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19MM 10229

#1600

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OBTs Number		ARREST/NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/>		
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-19-111436						
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		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address) Boynton Beach, FL 33425						
Date of Arrest 9/2/19	Time of Arrest 7:00	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) Troskey, David, Paul		Alias (Name, DOB, Soc. Sec. #, Etc.)		Light						
Race W	Sex M	Date of Birth 09/19/1984	Height 5'10	Weight 200	Eve Color brown	Hair Color brown	Complexion Light	Build MEDIUM		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Married	Religion	Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk				
Local Address (Street, Apt. Number) 10443 BOYNTON PLACE CIR		(City) BOYNTON BEACH	(State) FL	(Zip) 33437	Phone 561-402-6195	Residence Type 1. City 2. County 3. Florida 4. Out of State		2		
Permanent Address (Street, Apt. Number) 10443 BOYNTON PLACE CIR		(City) BOYNTON BEACH	(State) FL	(Zip) 33437	Phone 561-402-6195	Address Source FL DL				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation				
DL Number, State T620175843390		Exp. Exp. Number		INS Number	Place of Birth (City, State) FLORIDA	Citizenship U				
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	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			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other		(Last)	(First)	(Middle)	Residence Phone					
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone					
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated				
Released To: (Name)		Relationship			Date	Time				
The above address 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 (Phone 355-2526) informed of any change of address <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No. (Reason)					School Attended					Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property					
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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. Synthetics	U. Unknown Z. Other
Charge Description Battery (domestic)		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 19-111436	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # 19-111436	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # 19-111436	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # 19-111436	Warrant / Capias Number		Bond				
Location (Court, Room Number, Address)										
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>										
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 Name:		Signature of Arresting Officer X			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S O. Allen		I.D. # 32402		(PRINT)		
Intake Deputy		I.D. #	Pouch #	Transposing Officer Bernal 5908		Agency PBSO		Witness here if subject signed with an "X"		

DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

SCANNED SEP 07 2019

Bernal 5908

2019 SEP -7 AM 5:17

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PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A	3 Request for Warrant 4 Request for Capias	Jvenile	N
OBTS Number					
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 19-111436		
DEEL	Charge Type: Check as many as apply		Special Notes:		
	<input type="checkbox"/> 1 Felony	<input checked="" 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
CHARGES	Name (Last, First, Middle) Trosky David	Paul	Aliases	Race W	Sex M Date of Birth 09/19/1984
	Charge Description Battery (domestic)	784.03(1a1)	Charge Description		
VICTIM	Victim's Name (Last, First, Middle) Trosky Candice Linda Ann		Race W	Sex F	Date of Birth 01/23/1987
	Local Address (Street, Apt. Number) 10443 BOYNTON PLACE CIR		(City) Boynton Beach	(State) FL	(zip) 33437
	Business Address (Name, Street)		(City)	(State)	(zip)
	Phone 561-568-6152		Address Source FL DL		Occupation School Bus Driver
<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. 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 4 day of September 2019 at 2000 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Wednesday September 04, 2019 at approximately 1955 hours I responded to 10443 Boynton Place Circle located in the community of Herron Pointe in Unincorporated Boynton Beach FL 33437 in reference to a Domestic Battery.</p> <p>Upon my arrival I made contact with a white female identified by Florida Drivers Licenses as Candice Troskey DOB 01/23/1987, as I began my investigation I observed Candice to have red glossy eyes and still emotional from the incident that occurred prior to my arrival. Candice informed me that her husband David Toskey returned home intoxicated and began a verbal argument with her. She then stated that David attempted to charge at her but fell to the ground in the process. Candice then said when she turned around David stood to his feet and proceeded to grab her the by hair from behind and pulling her to the ground. She then said that while she was on the ground she could see their daughter Mariana trying to push David off of her, when David was off her he attempted to chase Mariana. Candice also advised that when she attempted to call the police, David poured what appeared to be water or beer on her clothing before leaving the residence.</p> <p>David fled the scene to an unknown location last seen driving a black Jeep Patriot bearing Florida Tag: 104QRB prior to deputies arrival.</p> <p>After speaking to Candice, I spoke to Mariana who stated the while inside the residence she could hear her parents arguing when she goes to look she observed her father standing over her mother in the doorway of the bathroom. She then said that she tried to push her father off her mother and when she was able to he attempted to come after her but stopped. Mariana informed me that nothing physical happened to her and at no point was she in fear that her father was going to harm her.</p> <p>Upon further investigation, based on victim statement and an independent witness statement I find probable cause exist to charge David Trosky with violation of F.S.S. 784.03(1a1) for Domestic Battery.</p>					
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S O.Allen (ID #) 32402		
	(Signature of Arresting Investigative Officer)				
	The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of September 20 19 by D/S O.Allen 32402				
	(Print name of Arresting Investigative Officer) who is personally known to me and/or produced identification Type of identification produced				
	Notary Public, Clerk of Court, Officer (F.S.S. 112.10)				
			PAGE 2 OF 7		

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SEP 07 2019

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Troskey David Paul **DOB:** 09/19/1984 **Case #:** 19-111436

Name (Last, First)

Victim: Troskey Candice Linda Ann **DOB:** 01/23/1987 **Race:** W **Sex:** F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No **Caller:** Troskey, Candice

Weapon Used: Yes No **Type:** _____

Witness: Yes No **Name:** (Last) _____ (First) _____ (Middle) _____

Victim Pregnant: Yes No **If yes,** _____ weeks _____ months

Injuries: Yes No **Description:** _____

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** _____

At Hospital: Yes No **Hospital:** _____

Are Children Living in Home? Yes No **DCF Notified?** Yes No

Name: Mariana Troskey **DOB:** 12/13/2008

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Injunction Yes No **Case #:** _____

No Contact Order Yes No **Case #:** _____

Alcohol or Drugs Yes No **Unknown**

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No **If yes,** written _____ recorded _____ oral _____

First words Defendant said when you responded to scene: _____

Victim's Statements Yes No **If yes,** written _____ recorded _____ oral _____

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes **No** **If yes, name:** _____ **phone:** _____

Observations of Victim (Physical & _____)

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain _____ **Other** _____

Victim Contact Information: (Last) Troskey (first) Candice Linda Ann

Local Address: 10443 BOYNTON PLACE CIR, Boynton Beach FL 33437

Phone: 561-568-6152

Employer: (Name) School Bus Driver (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **Phone:** _____

Address: _____

VICTIM NOTIFICATION FORM

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)
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

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

1. Incident Report #: 19-111436 Agency: PBSO
Offense: Battery (domestic)
Suspect/Offender: Name (Last) Troskey (First) David (Middle) Paul
D.O.B. 09/19/1984 Race: W Sex: M

2. Warrant # (s): _____

3. a. Victim's name: Troskey Candice D.O.B. 01/23/1987 Race: W Sex: F
Address: 10443 BOYNTON PLACE CIR
City: Boynton Beach FL 33437
Home #- 561-568-6152 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____ (Last) _____ (First)
Address: _____
City: _____
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: Troskey Candice Li

Deputy's Name: D/S O.Allen I.D.# 32402 Date: _____
White Corrections or State Attorney (Warrant Application) Yellow Warrants Section Pink Central Records

SUSPECT/OFFENDER: Troskey David Paul
(FOR WARRANTS USE ONLY)
COURT CASE/WARRANT#:



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"/>	(vii) 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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019029107	Date: 09/07/2019
	Specialist Name/ID: AM/31562