

PCH# 429

ADMINISTRATIVE	OBTS Number		Arrest / Notice to Appear Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias				1	Juvenile								
	Agency ORI Number F L O 502700		Agency Name PALM SPRINGS POLICE DEPARTMENT				Agency Report Number 82- 17-16258													
	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 Knife		Multiple Clearance Indicator											
DEFENDANT	Location of Arrest (Including Business Name) 2837 Floweva St., Palm Springs, FL 33461						Location of Offense (Business Name, Address) Same													
	Date of Arrest 7/22/17		Time of Arrest 0201		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle							
	Name (Last, First, Middle) Manko, James Edward																			
CO-DEF	Alias																			
	Race: W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 03/11/63		Height 6'		Weight 170		Eye Color BRO		Hair Color BRO		Complexion MED		Build MED			
	Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description) None Visible						Marital Status SIN		Religion None		Indication Of		Alcohol Influence Drug Influence		Ye No					
	Local Address (Street, Apt, Number) (City) (State) (Zip) 2837 Floweva St., Palm Springs, FL 33461						Phone				Residence Type: 1 City 3 Florida 2 County 4 Out of State									
	Permanent Address (Street, Apt, Number) (City) (State) (Zip) 2837 Floweva St., Palm Springs, FL 33461						Phone				Address Source Defendant									
	Business Address (Street, Apt, Number) (City) (State) (Zip) N/A						Phone				Occupation Carpenter									
	D/L Number, State M-520-445-63-091-0, FL				Social Security Number				INS Number		Place of Birth (City, State) Ft. Lauderdale, FL				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							
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian														Residence Phone				
Local Address (Street, Apt, Number) (City) (State) (Zip)														Business Phone						
Notified by: (Name)						Date		Time		Juvenile		1. Handled/Processed within 2. TOT HRS/DYS Disposition: Dept. and Released 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. <input type="checkbox"/> Yes by: (name) <input type="checkbox"/> No: <input type="checkbox"/> No.														School Attended		Grade				
CODE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Property														Value of Property					
	Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate														Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv S. Synthetic					
	Charge Description Simple Battery Domestic						Counts 1		Domestic Violence Yes		Statute Violation Number 784.03(1)a(1)				Violation of ORD #					
	Drug Activity N		Drug Type N		Amount / Unit		Offense Number 17-16258		Warrant / Capias Number				Bond							
	Charge Description						Counts		Domestic Violence		Statute Violation Number				Violation of ORD #					
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense Number		Warrant / Capias Number				Bond							
	Charge Description						Counts		Domestic Violence		Statute Violation Number				Violation of ORD #					
	Drug Activity		Drug Type		Amount / Unit		Offense Number		Warrant / Capias Number				Bond							
	Charge Description						Counts		Domestic Violence		Statute Violation Number				Violation of ORD #					
	Drug Activity		Drug Type		Amount / Unit		Offense Number		Warrant / Capias Number				Bond							
CHARGE	Charge Description						Counts		Domestic Violence		Statute Violation Number				Violation of ORD #					
	Drug Activity		Drug Type		Amount / Unit		Offense Number		Warrant / Capias Number				Bond							
	Charge Description						Counts		Domestic Violence		Statute Violation Number				Violation of ORD #					
	Drug Activity		Drug Type		Amount / Unit		Offense Number		Warrant / Capias Number				Bond							
	Charge Description						Counts		Domestic Violence		Statute Violation Number				Violation of ORD #					
NOTICE TO	Charge Description						Counts		Domestic Violence		Statute Violation Number				Violation of ORD #					
	Drug Activity		Drug Type		Amount / Unit		Offense Number		Warrant / Capias Number				Bond							
	<input 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 Reverse side.						Location (Court, Room Number, Address) TO BE SET Court Date and Time Month: Day: Year: Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.													
	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					
ADMIN.	HOLD for other agency Name:						Signature of Arresting Officer R. McCluskey						Name Verification (Printed by Arrestee) (PRINT)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of arresting Officer (Print) Ofc. R. McCluskey						I.D.# 160		JUL 22 AM 5:29					
	Mental Health						Pouch #						Transporting Officer Salguero		I.D.# 164		Agency PSPD		Page 1 of 1	
	Witness here if subject signed with X																			

SCANNED

JUL 23 2017

**PALM SPRINGS POLICE DEPARTMENT**

**DOMESTIC VIOLENCE**

**PROBABLE CAUSE AFFIDAVIT**

**PALM BEACH COUNTY**

ON THE 22 DAY OF July 2017, AT 1:19 ☒ AM / ☐ PM

SUBJECT: Manko, James Edward DOB: 03/11/63 CASE NUMBER: 2017-16258

CHARGE DESCRIPTION: DOMESTIC BATTERY STATUTE NUMBER: 784.03 (1) a (1)

VICTIM: Manko, John Paul DOB: 01/29/62 RACE: W SEX: M

LOCAL ADDRESS: 2837 Floweva St., Palm Springs, FL 33461

**PERSONAL CONTACT**

**NARRATIVE:**

On 07/22/17, at approximately 1:19 a.m., I, Officer McCluskey #160, responded to a report of a Domestic Battery at 2837 Floweva St. Palm Springs, Florida. Sergeant. Hillery #123, Cpl. Fequiere #115, Ofc. Torres #188, Ofc. Ferrer #159, Ofc. Kubiak #103 responded as back-up.

Dispatch advised me that James Manko called to report that there was going to be an altercation between him and his brother, John Manko. James Manko informed the dispatcher that John Manko was going to need Fire Rescue and that John Manko put a knife in his face.

Cpl. Fequiere and Ofc. Torres arrived on-scene seconds before I did. James Manko met with us outside in the front of his home. James Manko had a very strong odor of an alcoholic beverage on his breath. James Manko was not answering our questions as to where his brother was. James Manko eventually said that he was in a fight with brother John Manko and that he was inside the house. Cpl. Fequiere, Sgt. Hillery, and I entered the home and John Manko was detained. I handcuffed him with his hands to the rear. I ensured the handcuffs fit properly and double locked them. I could smell a strong odor of an alcoholic beverage on John Manko's breath. Both parties were kept separated and I interviewed them.

**DEFENDANT'S STATEMENTS: (Written ☐ / Taped ☒ / Oral 

The incident started with John Manko yelling in the kitchen. John Manko was unable to provide detail when he was asked to elaborate about the yelling. James Manko said he then stepped on John Manko's toe and they began to fight in the kitchen. John Manko punched him in the head and James Manko thinks he tackled John Manko. The Kitchen did not appear to be in disarray and there were no obvious signs of a struggle in the kitchen as described. James Manko denied that the incident occurred in the bedroom when asked. James Manko denied asking his brother for cigarettes. James Manko changed his story and said he may have asked his brother for cigarettes. James Manko appeared to regret saying that he stepped on his brother, so he then recanted that statement and said he didn't step on him. James Manko also changed his story as to where the incident occurred. James Manko said the incident occurred in the kitchen and then he switched the location to the living room.**

When I spoke to James Manko about the incident and he spoke in a deceptive manner by looking around, being at a loss for words, and changing his story.

James Manko had a cut (approx. 1/2" long) on his left hand. James Manko denied that the cut was from his brother and he was unable to say how he cut his finger. James Manko denied medical treatment and he was provided with a band aid.

I conducted an audio/video recorded statement of James Manko at the Palm Springs Police Department in holding cell #2. James Manko acted uncooperative. I read him the Miranda rights and he said he did not understand the rights. I attempted to explain the right to him, but he kept yelling over my voice and interrupting. The interview was discontinued after numerous attempts.

**VICTIM'S STATEMENTS: (Written ☐ / Taped ☒ / Oral 

John Manko was sleeping in his bedroom when he awoke to James Manko in the bedroom. The bedroom was dark with ambient light from the television, which was on. James Manko yelling at John Manko about cigarettes. James Manko punched John Manko in the head and started choking him. John Manko reached for a knife that was on the floor near the bed. John Manko grabbed the knife and held it to defend himself. John Manko didn't use the knife on James Manko, but he did hold it defensively. There was a small bloody cut on the right wrist of John Manko. The cut was jagged and did not to be a wound from a knife. John Manko was unsure how he received the wound. Manko did not want the wound treated of looked at by Palm Beach County Fire Rescue. John Manko had a bump on the back of his head, which he said was from James Manko punching him. John Manko's story was consistent after going over it with him a few times.**

**OBSERVATIONS OF VICTIM (PHYSICAL AND EMOTIONAL)**

There was a small bloody cut on the right wrist of John Manko. The cut was jagged and did not to be a wound from a knife. John Manko was unsure how he received the wound. Manko did not want the wound treated of looked at by Palm Beach County Fire Rescue. John Manko had a bump on the back of his head, which he said was from James Manko punching him. John Manko's story was consistent after going over it with him a few times. John Manko was upset and speaking loudly. He eventually calmed down.

**SCANNED**

**JUL 23 2017**

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Brothers that reside together

PHOTOGRAPHS:

SCENE: YES ☒ NO ☐

VICTIM: YES ☒ NO ☐

911 CALL: YES ☒ NO ☐

CALLER: Defendant

WEAPON USED: YES ☒ NO ☐

TYPE: Knife for protection by victim

WITNESSES: YES ☐ NO ☒ (IF YES, ATTACH WITNESS LIST)

INJURIES: YES ☒ NO ☐

MEDICAL TREATMENT: YES ☐ NO ☒

AT: SCENE: YES ☐ NO ☒

PARAMEDICS: N/A

AT: HOSPITAL: YES ☐ NO ☒

PHYSICIAN(S): N/A

HOSPITAL: N/A

ARE THERE CHILDREN LIVING IN THE HOME: YES ☐ NO ☒

NAME(S) & DOB:

WAS ACT COMMITTED IN FRONT OF MINOR(S): YES ☐ NO ☒

NAME(S) & DOB:

H.R.S. NOTIFIED: YES ☐ NO ☒

VICTIM PREGNANT: YES ☐ NO ☒

VIOLATION OF RESTRAINING ORDER: YES ☐ NO ☒

CASE NUMBER: \_\_\_\_\_

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES ☒ NO ☐

ALCOHOL OR DRUGS INVOLVED: YES ☒ NO ☐

VICTIM CONTACT INFORMATION

PHONE:Hm: 5612366474 Wk: \_\_\_\_\_ Employer: \_\_\_\_\_

RELATIVE: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, Ofc. Ryan McCluskey #160 (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

Ryan McCluskey #160  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 22<sup>nd</sup> day of July, 2017

Sgt. S. H. #123  
NOTARY / CLERK OF COURT / OFFICER (F.S. 117.00)

SCANNED

JUL 23 2017