

J#0107983

17CT006793

PCH # 4000

ARREST / NOTICE TO APPEAR

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9   4   2017-0013228</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		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		If Weapon Seized Enter Type <b>Hands/feet/teeth</b>		Multiple Clearance Indicator																			
	Date of Arrest <b>07/10/2017</b>		Time of Arrest <b>02:38</b>		Booking Date <b>07/10/2017</b>		Booking Time <b>02:48</b>		Jail Date		Jail Time		Location of Vehicle											
DEFENDANT	Name (Last, First, Middle) <b>KISIEL, JON CHESTER</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>02/15/1967</b>		Height <b>5'09</b>		Weight <b>180</b>		Eye Color <b>BLUE</b>		Hair Color <b>GRAY OR</b>		Complexion <b>FAIR</b>		Build <b>med</b>							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status <b>S</b>		Religion <b>NOT STATED</b>		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Out of State <b>3</b>					
	Local Address (Street, Apt. Number) <b>5330 SE JACK AVE, STUART, FL 34997</b>						(City) <b>STUART, FL</b>						(State) <b>FL</b>						Phone <b>(772) 324-0006</b>					
	Permanent Address (Street, Apt. Number) <b>5330 SE JACK AVE, STUART, FL 34997</b>						(City) <b>STUART, FL</b>						(State) <b>FL</b>						Phone <b>(772) 324-0006</b>					
	Business Address (Name, Street) <b>FL DL</b>						(City) <b>STUART, FL</b>						(State) <b>FL</b>						Phone <b>(772) 324-0006</b>					
	D/L Number, State <b>K240423670550 / FL</b>						Soc. Sec. Number <b>[REDACTED]</b>						INS Number <b>[REDACTED]</b>						Place of Birth (City, State) <b>NOT STATED, RI</b>					
	Co-Defendant Name (Last, First, Middle)						Race						Sex						Date of Birth					
	Co-Defendant Name (Last, First, Middle)						Race						Sex						Date of Birth					
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone										
<input type="checkbox"/> Legal Custodian												Business Phone												
Address (Street, Apt. Number) <b>NO BUND</b>												(City) <b>STUART, FL</b>												
Notified by: (Name)												Date												
Released To: (Name)												Relationship												
Date												Time												
JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated																								
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												
Grade																								
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												Description of Property												
CHARGE	Drug Activity N. N/A P. Possess												S. Sell B. Buy T. Traffic											
	R. Smuggle D. Deliver E. Use												K. Disperses/ 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. Synthetic											
	U. Unknown Z. Other																							
	Charge Description <b>SEXUAL BATTERY VICT OVER 12YOA SPECIAL CONDITIONS</b>												Statute Violation Number <b>794.011(4) a</b>											
	Drug Activity <b>N</b>												Drug Type <b>N</b>											
	Amount / Unit <b>/</b>												Offense # <b>2017-0013228</b>											
	Counts <b>1</b>												Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N											
INSTRUCTIONS	Health / Apparent Physical Condition of Defendant												Any knowledge of the following: <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delinquencies <input type="checkbox"/> Injuries											
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												PROPERTY - Received By											
	Transported By												Released By											
	Date Transported												Time Transported											
	Other												Released To											
	<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)											
	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.												Court Date and Time											
	Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed											
	Name of Arresting Officer (Print) <b>VERTEFEUILLE, MARK</b>												I.D. # <b>01788</b>											
	Transporting Officer <b>Annese 1418</b>												I.D. # <b>WEST</b>											



City of West Palm Beach  
Police Department  
PROBABLE CAUSE AFFIDAVIT



OBTS #

FL0500800

CASE #2017-0013228

DEFENDANT: Jon Chester Kisiel

Race: W Sex: M DOB: 02/15/1967

VICTIM: [REDACTED]

Local Address: [REDACTED]

On July 9, 2017, the crime of Sexual Battery occurred at [REDACTED]  
[REDACTED] Palm Beach County, Florida 33407 [REDACTED]

The 18-year-old victim is a patient [REDACTED] and suffers from mental illnesses. During a sworn statement, the victim told Detective Tatum that "the man put his dick in my mouth." She said his name was "Bird man" (Jon Kisiel). The victim told Detective Tatum that she did not want Kisiel to put his penis inside her mouth.

The victim's registered nurse said she witnessed the victim kneeling with saliva coming from her mouth and Kisiel sitting down in a nearby chair with an exposed erect penis. His penis appeared to have saliva on it. The victim told her "he made me put his penis in my mouth." The nurse said the victim was deemed incompetent by her psychiatrist and could not consent to any sexual acts.

The [REDACTED] psychiatrist whom diagnosed the victim mentally incompetent said the victim was mentally incompetent and incapable of providing consent to any sexual acts.

Two other cooperating witnesses stated that it appeared Kisiel forced the victim to perform oral sex upon him.

Video surveillance that captured the incident was consistent with the witness statements.

Based on the aforementioned facts, I find probable cause exists to arrest Jon Chester Kisiel and charge him in violation of F.S. 794.011(4) Sexual Battery victim over 12yoa Special Conditions.

SWORN AND SUBSCRIBED before me

*[Signature]* 1900

OFFICER (F.S.S. 117.10)

Detective T. Tatum #1900

July 10, 2017

*[Signature]* 1788

SIGNATURE OF ARRESTING OFC

Detective M. Vertefeuille #1788

July 10, 2017