

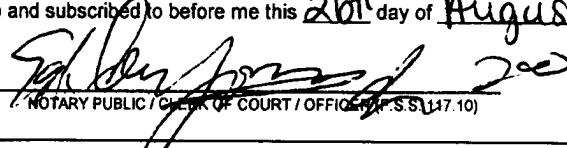
J" 035 1601

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 1-1 101-00447011														
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor			5. Ordinance 6. Other		If Weapon Seized		Multiple Clearance Indicator												
Location of Arrest (Including Name of Business) 7100 Fairway DR, PBG, FL		Location of Offense (Business Name, Address) 7100 Fairway DR, PBG, FL																			
Date of arrest 0 8 2 16 16		Time of Arrest 2 0 2 16		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) HICKOK, Michael, Lee												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth W M 1 2 2 4 8 3		Height 6'0		Weight 205		Eye Color Hazel		Hair Color Brown									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoos - PRMS, Chest, Back												Complexion light									
Local Address (Street, Apt. Number) 13134 86th Rd N		(City) WPB		(State) FL		(Zip) 33412		Phone (301)762-1255		Indication of: Alcohol Influence Drug Influence		Y N Unk									
Permanent Address (Street, Apt. Number) 11		(City) 11		(State)		(Zip)		Phone ()		Residence Type: 1. City 2. County		3. Florida 4. Out of State									
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()		Address Source defendant		Occupation									
DVL Number, State H2205528346040		Soc. Sec. Number		INS Number				Place of Birth (City, State) Brentwood, FL		Citizenship											
Co-Defendant Name (Last, First, Middle)												Race Sex Date of Birth □ 1. Arrested □ 2. At Large									
Co-Defendant Name (Last, First, Middle)												Race Sex Date of Birth □ 1. Arrested □ 2. At Large									
Name (Last) (First) (Middle)												Residence Phone ()									
Address (Street, Apt. Number) N 86th												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 305-2526) informed of any change of address. □ Yes, by: (Name) □ No: (Reason)												School Address Victim Notification REQUIRED									
Property Crime? □ Yes □ No												Value of Property									
Drug Activity S. Sell N. N/A B. Buy T. Possess 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. Parapharmaka/ Equipment S. Synthetic									
Charge Description Battery -cause Bodily harm												Counts 1 Domestic Violence □ Y □ N		Status Violation Number 7 8 4 1 0 3 1 1 1 1 2 1 1		Violation of ORD #					
Drug Activity N/A												Drug Type N/A		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description												Counts		Domestic Violence □ Y □ N		Status Violation Number		Violation of ORD #			
Drug Activity N/A												Drug Type N/A		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description												Counts		Domestic Violence □ Y □ N		Status Violation Number		Violation of ORD #			
Drug Activity N/A												Drug Type N/A		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description												Counts		Domestic Violence □ Y □ N		Status Violation Number		Violation of ORD #			
Drug Activity N/A												Drug Type N/A		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
INSTRUCTIONS 1. Instruction No. 1 Mandatory Appearance in Court. 2. Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address)																			
Court Date and Time Month Day		Year 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED												SCANNED AUG 27 2016									
Signature of Defendant (or Juvenile and Parent/ Custodian)												Date Signed AUG 27 2016									
HOLD for other Agency Name:				Signature of Arresting Officer x/Voiceprint				Name Verification (Printed by Arrestee)													
□ Dangerous □ Suicidal				Name of Arresting Officer (Print) Knevelbaard				(PRINT)													
Intake Deputy		I.D. #		Pouch #		Transporting Officer		I.D. #		Agency											
Witness here if subject signed with an "X"																					

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 08/26/2016 21:55	Agency Name PALM BEACH GARDENS POLICE			Agency Report Number 7 8 16-004470		
D E F	Name (Last, First, Middle) HICKOK, MICHAEL LEE	Alias		Race W	Sex M	Date of Birth 12/24/1983	
C H G	Charge Description 784.03(1)(A)(2) BATTERY - CAUSE BODILY HARM						
V I C T I M	Victim's Name (Last, First, Middle) HICKOK, JINNI LI			Race W	Sex F	Date of Birth 01/26/1982	
Local Address (Street, Apt. Number) (City) (State) (Zip) 13134 86TH RD N, PBSO, FL 33412				Phone (561) 729-4361	Address Source defendant		
Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation		
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET, CRYING					
RELATIONSHIP BETWEEN VICTIM & SUSPECT HUSBAND/WIFE							
A D D I T I O N A L I N F O R M A T I O N	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: RYAN FINK				
	WEAPON USED:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE: CAR KEYS				
	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 Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NAMES/AGES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	H. R. S. NOTIFIED:	<input type="checkbox"/> YES <input checked="" 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 #: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
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 Appeared before me, _____ 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 20 th day of August, 2016.  _____ NOTARY PUBLIC / CLERK OF COURT / OFFICE OF P.S. (17.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

Date / Time 08/26/2016 21:55	
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Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 16-004470
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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).

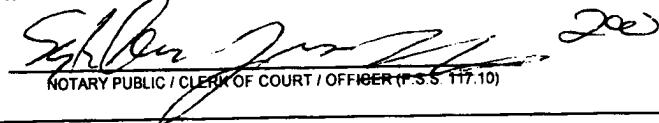
STATE OF FLORIDA
COUNTY OF PALM BEACH

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


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SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this _____ day of _____, _____.


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

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.