

J 0351601

OBTS Number		ARREST / NOTICE TO APPEAR - Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		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, 11, 16, 100, 44, 70					
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	
Location of Arrest (Including Name of Business)		7100 Fairway DR, PBGR		Location of Offense (Business Name, Address) 7100 Fairway DR, PBGR FL					
Date of arrest 0, 8, 2, 10, 1, 10, 2, 0, 2, 6		Time of Arrest		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle) Hickok, Michael, Iec		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black O - Oriental/Asian		Sex M		Date of Birth 1, 2, 2, 4, 8, 3		Height 6'0		Weight 205	
Eye Color Hazel		Hair Color Brown		Complexion light		Build large			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoos - Arms, Chest, Back		Marital Status M		Religion N/A		Indication of: Alcohol Influence Drug Influence			
Local Address (Street, Apt. Number) 13134 86th Rd N WPB		(City) WPB		(State) FL		(Zip) 33412		Phone 561 762 1255	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Business Address (Name, Street)		(City)		(State)		(Zip)		Address Source defendant	
D/L Number, State H220 552834640		Soc. Sec. Number		INS Number		Place of Birth (City, State) Bainbridge Beach FL		Citizenship	
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. Handed/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 355-2526) informed of any change of address.		<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		VICTIM NOTIFICATION REQUIRED				Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		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. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description BATTERY - cause Bodily harm		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 7, 8, 41, 0, 3, 1, 1, A, 2, 1		Violation of ORD #	
Drug Activity Drug Type N/A N/A		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
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		Bond	
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		Bond	
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		Bond	
<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> 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)							
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 Month Day Year Time A M P M AUG 27 2016 12:15							
Signature of Defendant (or Juvenile and Parent/ Custodian)		Date Signed							
HOLD for other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Signature of Arresting Officer Doreen O		Name Verification (Printed by Arrestee)					
Intake Deputy		I.D. #		Pouch #		Name of Arresting Officer (Print) Enevelgaard 436		I.D. #	
Transporting Officer Enevelgaard 436 PBGRPD		I.D. #		Agency		Witness here if subject signed with an "X"			

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

ADMINISTRATIVE	Date / Time <b>08/26/2016 21:55</b>	Agency ORI Number <b>FL 0502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>	Agency Report Number <b>7   8   16-004470</b>		
	Name (Last, First, Middle) <b>HICKOK, MICHAEL LEE</b>					Race <b>W</b>	Sex <b>M</b>
DEFENSE	Charge Description <b>784.03(1)(A)(2) BATTERY - CAUSE BODILY HARM</b>					Date of Birth <b>12/24/1983</b>	
CHARGE	Victim's Name (Last, First, Middle) <b>HICKOK, JINNI LI</b>					Race <b>W</b>	Sex <b>F</b>
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>13134 86TH RD N, PBSO, FL 33412</b>					Phone <b>(561) 729-4361</b>	
	Business Address (Name, Street) (City) (State) (Zip)					Address Source <b>defendant</b>	
						Occupation	
VICTIM	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET, CRYING</b>				
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral						
ADDITIONAL INFORMATION	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>HUSBAND/WIFE</b>						
	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: <b>RYAN FINK</b>  WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <b>CAR KEYS</b>  WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach witness list)  INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  AT: Scene: <input type="checkbox"/> YES <input type="checkbox"/> NO PARAMEDICS:  Hospital: <input type="checkbox"/> YES <input type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:  ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAMES/AGES: <b>[REDACTED]</b>  H. R. S. NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO  VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:  PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>						
NARRATIVE	On 08/26/16 at around 8:00p.m I was dispatched to Hurricane Wings located at 7100 Fairway Dr. in Palm Beach Gardens, in reference to a domestic disturbance.						
	Upon arrival I made contact with the female half, Jinni Hickok who was sitting inside the restaurant. Ofc.						
STATE OF FLORIDA COUNTY OF PALM BEACH <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><u><i>[Signature]</i></u> 436  SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>26th</u> day of <u>August</u>, <u>2016</u>.</p> <p><u><i>[Signature]</i></u> 200  NOTARY PUBLIC / CLERK OF COURT / OFFICIAL (P.S.S. 147.10)</p>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## 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>08/26/2016 21:55</b>	Agency Name <b>PALM BEACH GARDENS POLICE</b>	Agency Report Number <b>7   8   16-004470</b>
	Agency ORI Number <b>FL 0502600</b>		

Abraira had arrived prior and was outside with the male half, Michael Hickok. I asked Jinni what just occurred and she advised that her and Michael were arguing at the table in the restaurant. Jinni advised Michael was telling her that she didn't work hard enough. Jinni advised that he was upset and yelling and he threw his car keys at her and they hit her in the face. Jinni had a small cut on her forehead that appeared to be bleeding slightly. I asked Jinni if she wanted Fire Rescue to come examine the cut and she stated she did not want fire rescue. I asked Jinni if Michael intentionally threw the keys at her or if he just threw them. Jinni stated she did not know if it was intentional. I asked Jinni if Michael got up and left the restaurant after he threw the keys and she stated that he didn't, he stayed and kept arguing with her. Jinni appeared visibly upset, and she had tears in her eyes.

I spoke with the witness, Ryan Fink who is an employee of Hurricane Wings. Ryan's sworn statement was recorded on my Body Worn Camera (BWC). Ryan advised that he was at the table to the west of where Jinni and Michael were sitting speaking with guests. Ryan advised he saw out of the corner of his eye, Michael hit Jinni in the face. Ryan stated that he saw Michael's hand hit Jinni's face, unknown if it was an open hand or a fist. Ryan advised that he observed Jinni put her hands by her mouth after Michael hit her and that Jinni began to cry. Ryan stated he went to Jinni and Michael's table after he observed that and asked if everything was okay. Ryan stated Michael stood up in an aggressive manner to Ryan and asked him if everything was okay. Ryan stated Michael appeared aggressive and upset.

Ofc. Abraira made contact and got Michael on his BWC stating what happened inside the restaurant. Michael stated that the server, Ryan, came up to their table and asked if everything was okay. Michael stated Ryan asked that because him and Jinni were arguing at the table. Michael advised that him and Jinni were arguing and he got up and said he was going to go outside to the truck. Michael stated Jinni told him to sit down and keep eating. At that time, he then threw his keys out of anger. Michael advised that Jinni missed and the keys hit Jinni in the face. Michael advised the keys hitting Jinni in the face was unintentional.

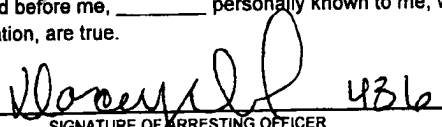
Jinni was given a Domestic Rights and Remedies pamphlet in which she signed stating she received it. Jinni also filled out the victim notification form stating she does want to be notified when Michael is released from jail. Based on my investigation, the statement from Jinni, the statement from Michael, the independent witness Ryan, and the small cut on Jinni's forehead I found probable cause to place Michael under arrest. Michael was placed under arrest for Domestic Battery- Bodily Harm Florida State Statute 784.03(1)(A)(2). Michael was transported to Palm Beach County Jail.

This call was recorded on my Body Worn Camera (BWC).

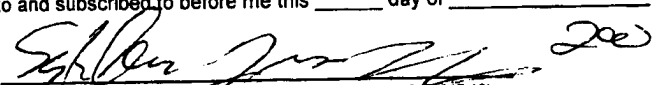
  

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

 436  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_.

 20  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.