

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N		
ADMINISTRATION	OBTS Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-025405					
	Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) 135 SW 3RD AVE #32 BOYNTON BEACH					Location of Offense (Business Name, Address) 135 SW 3RD AVE #32						
	Date of Arrest 05/11/2018		Time of Arrest 0309	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
DEFENDANT	Name (Last, First, Middle) MICHAEL JOHN PIPITONE Alias (Name, DOB, Soc. Sec. #, Etc) Pipitone Michael, John											
	W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 07/05/1969	Height 5'8	Weight 160	Eye Color BRO	Hair Color BRO	Complexion FAIR	Build MED	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NA						Marital Status NA	Religion CHRIST	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 135 SW 3RD AVE #32 BOYNTON BEACH			(City)	(State)	(Zip) FL 33435	Phone (561)623-9959	Residence Type 1. City 3. Florida 2. County 4. Out of State		1		
	Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source VERBAL				
	Business Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Occupation BIG LOTS				
	D/L Number, State P135540692450		Soc. Sec. Number		INS Number		Place of Birth nova scotia		Citizenship yes			
	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		
	CO-DEF	<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 parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade				
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. Dispense/ Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
Charge Description SIMPLE BATTERY				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number 784.03.1A1		Violation of ORD#				
Drug Activity NA		Drug Type NA	Amount/Unit NA	Offense # 18-025405	Warrant/Capias Number		Bond					
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond						
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond						
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond						
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time	Month	Day	Year	Time	8:00	<input type="checkbox"/> A.M. <input type="checkbox"/> 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 SHOULD BE ISSUED.												
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed						
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer [Signature]			Name Verification (Printed by Arrestee) (PRINT)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) JONES			I.D. # 954	BU# 111127		Page 1 OF 1			
	Intake Deputy I.D. #		Pouch #	Transporting Officer JONES		I.D. # 954	Agency BBPD	Witness here is subject Signed with an "X".				



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**



On the 11TH day of MAY 2018 at 0244 HOURS
 Subject: MICHAEL JOHN PIPITONE DOB: 07/05/1969 Case #: 18-025405
 Charge Description: SIMPLE BATTERY Statute #: 784.03.1A1
 Victim: LAURA BERGMAN DOB: 02-25-1968 Race: W Sex: F
 Local Address: 135 SW 3RD AVE , BOYNTON BEACFL, 33435
 Personal Contact: 561-305-9238

Narrative:

I responded to 135 SW 3rd Ave #32 in reference to an assault in progress. Upon arrival I met W/F Laura Bergman, who advised that her live-in boyfriend W/M Michael Pipitone punched her in the face. Bergman explained that she was sleeping in her bed when Pipitone came into her room calling her derogatory names. Bergman stated she and Pipitone continued to verbally argue. The argument escalated when Pipitone punched her in the face two times with a closed fist, causing her nose to bleed. Bergman then called the police. It should be noted, Bergman refused BBFD. My visual observation of Bergman revealed a red, bloody nose. Photographs were taken and later submitted into evidence.

I then met with Pipitone, who advised that he and Bergman were a verbal argument, when Bergman called Pipitone's late mother a "cunt". Bergman then lunged and tried to attack Pipitone. Pipitone advised he then pushed Bergman. My visual observation of Pipitone, revealed blood to the left side of Pipitone's face. It should be noted, the blood on Pipitone's face doesn't appear to be from an injury, it appears to be blood from Bergman that accidentally got on Pipitone. Photographs were taken and later submitted into evidence. Both provided a taped statement via my BWC. Pipitone was provided with a victim's right packet and signed an exemption from public records.

Based on my investigation there is Probable Cause to charge Pipitone, with one count of Simple Battery (Domestic), due to the fact Pipitone did actually and intentionally strike Bergman, contrary to Florida Statute 784.03.1A1.

Pipitone was then handcuffed (D/L and checked for spacing) and escorted to the booking area. Upon completion of paper work Pipitone was transported to Palm Beach County jail.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

BLEEDING FROM THE NOSE

Relationship Between Victim and Suspect:

LIVE IN EX BOY FRIEND

Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: BERGMAN
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

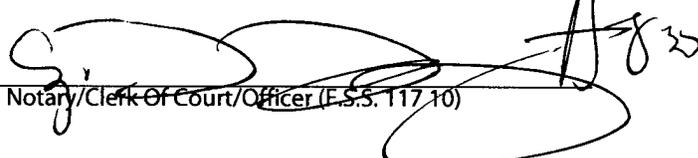
Phone Home: _____ Work: 5613059238
 Employer: parkside inn
 Relative Name: _____ Phone: _____
 Address: _____
 City/State: _____

State Of Florida
 County Of Palm Beach

Appeared before me, JONES, (print name) 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 me before this 11 day of may, 2018


 Notary/Clerk Of Court/Officer (F.S.S. 117.10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

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

1. Incident Report #: 18-025405 Agency: Boynton Beach Police Department
Offense: SIMPLE BATTERY
Suspect/Offender: MICHAEL JOHN PIPITONE
DOB: 07/05/1969 Race: W Sex: M

2. Warrant # (s): _____

3. Complete one (1) of the following:
 - A. Victim's Name: LAURA BERGMAN
Address: 135 SW 3RD AVE
City: BOYNTON BEACH State: FL Zip: 33435
Home #: _____ Work #: 5613059238 Other: _____

 - B. Victim's Next of Kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

 - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of Victim: _____

Printed Name of Victim: LAURA BERGMAN

Officer's Name: JONES I.D.# 954 Date: / /

SUSPECT / OFFENDER :

MICHAEL JOHN PIPITONE

COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)