

ARREST / NOTICE TO APPEAR

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 17-001908	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)			
Date of Arrest 04/19/2017	Time of Arrest 19:24	Booking Date 04/19/2017	Booking Time 19:53	Jail Date // : :	Jail Time	Location of Vehicle
Name (Last, First, Middle) PIERCEY, DAVID ALLEN						
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black O - Oriental/Asian	Sex W	Date of Birth 04/17/1956	Height 5'11	Weight 190	Eye Color GREEN	Hair Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status M	Religion CHRISTIAN	Complexion LIGHT	Build Medium
Local Address (Street, Apt. Number) 103 SEAHORSE LN, JUPITER, FL 33477			(City) (City)	(Zip) (Zip)	Phone (561) 575-5655	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Permanent Address (Street, Apt. Number) 103 SEAHORSE LN, JUPITER, FL 33477			(City) (City)	(Zip) (Zip)	Phone (561) 575-5655	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1
Business Address (Name, Street) RETIRED,			(City) (City)	(Zip) (Zip)	Phone (561) 575-5655	Address Source VERBAL
D/I. Number, State P620161561370 / FL			Soc. Sec. Number [REDACTED]	INS Number [REDACTED]	Place of Birth (City, State) MEDFORD, MA	Citizenship US
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)			Residence Phone			
<input type="checkbox"/> Legal Custodian _____ Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____			Business Phone			
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name)			Relationship	Date	Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.			School Attended		Grade	
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
Drug Activity N. N/A P. Possess			S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate
Z. Other			Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.
P. Paraphernalia/ Equipment S. Synthetic			U. Unknown Z. Other			
Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)			Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-001908	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:			
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		Released By	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Date Transported // : :		Time Transported	
Transported By			Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 05/24/2017 08:30:00	
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)		Date Signed	
HOLD for Other Agency			Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) CONNOR, CHRISTOPHER		I.D. # 1173	
Initials DE lee 1156			Transporting Officer C. CONNOR		I.D. # 350	
Pouch #			Agency JUPITE		Witness here if signed with an "X"	

No Photo Available

SCANNED

APR 20 2017 9:55

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 04/19/2017 20:40	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 17-001908
	Agency ORI Number FL 0501700			

Upon my arrival I made contact with the [REDACTED] I observed blood on Oxsana's grey dress, and blood on a green towel she was holding up to her nose. I identified myself as Officer Connor with the Jupiter Police Department and [REDACTED] stated the following: [REDACTED] stated [REDACTED] (later identified as W/M David Piercey 4/17/56) got into a verbal altercation over politics while eating dinner. [REDACTED] stated as the verbal altercation became more heated, [REDACTED] were standing in the dining room and he used his butt to push her up against a wall, almost knocking her to the ground. Oxsana continued by stating after being pushed into the wall, she grabbed a red flower vase from the table and threw water at [REDACTED] then grabbed flowers (previously contained inside of the vase) and hit him with the flowers. [REDACTED] further advised after throwing water at [REDACTED] he cornered her in the kitchen, grabbed her by both arms, and headbutted her causing the injury to her nose.

PBFR responded to the scene and treated [REDACTED] for the nose injury.

Officer R. Kolenich and I asked David to come outside and talk via phone, and David did so. While speaking with David I noticed a fresh one and a half inch cut on the top right portion of his forehead. I asked David the investigative question, "what happened here tonight" and David stated he became upset with [REDACTED] after she was not understanding of american politics. David stated because [REDACTED] is Russian, he told her to educate herself on american politics which angered her. David said [REDACTED] became so angry she picked up the vase, threw it down at his feet, and then scratched him on the face. I asked David "how did your wife get the bloody nose" and David denied ever headbutting her, but stated while he was getting up from a leaning position, the top of his forehead hit [REDACTED]'s nose on accident.

I viewed the kitchen/dining room area and located several blood droplets on the floor, as well as a large amount of broken red glass from the vase. Due to conflicting stories, I examined the cut on David's head a second time. During this second time viewing the cut, based on there being only one clean cut, I believe this cut occurred from headbutting [REDACTED], as opposed to being scratched by [REDACTED].

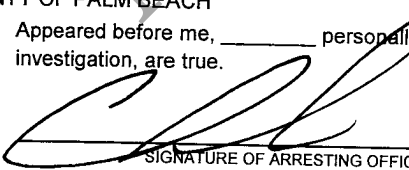
I took photographs of the crime scene, [REDACTED], and David. All photographic evidence was submitted into Jupiter Police Department Evidence.

Based on the above described investigation, I believe probable cause exists to charge David Piercey with Domestic Simple Battery in violation of FSS 784.03(1)(A)(1), to wit David Piercey did intentionally touch or strike [REDACTED] against her will, with the intent to cause her bodily harm.

[REDACTED] was provided a domestic violence brochure, and David was transported to Palm Beach County Jail for the above listed charge without incident.

STATE OF FLORIDA
COUNTY OF PALM BEACH

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


SIGNATURE OF ARRESTING OFFICER

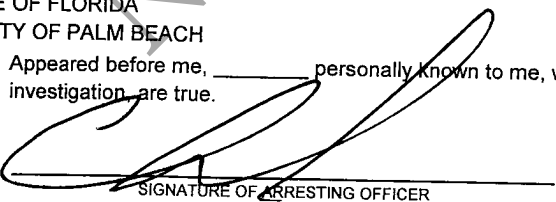
Sworn to and subscribed to before me this 19 day of April, 2017.

KOLENICH, RYAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 04/19/2017 20:40	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-001908		
	Name (Last, First, Middle) PIERCEY, DAVID ALLEN			Alias	Race W	Sex M	Date of Birth 04/17/1956
CHARGE	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)						
	[REDACTED]			(State)	(Zip)	Phone	Address Source
VICTIM	[REDACTED]			(State)	(Zip)	Phone	Occupation
	[REDACTED]			(State)	(Zip)	Phone	Occupation
DEFENDANT	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			BLEEDING, CRYING, SHAKING			
RELATIONSHIP	RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED						
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: VICTIM WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: HANDS WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PARAMEDICS: PBFR Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES: H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
NARR	On Wednesday 4/19/2017 at approximately 1849 hours I was dispatched to a domestic altercation at [REDACTED] [REDACTED]. While en-route I was notified by Northcom the altercation was physical, and the female was bleeding from her nose.						
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>19</u> day of <u>April</u> , <u>2017</u> . <u>KOLENICH, RYAN</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (F.S. 784.048)
- **Dating Violence**
- **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 #: 17-001908 Agency: Jupiter PD
Offense: Simple Battery (Domestic)
Suspect/Offender: David Piercy
D.O.B. 4/17/56 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: _____ Race: W Sex: F
Address: _____
City: _____ FL Zip: 33477
Home #: _____ Work #: _____ Other: _____

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

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- ☐ **Waiver:** I choose not to be notified when the arrestee is released from custody.
- ☐ **Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: _____ I.D. # _____ Date: _____

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #: _____