

0481207

ARREST / NOTICE TO APPEAR

305

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

JUVENILE

OBTS Number		N/R		ARREST / NOTICE TO APPEAR		305	
Agency ORJ Number		Agency Name		Agency Report Number (N.T.A.'s only)		1	
0501700		Jupiter Police Department		5 4 17-001908		JUVENILE	
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. 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	
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: DAVID ALLEN							
Race W - White B - Black		Sex W - Male O - Oriental/Asian		Date of Birth 04/17/1956		Height 5'11	
Weight 190		Eye Color GREEN		Hair Color BROWN		Complexion LIGHT	
Build Medium							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							
Marital Status M		Religion CHRISTIAN					
Local Address (Street, Apt. Number) 103 SEAHORSE LN, JUPITER, FL 33477		(City) JUPITER		(State) FL		(Zip) 33477	
Phone (561) 575-5655						Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 103 SEAHORSE LN, JUPITER, FL 33477		(City) JUPITER		(State) FL		(Zip) 33477	
Phone (561) 575-5655						Residence Type: 1. City <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>	
Business Address (Name, Street) RETIRED		(City) RETIRED		(State) RETIRED		(Zip) RETIRED	
Phone RETIRED						Address Source VERBAL	
D/L Number, State P620161561370 / FL		Soc. Sec. Number RETIRED		INS Number		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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian							
Address (Street, Apt. Number) (City) (State) (Zip)							
Residence Phone							
Business Phone							
Notified by: (Name)							
Date Time Juvenile Disposition							
Released To: (Name) Relationship Date Time							
1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
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							
Value of Property							
Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver Produce/ C. Cocaine H. Hallucinogen P. Paraphernalia/ U. Unknown P. Possess T. Traffic E. Use Cultivate E. Heroin M. Marijuana O. Opium/Deriv. S. Synthetic Z. Other							
Drug Type							
Charge Description							
BATTERY-SIMPLE (TOUCH OR STRIKE)							
Statute Violation Number 784.03(1)(A)(1)							
Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #	
N		/		17-001908		Counts <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Warrant / Capias Number							
Bond							
Charge Description							
Statute Violation Number							
Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #	
/		/		/		Counts <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 <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							
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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							
PROPERTY - Received By Released By Released To							
Transported By Date Transported // : : / : : / : :							
Time Transported Other							
INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							
Location (Court, Room) North County PALM BEACH GARDEN Court Date and Time 05/24/2017 08:30:00							
Date Signed APR 20 2017							
Name Verification (Printed by Arrestee) (PRINT)							
HOLD for Other Agency <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 Transporting Officer I.D. # 350 Agency JUPITER							
Intake Deputy I.D. # 1156 Pouch # RETIRED Witness here if service signed with an "X" SCANNED PAGE 1 OF 1							

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A	Date / Time
D	04/19/2017 20:40
M	Agency ORI Number
I	FL 0501700
N	Agency Name

JUPITER POLICE DEPARTMENT

Agency Report Number
5 | 4 | 17-001908

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 Piercy 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].

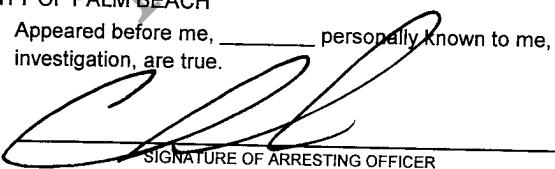
I took photographs of the crime scene, [REDACTED], and David. All photographic evidence was submitted into Jupiter Police Department Evidence.

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

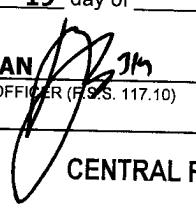
[REDACTED] was provided a domestic violence brochure, and David was transported to Palm Beach County Jail for the above listed charge without incident.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, [REDACTED] 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

A D M I N	Date / Time 04/19/2017 20:40	Agency Name JUPITER POLICE DEPARTMENT			Agency Report Number 5 4 17-001908
D E F	Name (Last, First, Middle) PIERCEY, DAVID ALLEN	Alias		Race W	Sex M Date of Birth 04/17/1956
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)				
V I C T I M	Business Address (Name, Street) [REDACTED]	(City)	(State)	(Zip)	Race W Sex F Date of Birth 09/26/1963 Address Source
	DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BLEEDING, CRYING, SHAKING
	VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED					
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	Victim: <input checked="" type="checkbox"/>		<input type="checkbox"/>		
	911 CALL: <input checked="" type="checkbox"/>		<input type="checkbox"/>	CALLER: VICTIM	
	WEAPON USED: <input checked="" type="checkbox"/>		<input type="checkbox"/>	TYPE: HANDS	
	WITNESSES: <input type="checkbox"/>		<input checked="" type="checkbox"/>	(If YES, attach witness list)	
	INJURIES: <input checked="" type="checkbox"/>		<input type="checkbox"/>		
	MEDICAL TREATMENT: <input checked="" type="checkbox"/>		<input type="checkbox"/>		
	AT: Scene: <input checked="" type="checkbox"/>		<input type="checkbox"/>	PARAMEDICS: PBFR	
	Hospital: <input type="checkbox"/>		<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:	
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/>		<input checked="" type="checkbox"/>	NAMES/AGES:	
	H. R. S. NOTIFIED: <input type="checkbox"/>		<input checked="" type="checkbox"/>		
	VICTIM PREGNANT: <input type="checkbox"/>		<input checked="" type="checkbox"/>		
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/>		<input checked="" type="checkbox"/>	CASE #:	
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/>		<input checked="" type="checkbox"/>		
	ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/>		<input checked="" type="checkbox"/>		
N A R R	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, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.					
[REDACTED] SIGNATURE OF ARRESTING OFFICER					
Sworn to and subscribed to before me this <u>19</u> day of <u>April</u> , <u>2017</u> .					
KOLENICH, RYAN <u>Ryan Kolenich</u> <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small>					

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **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: _____ 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: _____