

#0465884

#3786

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest	3. Request for Warrant	1	Juvenile
Agency ORI Number FLO, 5, 0, 2, 6, 0, 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7, 8, 1, 1, 8, 1, 0, 0, 0, 4, 6, 0			
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) 11022 LEGACY DR, APT. 104, PBL, FL		Location of Offense (Business Name, Address) SAME AS ARREST					
Date of arrest 0, 1, 2, 2, 1, 8	Time of Arrest 1, 0, 4, 3	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A	
Name (Last, First, Middle) DICKEY, JOSHUA, RYAN				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 0, 3, 1, 1, 9, 2	Height 5'10"	Weight 141	Eye Color BRO	Hair Color BRO
Complexion LGT		Build JWN		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT L ARM SLEEVE			
Local Address (Street, Apt. Number) 11022 LEGACY DR, APT. 104		(City) PBL	(State) FL	(Zip) 33410	Phone (407) 6704923	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation FOOD SVC.	
D/L Number, State D200436920910, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WESTLAKE, OH	Citizenship US
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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"/> 2. At Large <input type="checkbox"/> 3. Felony <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		Date	Time		
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. 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 type="checkbox"/> No		Description of Property		Value of Property			
CODE		Drug Activity		S. Sell N. N/A P. Possess		R. Smuggle D. Deliver T. Traffic	
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. Opium/Deriv.		P. Paraphernalia/Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description SIMPLE BATTERY (DOMESTIC)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7, 8, 4, 1, 0, 3		Violation of ORD #	
Drug Activity N		Drug Type N	Amount / Unit N	Offense # 18000460	Warrant / Capias Number JAN 22 PM 1:08		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		
<input 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 Reverse Side.		Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PCA BLVD, PBL, FL					
		Court Date and Time Month FEB. Day 21 Year 2008 Time 1:00 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		Signature of Arresting Officer x [Signature] 310					
Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) D. KAHN		I.D. # 310		PAGE	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer T. BURNSIDE #5403786		I.D. # 310		Agency PBL	
Witness here if subject signed with an "X"		1 OF 1					

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>01/22/2018 10:17</b>		Agency ORI Number <b>FL 0502600</b>			Agency Name <b>PALM BEACH GARDENS POLICE</b>			Agency Report Number <b>7   8   18-000460</b>		
	Name (Last, First, Middle) <b>DICKEY, JOSHUA RYAN</b>					Alias <b>DICKEY, JOSHUA RYAN</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/11/1992</b>	
C H R G	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>										
	Victim's Name (Last, First, Middle) <b>JACARUSO, GINA N</b>							Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/22/1995</b>	
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>11022 LEGACY DR 104, PALM BEACH GARDENS, FL 33410</b>					Phone <b>(561) 222-6269</b>		Address Source <b>INV</b>			
	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):  <b>HYSTERICAL</b>
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT  
**BOYFRIEND/GIRL**

PHOTOGRAPHS:	Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <b>GINA JACARUSO</b>
WEAPON USED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: <b>HANDS/SPITTING</b>
WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)
INJURIES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:
Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	

On 1-22-18 at about 10:17am at 11022 Legacy Dr., Apartment #104, Palm Beach Gardens, Palm Beach County, Florida. The defednant did knowingly, intentionally and unlawfully commit the offense of Simple Battery.

TO WIT: The defendant and victim, reside together as boyfriend/girlfriend for a time period in excess of one

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

*P.O. W. J. Keeler 310*  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 22 day of January, 2018.

*Full #347*  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>01/22/2018 10:17</b>	Agency Name <b>PALM BEACH GARDENS POLICE</b>		Agency Report Number <b>7   8   18-000460</b>
	Agency ORI Number <b>FL 0502600</b>			

(1) year within the aforementioned address. The victim and defendant became engaged in a verbal confrontation in the residence over allegations of infidelity by the victim. The argument continued to escalate wherein the victim alleged that the defendant struck and pushed her with his open hand(s) and spat upon her person, upon her back.

Interviews conducted with the victim and defendant, as recorded via BWC. The defendant was interviewed within his residence and he advised that he had just returned from Ohio where he saw his daughter, he advised that the victim confided to him that she had "cheated on me". The defendant advised that an argument ensued and he demanded that the victim leave the residence. The defendant admitted to pushing the victim, describing his actions and demonstrating as, "guiding" the victim out of the apartment and he admitted to have spit upon her person, as also recorded via BWC.

The defendant, residing together with the victim, in a mutual cohabitative relationship, whereupon a reasonable person would conclude was a family relationship, did knowingly, intentionally and unlawfully, touch, push or shove the victim as well as spitting bodily fluids upon her, without permission or a reasonable cause to believe he had a lawful right to do so, all contrary to the Provisions as made and Provided for in such Cases by the Florida Statute(s).

NOT A CERTIFIED COPY

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

P.O. W. L. Lee 310  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 22 day of January, 2018.

[Signature] # 347  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)