

0511857

MH
19mm 011720 MB

1492

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

Juvenile

1

OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 19127645	
Charge Type Check as many as apply ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator 0 1			
Location of Arrest (Including Name of Business) 12102 68 TH ST N LOXAHATCHEE FL 33470				Location of Offense (Including Name of Business) 12102 68 TH ST N LOXAHATCHEE FL 33470			
Date of Arrest Oct 18, 2019		Time of Arrest 16:25		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) GIOIA ERICK ANTHONY				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 11/17/1976		Height 5'7	
Weight 195		Eye Color BRN		Hair Color BRN		Complexion Fair	
Build MEDIUM		Marital Status MARRIED		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence ☐ Y ☐ N ☐ U	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A				Address Type: 1. City 2. County 3. Florida 4. Out of State 2			
Local Address (Street, Apt. Number) 12102 68 TH ST N LOXAHATCHEE FL 33470				Phone 636-687-7522		Address Source VERBAL	
Permanent Address (Street, Apt. Number) City State Zip				Phone		Occupation CAR SALES	
Business Address (Street, Apt. Number) City State Zip				Phone			
DIL Number, State G000-201-76-4170		Social Security Number		INS Number		Place of Birth CHICAGO, IL	
Citizenship USA		Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile			
☐ Parent ☐ Legal Guardian ☐ Other		Name (Last, First, Middle)				Phone	
Address (Street, Apt. No.)		City		State		Zip	
Business Phone		Notified By (Name)		Date		Time	
Released To (Name)		Relationship		Date		Time	
The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change. ☐ Yes, by (Name) ☐ No (Reason)		School Attended		Grade			
Property Crime? ☐ Yes ☐ 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		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description DOMESTIC BATTERY		Counts 01		Domestic Violence ☐ Y ☐ N		Statute Violation Number 784.03(1)(a)(1)	
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 19127645	
Warrant/Capias Number		Bond		Violation or ORD. #			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Violation or ORD. #			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Violation or ORD. #			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Violation or ORD. #			
Location (Court, Address, Room Number)							
Court Date and Time Month Day Year Time AM ☐ PM ☐							
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 (for Juvenile and Parent/Custodian)				Date Signed			
HOLD for Other Agency Name ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other				Signature of Arresting Officer R. BARRIOS Name of Arresting Officer R. BARRIOS ID # 17625			
Intake Deputy BARROS				Transporting Officer BARROS ID # 17625 Agency PBSO			
Name Verification (Printed by Arrestee) (PRINT)				Page 1 of 1			
Witness here if subject signed with an "X"							

SCANNED

OCT 19 2019

OETS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile ☐
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		19127645	
Charge Type: Check as many as apply:		☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other _____		Special Notes	
Defendant Name (Last, First, Middle) GIOIA ERICK ANTHONY				Race W	Sex M	Date of Birth 11/17/1976	
Charge DOMESTIC BATTERY				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) GIOIA TRISHA C				Race W	Sex F	Date of Birth 11/24/1979	
Local Address (Street, Apt. Number) 12102 68 TH ST N		City LOXAHATCHEE	State FL	Zip 33470	Phone 636-697-3211	Address Source VERBAL	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation N/A	
The undersign 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...							
☐ committed the below acts in my presence.				☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.			
☐ confessed to admitting to the below facts.				☒ was found to have committed the below acts, resulting from (described) investigation.			
On the <u>18</u> day of <u>OCTOBER</u> 20 <u>19</u> at <u>1600</u> ☐ AM ☒ PM							

On 10/18/19 at about 16:06 hours, I was dispatched to 12102 68th St N in unincorporated Loxahatchee FL 33470 in reference to a domestic dispute. I met with the caller named Trisha Gioia and her children at the end of the street in a minivan. Trisha appeared to be crying and shaking, she told me she was in a verbal argument with her husband named Erick Gioia at the residence. She continued to say the argument got heated and Erick chest bumped her and body slammed her to the ground. She mentioned that Erick had been drinking alcohol and this incident occurred in front of the children. I also spoke to one of their daughters named Caden Gioia who is 16 years of age. She appeared to be crying and scared. Caden said she saw her dad body slam her mother so she called the police. Trisha provided a Sworn Written Statement as well as the daughter Caden. Trisha did not show physical injuries and refused medical treatment. Photos were taken of the victim.

Based on the the above, probable exists to charge Erick Gioia with Domestic Battery FSS.784.03(1)(a)(1).

The foregoing instrument was sworn to and affirmed before me this <u>18</u> day of <u>OCTOBER</u> 20 <u>19</u> . by:		17625
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <i>[Signature]</i>		Name of Arresting/Investigating Officer R. BARRIOS
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <i>[Signature]</i>		Signature of Arresting/Investigating Officer <i>[Signature]</i>
OCT 19 2019		Page 1 of 1

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

Defendant: GIOIA ERICK ANTHONY DOB: 11/17/1976 Case #: 19127645
Victim: GIOIA TRISHA C DOB: 11/24/1979 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene ☐ Yes ☒ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No Caller: CADEN GIOIA

Weapon Used: ☐ Yes ☒ No Type: _____

Witness: ☒ Yes ☐ No Name: CADEN GIOIA

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: _____ Physician: _____

Are children living in the home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No

Name: CADEN GIOIA DOB 09/06/2002

Name: AVERIE GIOIA DOB 6/23/04

Name: ERICK GIOIA DOB 4/15/06

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 the police within an hour of the incident regarding the incident?

☐ Yes ☒ No If yes, name: _____ phone _____

Observations of Victim (Physical & Emotional): _____

☐ Upset ☒ Crying ☒ Fearful ☒ Hysterical ☒ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☐ Other _____

Victim contact information:

Local Address: 12102 68 TH ST N

LOXAHATCHEE FL 33470

Phone: Home: 636-697-3211 Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

SCANNED

PBSO #0004 REV. 01/01

OCT 19 2019

VICTIM NOTIFICATION FORM

- 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
- Dating Violence

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

1. Incident Report #: 19127645 Agency: Palm Beach County Sheriff's Office
Offense: DOMESTIC BATTERY
Suspect/Offender: GIOIA ERICK ANTHONY
DOB: 11/17/1976 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: GIOIA TRISHA C DOB: 11/24/1979 Race: W Sex: F
Address: 12102 68 TH ST N
City: LOXAHATCHEE State: FL Zip: 33470
Home #: 636-697-3211 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 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: R. BARRIOS ID #: 17625 Date: Oct 18, 2019

SCANNED

Warrant Applications for State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #



**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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
Other	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019033969 WDC	Date: 10/19/2019
	Specialist Name/ID: howardt7185

SCANNED
OCT 19 2019