her in and closed the front door on her leg. Pike then with her right hand (closed fist) struck Pierce in his mouth and entered the residence. Pierce then separated himself from Pike and called the Police for assistance. Pike then exited the residence again and waited for Selwyn to arrive.

Pierce had swelling and a small half inch (vertical) laceration to his left cheek and a small laceration on his bottom lip. Both injuries were consistent with him being struck with a closed fist. Pike had redness and slight bruising to her left leg and left arm. The injuries were consistent with her being struck with the front door. Both parties refused medical attention on scene.

Through investigation, Pike was determined to be the primary aggressor. Based on the above stated case facts probable cause exists to charge Ashley Pike with 1ct of Domestic Simple Battery pursuant to F.S.S. 784.03(1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, [Signature] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true

[Signature] #185
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8th day of August, 2018

[Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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

SCANNED
AUG - 8 2018

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

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

1. Incident Report #: 18-13138 Agency: WPBPD
 Offense: DOMESTIC SIMPLE BATTERY
 Suspect/Offender: ASHLEY PIKE
 D.O.B. 11/28/86 Race: B Sex: F

2. Warrant #(s): N/A

3. Complete one (1) of the following:

a. Victim's name: WILLIAM PIERCE
 Address: 856 BLUE RIDGE CIR
 City: WEST PALM BEACH State: FLORIDA Zip: 33409
 Home #: (561) 225-5516 Work #: _____ Other: _____

b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

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

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

Signature of person waiving notification: _____
 Printed name of person waiving notification: _____

Officer's Name : KYLE EWOM I.D.: 1951 Date: 08/07/18

SUSPECT/OFFENDER: ASHLEY PIKE
 COURT CASE/WARRANT #: N/A
 (FOR WARRANTS USE ONLY)



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018026300	Date: 08/08/2018
	Specialist Name/ID: howardt/7185

SCANNED
AUG - 8 2018