

0498127

NH

17

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18-072516				
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>				
	Location of Arrest (Including Name of Business) 5351 CENTER ST, JUPITER, FL 33458		Location of Offense (Business Name, Address) 5351 CENTER ST, JUPITER, FL 33458		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01				
DEFENDANT	Date of Arrest 05/09/2018	Time of Arrest 2039	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) AMICUCCI, JOHN, J							Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White 1 - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 10/28/1951	Height 5-10	Weight 220	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MEDIUM		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE			Marital Status Single	Religion None	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>						
Local Address (Street, Apt. Number) (City) (State) (Zip) 5351 CENTER ST, JUPITER, FL 33458			Phone ((561) 400-3066		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2						
Permanent Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source VERBAL						
Business Address (Name, Street) (City) (State) (Zip) 800 N COLUMBUS, MT. VERNON, NY 10550			Phone (914) 699-7440		Occupation EMPLOYED						
D/L Number, State A-522-460-51-388-0		Soc. Sec. Number		INS Number N/A		Place of Birth (City, State) YONKERS, NY		Citizenship U.S. Citizen			
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (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		MAY 9 PM 10:28						
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. Other/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description SIMPLE BATTERY (DOMESTIC)		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03.(1)(A)(1)		Violation of ORD #		NONE	
Drug Activity N		Drug Type N		Amount / Unit None		Offense # 18-072516		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)											
Court Date and Time Month Day Year Time AM											
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 05/09/2018	
HOLD for other Agency Name:			Signature of Arresting Officer X			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Sybilical <input type="checkbox"/> Other			Name of Arresting Officer (Print) D/S D'ANDREA			I.D. # 29528			(PRINT)		
Intake Deputy			I.D. #			Pouch #			Transporting Officer D/S D'ANDREA		
						ID # 29528			Agency PBSO		
Witness here if subject signed with an "X"										PAGE 1 OF 1	

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number	Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-18-072516
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor
	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other		

Name (Last, First, Middle) AMICUCCI, JOHN, J	Alias	Race W	Sex M	Date of Birth 10/28/1951
Charge Description SIMPLE BATTERY (DOMESTIC)	784.03.(1)(A)(1)	Charge Description		

Victim's Name (Last, First, Middle) AMICUCCI, HEATHER,	Race W	Sex F	Date of Birth 10/15/1971
Local Address (Street, Apt. Number) 5351 CENTER ST, JUPITER, FL 33458	(City)	(State)	(zip)
Phone (561) 401-2721	Address Source VERBAL		
Business Address (Name, Street) 800 S COLUMBUS, MT. VERNON, NY 10550	(City)	(State)	(zip)
Phone (914) 6997440	Occupation EMPLOYED		

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

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 _____ was found to have committed the below acts, resulting from my (described) investigation.

admitting to the below facts.

On the **09** day of **MAY** 20**18** at **1952** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On May 9, 2018 at 2000 hours, I responded to 5351 Center St Jupiter, FL 33458 in reference to a female complainant, identified as Heather Amicucci contacting the Palm Beach County Sheriff's Office (PBSO) advising husband punched her in the face and that her nose is bleeding.

Upon my arrival, I met with a white female, who identified herself as the complainant Heather Amicucci. Heather was being treated by the Palm Beach County Fire Rescue for a cut on her nose. The Fire Fighters explained to me that she will require two stitches on her nose, but she is denying any treatment. (Run # 201850915)

I interviewed Heather and she explained to me that she was texting her husband's son, when her husband, identified as John Amicucci "freaked out". Heather stepped outside the residence onto the boat dock in the back yard to "cool down". Once back inside she noticed John still very upset. Heather advised that John then grabbed her face and slammed the back of her head twice onto the fridge. After he slammed the back of her head onto the fridge, John then Punched Heather in the face. Heather could not recall which hand it was but all she knew is that she was blacking out and need to get away from John. Heather then left the residence and went to a neighbor's house to call PBSO.

I then made contact with John and asked him what had happened between Heather and him. John advised that Heather was going "crazy" because he was leaving to New York tomorrow on a business trip on 05/10/18. John explained that Heather just started swinging and that's when he pushed her away from him and she ran into the fridge. She then left the residence, unknown where she could have gone.

I then asked John to show me his has, so I can check him for any injuries. When John showed me his hands, I can observe a cut on his right middle finger.

I placed John into my PBSO issued handcuffs, which were double locked and checked for tightness. After he was handcuffed, I then searched John and placed John into my marked PBSO patrol vehicle. I transported John to the Palm Beach County Sheriff's Office Mail Jail without incident.

Based on my investigation I have found John Amicucci to have committed the crime of Simple Battery, contrary to Florida State Statue 784.03.(1)(A)(1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D'ANDREA

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of May 20 18 by D/S A. D'ANDREA

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PBSO ID# 29528

2/5 060260 / 9 678057

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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

Suspect: AMICUCCI, JOHN, J DOB: 10/28/1951 Case #: 18-072516

Victim: AMICUCCI, HEATHER, DOB: 10/15/1971 Race: W Sex: F

Relationship between Victim and Defendant: SPOUSE

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: HEATHER AMICUCCI

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

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

Injuries: Yes No Description: CUT ON BRIDGE OF NOSE

Medical Treatment: Yes No

At Scene: Yes No Paramedics: PALM BEACH COUNTY FIRE RESCUE

At Hospital: Yes No Hospital: _____ Physician: _____

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

Name: _____ DOB: / /

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 & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 5351 CENTER ST, JUPITER, FL 33458

Phone: Home (561) 401-2721 Work (914) 6997440 Cell () -

Employer: 800 S COLUMBUS, MT. VERNON, NY 10550

Name of Relative: _____ 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 #: 18-072516 Agency: PBSO
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: AMICUCCI, JOHN, J
D.O.B. 10/28/1951 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: AMICUCCI, HEATHER, D.O.B. 10/15/1971 Race: W Sex: F
Address: 5351 CENTER ST
City: JUPITER, FL 33458
Home #- ((561)) 401-2721 Work #: (914) 6997440 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ Work #: 0 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: AMICUCCI, HEATHER,

Deputy's Name: D/S A. D'ANDREA I.D.# 29528 Date: 05/09/2018
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: **AMICUCCI, JOHN, J**
(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#