

0498587

151

ARREST / NOTICE TO APPEAR

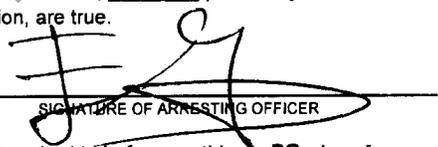
AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0502000</b>		Agency Name <b>Lantana Police Department</b>		Agency Report Number (N.T.A.'s only) <b>6, 4   18-001227</b>		1 Arrest 3 Request for Warrant 2 N.T.A. 4 Request for Capias		1 JUVENILE									
	Charge Type Check as many as apply: <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type: <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>															
D E F E N D A N T	Location of Arrest (Including Name of Business) <b>890 N FEDERAL HWY</b>				Location of Offense (Business Name, Address) <b>890 N FEDERAL HWY 401, LANTANA, FL 33462</b>															
	Date of Arrest <b>05/28/2018</b>	Time of Arrest <b>06:05</b>	Booking Date <b>05/28/2018</b>	Booking Time <b>06:15</b>	Jail Date	Jail Time	Location of Vehicle													
C O D E F	Name (Last, First, Middle) <b>DOSKEY, PETER HENRY</b> <sup>29</sup> Alias: _____ Alias (Name, DOB, Soc Sec #, Etc.) _____																			
	Race W - White B - Black I - American Indian O - Other/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/20/1953</b>	Height <b>5'08</b>	Weight <b>185</b>	Eye Color <b>BROWN</b>	Hair Color <b>GRAY</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>											
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>D</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>											
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>890 N FEDERAL HWY 401, LANTANA, FL 33462</b>				Phone <b>(561) 572-1085</b>		Residence Type 1 City 3 Florida 2 County 4 Out of State													
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>890 N FEDERAL HWY 401, LANTANA, FL 33462</b>				Phone <b>(561) 572-1085</b>		Address Source <b>DEFENDENT</b>													
	Business Address (Name, Street) (City) (State) (Zip) <b>PICC LINES PLUS, BOYNTON BEACH</b>				Phone		Occupation <b>Nurse</b>													
	D/L Number, State <b>D200668534200 / FL</b>		Soc Sec Number		INS Number		Place of Birth (City, State) <b>NEW ORLEANS, LA</b>		Citizenship <b>US</b>											
	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											
	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											
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other _____		Name (Last, First, Middle)		Residence Phone														
<input type="checkbox"/> Legal Custodian		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.											Grade									
C H A R G E	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property															
	Drug Activity S Sell N N/A P Possess		R Smuggle D Deliver E Use		K Disperse/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 <b>BATTERY - SIMPLE TOUCH / STRIKE</b>				Statute Violation Number <b>784.03</b>		Violation of ORD # <b>1A</b>													
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond											
	<b>N</b>	<b>N</b>		<b>18-001227</b>	<b>1</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N														
	Charge Description				Statute Violation Number		Violation of ORD #													
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond											
						<input type="checkbox"/> Y <input type="checkbox"/> N														
	Charge Description				Statute Violation Number		Violation of ORD #													
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond											
					<input type="checkbox"/> Y <input type="checkbox"/> N															
I N T A K E	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"/> Communicates <input type="checkbox"/> Injuries															
	Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT County Jail				PROPERTY - Received By				Released By											
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported <b>05/28/2018</b>				Time Transported <b>07:53</b>											
	Transported By <b>POLICE</b>				Location (Court, Room)				Released To											
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)				No Photo Available											
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2				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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																			
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed																
A D M I N I S T R A T I O N	HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)											
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				Name of Arresting Officer (Print) <b>GUARIN, EDGAR L.</b>				(PRINT)											
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other				ID # <b>866</b>															
	Transporting Officer <b>GUARIN E</b>				ID # <b>866</b>				Agency <b>64</b>											
Witness here if subject signed with an "X"								PAGE <b>1 OF 1</b>												

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P.I.O.  DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>05/28/2018 07:41</b>		Agency ORI Number <b>FL 0502000</b>		Agency Name <b>LANTANA POLICE DEPARTMENT</b>		Agency Report Number <b>6   4   18-001227</b>																																																																																																																																								
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C H R G	Charge Description <b>784.03 BATTERY - SIMPLE TOUCH / STRIKE</b>																																																																																																																																														
	Victim's Name (Last, First, Middle) <b>DOSKEY, PETER THOMAS</b>						Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/30/1981</b>																																																																																																																																						
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	Business Address (Name, Street) (City) (State) (Zip) <b>NONE</b>				Phone		Occupation																																																																																																																																								
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL). <b>RELAXED</b>																																																																																																																																											
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																																																																														
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>SON</b>																																																																																																																																															
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N A R R	On Monday, May 28, 2018 at approximately 0540 hours I was dispatched to 890 N Federal Highway, Apt 401, Lantana FL, 33462 in reference to a domestic battery. On scene I made contact with (father) w/m, Peter Henry Doskey (11/20/1953) who advised me the following:																																																																																																																																														
	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 <u>28</u> day of <u>May</u> , <u>2018</u> .   <b>TUANG, NGIN SIAN</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)																																																																																																																																														

CERTIFIED COPY

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>05/28/2018 07:41</b>	Agency ORI Number <b>FL 0502000</b>	Agency Name <b>LANTANA POLICE DEPARTMENT</b>	Agency Report Number <b>6   4   18-001227</b>

His son is an alcoholic and is currently in his bedroom. Upon asking what occurred he advised me that he was in an argument with his son about buying beer.

I then made contact with (son) w/m, Peter Thomas Doskey (05/30/1981) who was sitting on his bed. He then advised me the following:

His dad had punched him in the face after they were arguing about his drinking. He was punched two to three times on the left side of the face. He was also punched in the legs an unknown amount of times. Peter Thomas then advised me that he has a recording of his father yelling threats at him. I then listened to the recordings this is a summary of the recordings:

Father: "Arrrrggg Get out of my house; get out of my fucking, mother fucking house"

Son: "Shit are you gonna hit me again"

Father "Yeah, get out of my house; get out."

Son: " I didn't do any thing to you."

Father: "Just get out of my fucking house and my fucking life you little worm. Get out of my house you alcoholic fucking bastard".

Son: "You beat your kids"

Father: "Yeah I'll beat you" You're not my kid you're a parasite" Get out of my fucking house"

Son: "Alright man I'll get dressed and get out just don't hit me again".

Father: "Just get the mother fuck away from me Pete, I can stand you anymore".

Son: "I didn't do anything to you"

Father: "Ha yeah of coarse you didn't, you little fucking shit, get outta my house Pete I can't even stand you".

Son: "Alright, alright just don't fucking punch me in the face again".

Father: "I didn't hit you in the face at all"

Son: "Yes you certainly did and you know it"

Father: "I can't stand you Pete you're a liar, a thief and alcoholic you're a waste, you're a piece of shit."

Son: "Yeah well at least I don't hit my kids".

Father: "Well you don't have any. You either go to sleep or get out, you bother me again, I will take you by

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 28 day of May, 2018.

**TUANG, NGIN SIAN**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE  
AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>05/28/2018 07:41</b>	Agency Name <b>LANTANA POLICE DEPARTMENT</b>	Agency Report Number <b>6   4   18-001227</b>
	Agency ORI Number <b>FL 0502000</b>		

your fucking throat and throw you out of here" I'm done with you Pete, I don't care what you do or what happens to you anymore, I'm done with you. Go live with your fucking mother.

Son: "Oh yeah that's a great idea"

Father: "Yeah she loves you too".

Son: "Yeah maybe she will hit me too".

Father: "Yeah maybe she will " I wouldn't blame her.  
-End of recording.

Based on the facts from above I believe there is sufficient probable cause to charge Peter Henry Doskey with Domestic Battery.

He was then placed under arrest. He was handcuffed in the back; they were checked for tightness and proper spacing.

Peter Thomas then filled and signed a sworn written statement. He also signed a domestic violence diagram.

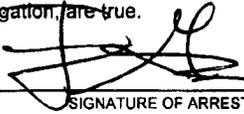
8 digital photographs were taken of the aforementioned areas. Audio recording was placed into evidence.

It should be noted that while Peter Henry was in the rear of my patrol vehicle he advised me that he only hit his son in the legs because his son continued waking him up in order to get money to buy more beer. Both parties admitted to drinking during the night.

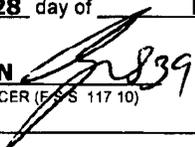
Peter Henry was transported to the Lantana Police Department for processing and then the PBC Jail.

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 28 day of May, 2018.

  
\_\_\_\_\_  
**TUANG, NGIN SIAN**  
NOTARY PUBLIC / 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)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- 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 single dwelling.)

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

1. Incident Report#: 18-001827 Agency: Lantana  
 Offense: Domestic Battery  
 Suspect/Offender: Peter J. Joskey  
 D.O.B. 11/20/53 Race: W Sex: M

2. Warranty #(s): \_\_\_\_\_

3. Complete one (1) of the following:

a. Victim's name: Peter Joskey  
 Address: 890 N. Federal Hwy.  
 City: Lantana State: \_\_\_\_\_ Zip: 33462  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ 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 person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: \_\_\_\_\_ I.D.: \_\_\_\_\_ Date: \_\_\_\_\_

SUSPECT/OFFENDER: \_\_\_\_\_  
 COURT CASE/WARRANT #: \_\_\_\_\_  
 (FOR WARRANT USE ONLY)



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2018017766	<b>Date:</b> 05/29/2018
	<b>Specialist Name/ID:</b> howardt/7185