J-0315542 19CF211 P-3038

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 2 NTA 3. Request for Warrant 4. Request for Capias | 1 | Juvenile

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	18-159391

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: N/A | Multiple Clearance Indicator: 01

Location of Arrest (including Name of Business): 11171 Delta Circle, Boca Raton, FL, 33428

Location of Offense (Business Name, Address): [redacted]

Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
1/6/2019	23:30	1/7/2019		1/7/2019		N/A

DEFENDANT

Name (Last, First, Middle): Baiardi, Joseph, Peter

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	8/16/1975	507	170	BLK	BRO	MED	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status	Religion	Indication of:	Y	N	Unk.
UNK	UNK	Alcohol Influence	☐	☑	☐
		Drug Influence	☐	☑	☐

Local Address (Street, Apt. Number): 11171 Delta Circle | (City): Boca Raton | (State): FL | (zip): 33428 | Phone: (561) 305-9215 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): 11171 Delta Circle | (City): Boca Raton | (State): FL | (zip): 33428 | Phone: (561) 305-9215 | Address Source: DHSMV

Business Address (Name, Street) | (City) | (State) | (zip) | Phone: ( ) | Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B630-495-75-296-0, FL	[redacted]	N/A	Babylon New York	USA

CO-DEF

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
				☐ ☐	☐ ☐ ☐

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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	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 355-2526) informed of any change of address. Yes, by: (Name) No: (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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 0. Opium/Deriv | P. Paraphernalia/ Equipment S. Synthetic. | U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
ABUSE CHILD WITHOUT GREAT BODILY HARM	1	☐Y ☐N	827.03(2)(c)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		18-159391		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
NEGLECT CHILD WITHOUT GREAT BODILY HARM	1	☐Y ☐N	827.03(2)(d)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month | Day | Year | Time A.M. 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

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: X M. METZ #17618

Name of Arresting Officer (Print): M. METZ | I.D. # 17618

Transporting Officer: D/S J. Pinzon | I.D. # 33100 | Agency PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if suspect signed with an "X"

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OBTS Number	PROBABLE CAUSE AFFIDAVIT 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	Juvenile	N

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 – 18-159391

Charge Type: ☒ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance
Check as many ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other
as apply.

Special Notes:

Defendant's Name (Last, First, Middle)	Race	Sex	Date of Birth
Baiardi, Joseph, Peter	W	M	8/16/1975

Charge Description	Charge Description
ABUSE CHILD WITHOUT GREAT BODILY HARM 827.03(2)(c)	NEGLECT CHILD WITHOUT GREAT BODILY HARM 827.03(2)(d)
Charge Description	Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	[redacted]	[redacted]	[redacted]

Victim's Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
[redacted]	[redacted]			N/A	Mother

Victim's Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
N/A					Student

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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 24day of December, 20018 at 6:27 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest).

NARRATIVE:

On December 24th, 2018, at approx. 1830 hrs., Sgt. Bradford (# 3886) assigned this incident to me for further investigation. I spoke with primary Deputy McNab (# 28272) via phone, and learned the following:

Victim [redacted] is fifteen-years-old. [redacted] is [redacted] Joseph resides with his own parents. Joseph spends time with [redacted] approx. two days a week.

Earlier on 12/24/2018, [redacted] was taken to [redacted] by [redacted] Joseph Baiardi. There, [redacted] suffered a seizure; staff summoned an ambulance and [redacted] was transported to [redacted]. Medical staff there informed Deputy McNab that [redacted] had [redacted] Per Deputy McNab, it appeared someone had punched [redacted] in the face. At that time, [redacted] was unconscious and unable to provide a statement. [redacted] was then transferred to [redacted] for further evaluation reference the seizure and head trauma.

I traveled to St. Mary's Medical Center, and met with a Child Protective Investigator (CPI) from the Florida Department of Children and Families (DCF). At that time,

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NARRATIVE CONTINUATION

[redacted] was in a trauma room in the Emergency Department. I observed that [redacted] right eye was swollen shut, and purple in color. [redacted] had dried blood on his inside nostrils, and both lips were swollen with lacerations on them [redacted] wears braces on both sets of teeth).

I attempted to interview [redacted] several times, in an attempt to ascertain how he received his injuries. Through different variations, [redacted] told me he didn't remember, that he fell, and that maybe [redacted] was responsible. [redacted] inferred that he didn't want to get anyone in to trouble. I also interviewed several family members, who believed Joseph may be responsible, but did not witness the incident. I interviewed Joseph Baiardi at the hospital; he told me that he did not hit [redacted] and did not know who was responsible.

[redacted] was released from the hospital on the 12/25/2018; he left for out-of-state vacation on 12/27/2018.
On 1/6/2019 in the afternoon, I spoke with [redacted] aunt via phone. She informed me that while on vacation, [redacted] had told her, [redacted] and other family members what actually happened to him. [redacted] said that [redacted], Joseph Baiardi, was the person that hit him, causing the aforementioned injuries.

On 1/6/2019 in the evening, I conducted a digitally recorded interview with [redacted]. The following is a brief summary of the statements made during that interview. Detailed statements will not be reiterated within this report as they are contained in the recorded interview. [redacted] was qualified to answer questions based on his understanding of the difference between a truth and a lie. [redacted] agreed to tell the truth when speaking with me.

[redacted] recalled that on 12/24/2018, he was scheduled to spend the day with [redacted], Joseph Baiardi. [redacted] said that morning, Joseph called him to say he was on the way to pick [redacted] up. [redacted] told him he wasn't ready yet. [redacted] said he heard Joseph's car pull in front of the apartment, and eventually Joseph came and knocked on the apartment door; [redacted] let him in. [redacted] said [redacted] asked him what he was doing the following day (Christmas Day). [redacted] informed him that he was leaving for out-of-state vacation. [redacted] said [redacted] then asked him what he was going to do when he [graduated high school]. [redacted] told [redacted] that he planned to move out-of-state to be with the rest of [redacted] family. [redacted] said this caused Joseph to become upset; [redacted] said [redacted] then "popped" him in the face. [redacted] said he fell to the ground. [redacted] said [redacted] left the apartment without saying anything, and without providing medical attention. [redacted] described that [redacted] struck him with a closed fist, and didn't know home many times he was actually struck. [redacted] said he didn't recall much directly after he was hit; only that he was alone in his apartment.

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NARRATIVE CONTINUATION

Later the same morning, [redacted] (Joseph's [redacted]) called him, and told him [redacted] (Joseph's [redacted]) would be over soon. [redacted] arrived, and took [redacted] to McDonald's, and then to the [redacted] residence. [redacted] did not tell [redacted] how his injuries occurred. Several hours later, Joseph came home, and took [redacted] to the [redacted]

[redacted] said he didn't originally tell the truth about the incident because he was afraid of what [redacted] would do. [redacted] said while in the hospital, [redacted] told him to tell everyone that he "woke up" with his injuries. I showed [redacted] a Florida DHSMV photograph of Joseph Peter Baiardi, W/M, 8/16/1975. [redacted]

After my interview with [redacted], I conducted a second interview with [redacted] she informed me that at St. Mary's Medical Center, aside from the aforementioned visible injuries, [redacted] had been [redacted] No long-term medical problems were predicted for [redacted] who has no prior history of seizures.

Based on the above investigation, I found that Joseph Bairdi did willfully, intentionally *inflict physical injury* upon [redacted], a child, contrary to Florida Statute 827.03(1)(b) and (2)(c).

I also found that Joseph Baiardi did fail provide [redacted], a child with the care, necessary to maintain the child's physical health, including, immediate medical services, that a prudent person would consider essential for the well-being of the child, and said Joseph Baiardi [redacted] contrary to Florida Statute 827.03(1)(e) and (2)(d).

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Sworn and Subscribed before me.	#17618
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Signature of Arresting / Investigating Officer
Deputy M. Collura #26708	**Det. Michael Metz # 17618**
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Name of Officer (Please Print)
1/6/2019	**1/6/2019**
Date	Date

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VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **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.)**

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

1. Incident Report #: 18-159391 Agency: PBSO
   Offense: CHILD ABUSE CHILD NEGLECT
   Suspect/Offender: JOSEPH BAIARDI
   D.O.B. 8/16/75 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: [redacted] D.O.B. [redacted] Race: [redacted] Sex: [redacted]
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: N/A Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: [redacted]
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: [redacted] Work #: _____ 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).**

MM #17618

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: METZ I.D.# 17618 Date: 1/6/19

White/Corrections or State Attorney (Warrant Application) **Yellow/Warrants Section** **Pink/Central Records**

PBSO #0029A REV. 4/99

SUSPECT/OFFENDER: JOSEPH BAIARDI (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#: _____

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JAN 07 2019

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.	3, 5
	☐	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.	2-6
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☒	119.0712 (2)	Other: Personal Information contained in a motor vehicle record	5
	☐	943.031(2)	Other: Names of Gangs Criminal Activity	

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REVIEW COMPLETED BY

Booking Number: 2019000695	**Date:** 1/7/2019
	Specialist Name/ID: M. Tooks #8557

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