

0273193

2888

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

N

OBTS Number			ARREST / NOTICE TO APPEAR																		
Agency ORI Number		Agency Name				Agency Report Number (N.T.A.'s only)															
0561700		Jupiter Police Department				5 1 4 17-000297															
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____				If Weapon Seized Enter Type Hands, Feet, Fist, Teeth			Multiple Clearance Indicator												
Location of Arrest (Including Name of Business) 1605 S US HWY 1 APT V2-101, JUPITER, FL						Location of Offense (Business Name, Address) 1605 S US HIGHWAY 1 V2-101, JUPITER, FL 33477															
Date of Arrest 01/19/2017		Time of Arrest 00:52		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) RIECHMAN, JOSEPH C																					
Alias: _____																					
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth 01/15/1961		Height 5'06		Weight 180		Eye Color BROWN		Hair Color BROWN		Complexion MEDIUM		Build Medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																					
Marital Status S		Religion		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk																	
Local Address (Street, Apt. Number) 1605 S US HIGHWAY 1 V2-101, JUPITER, FL 33477		(City)		(State)		(Zip)		Phone (561) 427-3990		Residence Type: 1. City <input type="checkbox"/> 3. Florida 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>		1									
Permanent Address (Street, Apt. Number) 1605 S US HIGHWAY 1 V2-101, JUPITER, FL 33477		(City)		(State)		(Zip)		Phone (561) 427-3990		Address Source		FL DL									
Business Address (Name, Street) EL SOL, MILITARY TRAIL, JUPITER, FL		(City)		(State)		(Zip)		Phone		Occupation											
D/L Number, State R255483610150 /		Soc. Sec. Number		INS Number		Place of Birth (City, State) FT LAUDERDALE, FL,		Citizenship													
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input checked="" 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									
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian						NO BOND						Residence Phone									
Address (Street, Apt. Number) (City)						(State)		(Zip)		Business Phone											
Notified by: (Name)						Date		Time		JUVENILE DISPOSITION											
										1. Handled/Processed within Department and Released 2. TOT JAC 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: <input type="checkbox"/> No:						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property									
												Value of Property									
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ 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 P. Possess E. Use A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic															
Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)														Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
														Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
														Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
														Statute Violation Number		Violation of ORD #					
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 Explain:							
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							
														Released By							
														Released To							
I Transported By														Date Transported		Time Transported		Other			
<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)				No Photo Available 2017-01-19 14:51:02			
														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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
Signature of Defendant (or Juvenile and Parent/Custodian)														Date Signed							
HOLD for Other Agency						Signature of Arresting Officer <i>Elizabeth Raleigh</i>						Name Verification (Printed by Arrestee)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) RALEIGH, ELIZABETH I.D. # 1022						(PRINT)									
Intake # 170195		Pouch # None		Transporting Officer 303 SPD		I.D. # 303		Agency SPD		PAGE 1 OF 1											
Witness here if not signed in ink SCANNED																					

Signature of Defendant (or Juvenile and Parent/Custodian)

Date Signed

GENERAL RECORDS

CRIME

ARREST

JAN 19 2017

5:02 PM

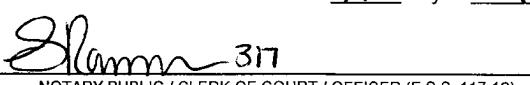
JAN 19 2017

5:02 PM

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/19/2017 00:52	Agency Name JUPITER POLICE DEPARTMENT			Agency Report Number 5 4 17-000297																																						
D E F	Name (Last, First, Middle) RIECHMAN, JOSEPH C	Alias		Race W	Sex M	Date of Birth 01/15/1961																																					
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)																																										
V I C T I M	Victim's Name (Last, First, Middle) RANDALL, SUSAN RAE			Race W	Sex F	Date of Birth 12/01/1954																																					
Local Address (Street, Apt. Number) 1605 S US HIGHWAY 1 V2 101, JUPITER, FL 33477		(City)	(State)	(Zip)	Phone (561) 427-9081	Address Source																																					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation																																					
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CONTUSION HEAD, BLEEDING ARM																																						
VICTIM'S STATEMENTS:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
RELATIONSHIP BETWEEN VICTIM & SUSPECT GIRL/BOYFRIEND																																											
<table> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input checked="" type="checkbox"/></td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER: VICTIM</td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>TYPE:</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>(If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>AT:</td> <td>Scene: <input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>PARAMEDICS: PBFR STA #18</td> </tr> <tr> <td>Hospital:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL: JUPITER ER</td> </tr> </table>								PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: VICTIM	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		MEDICAL TREATMENT:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		AT:	Scene: <input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS: PBFR STA #18	Hospital:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL: JUPITER ER
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N A R R	On 01-19-17 at 0015 hrs., I responded to a reported Domestic Battery at 1605 S. US Hwy 1 V2-101, Jupiter, FL. The caller, later identified as Susan R. Randall (w/f 12-01-54) said she was hit in the head by her boyfriend, later identified as Joseph C. Riechman (w/m 01-15-61). Upon my arrival, I met with Randall, who was waiting outside of the residence. She stated she had been																																										
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>E. Raleigh</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.																																											
 SIGNATURE OF ARRESTING OFFICER																																											
Sworn to and subscribed to before me this <u>19th</u> day of <u>January</u> , <u>2017</u> .																																											
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																											

SCANNED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 01/19/2017 00:52		
	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-000297

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in a car accident earlier and he was mad at her, saying it was her fault. She said they were arguing in the bedroom. Randall said he hit her in the head with his fist. I could see a large contusion on the right side of her forehead. There was also a skin tear, which was bleeding on her left forearm. I asked Randall how that happened. She said he probably grabbed her arm and she has thin skin which tears easily and she bruises easily. She also had bruising on her right shoulder blade, but she was not sure how that happened. Randall said Riechman is her boyfriend of almost 20 years and they live together. She said she is afraid of him and wants him to leave. She said he was in the bedroom in the residence and told us to go inside through the unlocked rear slider. PBFR responded and transported Randall to the Jupiter ER.

Ofc. Pope, Ofc. Fandry and I went in the residence. Riechman was in bed, with his eyes clothes. We called to him and he sat up. I asked him what happened tonight and he said, "I was sleeping". I asked him what happened between him and Randall and he said the following: She was in a car accident earlier and I was in the car. We were discussing what happened because she was wrong. I asked him how Randall received the injuries (head, arm, shoulder). Riechman said she got hurt in the crash. Ofc. Pope and Ofc. Fandry had been on the crash scene and advised Randall was not injured in the crash and these are new injuries. Riechman then said, she must have fallen because she's drunk. There was blood on the bed (sheets and comforter) and a couple spots on the carpet. Riechman then said, "I didn't abuse her". "We were talking about the crash and she became aggressive towards me". I asked him to explain how she was aggressive and he started blankly and said, "The way women do". I asked again and he stared again and said, "I didn't abuse her". I placed Riechman in handcuffs, which were double locked and checked for proper spacing. He was then placed in the rear seat of my patrol car. During transport to the Jupiter Police Department, he said, "This is bull, she gets away with a DUI and I'm going to jail". "She's a drunk and hits herself and cuts herself". Digital photos were taken of Randall's injuries. Randall completed a written statement and was given a Domestic Violence Packet.

Based upon my above described investigation, I find Probable Cause does exist for Joseph C. Riechman for Simple Battery Domestic as he did intentionally touch or strike Susan Randall against her will pursuant to FSS 784.03(1) (a) (1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

E. Riechman / 3087007
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 19 day of January, 2017.

S. Riechman 317
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
JAN 19 2017