

0481669

ARREST / NOTICE TO APPEAR

N/A 16 OF 9890 228

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 16-004846		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE
	Charge Type: Check as many as apply <input checked="" 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	Location of Arrest (Including Name of Business) 132 OCEAN COVE DR		Location of Offense (Business Name, Address) 132 OCEAN COVE DR, JUPITER, FL 33477		If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator		
	Date of Arrest 10/07/2016	Time of Arrest 20:09	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
	Name (Last, First, Middle) VANIK, JOHN C									
D E F E N D A N T	Race W - White B - Black I - American Indian O - Oriental/Asian W		Sex M	Date of Birth 06/08/1955	Height 5'08	Weight 165	Eye Color BLUE	Hair Color GRAY	Complexion FAIR	Build Medium
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion OTHER	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 132 OCEAN COVE DR, JUPITER, FL 33477						(City) (216) 389-9627		Phone	
	Permanent Address (Street, Apt. Number) 132 OCEAN COVE DR, JUPITER, FL 33477						(City) (216) 389-9627		Phone	
	Business Address (Name, Street) SELF EMPLOYED,						(City) (216) 389-9627		Phone	
	D/L Number, State RJ761561 / OH						Soc. Sec. Number		INS Number	
	Place of Birth (City, State) CLEVELAND, OH,						Citizenship US			
	Co-Defendant Name (Last, First, Middle)						Race		Sex	
	Co-Defendant Name (Last, First, Middle)						Race		Sex	
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian						Residence Phone		
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone				
Notified by: (Name)						Date				
Released To: (Name)						Relationship				
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				
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ Distribute				
M. Manufacture/ Produce/ Cultivate						Z. Other				
C H A R G E	Charge Description BATTERY - ON 65 YOA/OLDER						Statute Violation Number 784.08(2)(C)		Violation of ORD #	
	Drug Activity N						Amount / Unit		Offense # 16-004846	
	Counts 1						Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
	Charge Description						Statute Violation Number		Violation of ORD #	
C H A R G E	Drug Activity						Drug Type		Amount / Unit	
	Offense #						Counts		Domestic Violence	
	Warrant / Capias Number						Bond			
	Charge Description						Statute Violation Number		Violation of ORD #	
C H A R G E	Drug Activity						Drug Type		Amount / Unit	
	Offense #						Counts		Domestic Violence	
	Warrant / Capias Number						Bond			
	Charge Description						Statute Violation Number		Violation of ORD #	
I N T A K E	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			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By			
	Transported By						Date Transported		Time Transported	
	Other									
N O T I C E T O A P P E A R	<input checked="" 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 Page 2.						Location (Court, Room)		Court Date and Time	
	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						Name Verification (Printed by Arresting Officer)			
	Signature of Arresting Officer FANDREY, CHRISTOPHER						I.D. # 1182			
A D M I N	HOLD for Other Agency						Name Verification (Printed by Arresting Officer)		I.D. #	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						(PRINT)		I.D. #	
	Intake Deputy 340						Transporting Officer 340		Agency JPD	
	Witness here if subject signed with an "X"						PAGE 1 OF 1			

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS MAIL CRIME ANALYSIS P.L.O. DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 10/07/2016 20:09	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 16-004846		
	Name (Last, First, Middle) VANIK, JOHN C				Alias	Race W	Sex M
D E F E N D A N T	Charge Description 784.08(2)(C) BATTERY - ON 65 YOA/OLDER						
	Victim's Name (Last, First, Middle) VANIK, PHYLLIS JEAN				Race W	Sex F	Date of Birth 10/03/1947
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 137 OCEAN COVE DR, JUPITER, FL 33477				Phone (561) 746-2383		Address Source
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation
A D D I T I O N A L I N F O R M A T I O N	Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET BUT CALM			
	RELATIONSHIP BETWEEN VICTIM & SUSPECT SIBLINGS						
N A R R	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: VICTIM WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list) INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS: Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES: H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	On 10/7/2016 I was dispatched to 132 Ocean Cove Dr. in reference to a domestic battery. Upon arrival I made contact with the caller W/F Phyllis Vanik (10/3/47) who stated the following in a written and oral statement. P. Vanik stated that she was outside washing her car when her brother, W/M John Vanik (6/8/55), came home from						
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>Elizabeth Raleigh</u> , personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. <u>Elizabeth Raleigh</u> SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>7</u> day of <u>October</u> , <u>2016</u> <u>RALEIGH, ELIZABETH</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time	10/07/2016 20:09	
	Agency ORI Number	FL 0501700	Agency Name
	JUPITER POLICE DEPARTMENT	Agency Report Number	5 4 16-004846

a local bar. P. Vanik said that when her brother walked by her without saying anything she said "well just walk right by without saying hi". P. Vanik went on to say that her brother went inside the house after having a brief verbal altercation. P. Vanik said that when she went to go inside of the house her brother was standing in the way and would not move to let her in the house. P. Vanik said that he then said "let's get it on" and then pushed her. P. Vanik said she then went to her bedroom and called police. P. Vanik said that she wanted this case documented because she is scared of her brother and doesn't want him to kill her. P. Vanik went on to say that this type of behavior from J. Vanik happens all the time, but this is the first time he became physical and she wants it stopped. P. Vanik stated that she did not want her brother arrested and he is the primary caregiver of their mother.

Contact was then made with J. Vanik who stated that he had gotten home and was walking inside when his sister made a comment about him walking by her without saying anything. J. Vanik then stated he went inside of the house so he could start cooking dinner for his elderly mother that John and Phyllis both care for. J. Vanik then said that his sister got into his face and started yelling at him and was blocking his way out of the side sliding glass door. J. Vanik spontaneously stated that he then pushed his sister out of the way and that was probably wrong to do. When asked why he did not just walk outside through another door he stated that he just didn't make that choice to do so.

P. Vanik refused medical treatment on scene. No photos were taken on scene as there were no complaints of injuries and no visible marks on the victim. Due to the consistent statements of both parties and the spontaneous statement from J. Vanik, that he pushed P. Vanik, John was arrested for Battery on a Person Over 65 (Domestic Violence). J. Vanik was placed into handcuffs (which were double locked and checked for spacing) and placed into the back seat of my police car and transported back to the Jupiter Police Department holding facility for processing. J. Vanik was later transported and TOTd PBCJ without incident.

P. Vanik was issued a copy of her witness statement, a domestic violence victims rights brochure and told to contact the Jupiter Police Department should she have another information.

John Vanik did actually and intentionally touch or strike *(Phyllis Vanik) against the will of *(Phyllis Vanik) {or} did intentionally cause bodily harm to *(Phyllis Vanik), a person 65 years of age or older, contrary to Florida Statutes 784.03(1) and 784.08(1) and (2)(c).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, [Signature] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 7 day of October, 2016.

RALEIGH, ELIZABETH
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)