

UT011X

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report
 1. Arrest    3. Request for Warrant  
 2. N.T.A.    4. Request for Capias

Juvenile

|  |                   |  |                                    |   |  |  |                                       |                           |                  |
|--|-------------------|--|------------------------------------|---|--|--|---------------------------------------|---------------------------|------------------|
| ADMINISTRATIVE   | OBTS Number       |  | Agency Name                        |   | Agency Report Number (N.T.A.'s only)   |  |                                       |                           |                  |
|  | Agency ORI Number |  | PALM BEACH GARDENS POLICE DEPT.    |   | 7 8 1 1 6 1 - 0 0 5 2 4 4  |  |                                       |                           |                  |
| Charge Type:<br>Check as many as apply.  |                   | <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other |                                    | If Weapon Seized  |  | Multiple Clearance Indicator   |                                       |                           |                  |
| Location of Arrest (Including Name of Business)  |                   | Location of Offense (Business Name, Address)   |                                    |   |  |  |                                       |                           |                  |
| 2805 VERONIA DR. #202  |                   | SAME AS ARREST   |                                    |   |  |  |                                       |                           |                  |
| Date of arrest   |                   | Time of Arrest   | Booking Date                       | Booking Time  | Jail Date  | Jail Time  | Location of Vehicle                   |                           |                  |
| 10/09/16   |                   | 18:01  |                                    |   |  |  |                                       |                           |                  |
| Name (Last, First, Middle)   |                   |  |                                    |   |  |  |                                       |                           |                  |
| ARZUMAN, PIERRE GAREN  |                   |  |                                    |   |  |  |                                       |                           |                  |
| Race<br>W - White<br>B - Black   |                   | Sex<br>M - Male<br>F - Female  | Date of Birth<br>030585            | Height<br>5'5 1/2   | Weight<br>150  | Eye Color<br>Hazel   | Hair Color<br>Blk                     |                           |                  |
| Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)   |                   | (R) Bicep TATTOO - EAGLE, Lion over CREST  |                                    | Marital Status<br>S   | Religion<br>Christian  | Indication of:<br>Alcohol Influence<br>Drug Influence                    |                                       |                           |                  |
| Local Address (Street, Apt. Number)  |                   | (City)   | (State)                            | (Zip)   | Phone<br>(561)568-3221   | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State |                                       |                           |                  |
| 2805 VERONIA DR. #202  |                   | PBC, FL  | 33410                              |   |  | 11   |                                       |                           |                  |
| Permanent Address (Street, Apt. Number)  |                   | (City)   | (State)                            | (Zip)   | Phone<br>( )   | Address Source<br>DEF/VERBAL   |                                       |                           |                  |
| Business Address (Name, Street)  |                   | (City)   | (State)                            | (Zip)   | Phone<br>( )   | Occupation<br>UNEMPLOYED   |                                       |                           |                  |
| DL Number, State   |                   | [REDACTED]   |                                    | INS Number  | Place of Birth (City, State)   |  | Citizenship                           |                           |                  |
| AC25 667 85 0850   |                   |  |                                    |   | R.I.A.S, S.A.: ARABIA  |  | U.S.                                  |                           |                  |
| Co-Defendant Name (Last, First, Middle)  |                   | Race   | Sex                                | Date of Birth   | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |  |                                       |                           |                  |
| Co-Defendant Name (Last, First, Middle)  |                   | Race   | Sex                                | Date of Birth   | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |  |                                       |                           |                  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other:<br>Name (Last)  |                   | First (Middle)   |                                    | Residence Phone<br>( )  |  |  |                                       |                           |                  |
| Address (Street, Apt. Number)  |                   | (City)   |                                    | (State)   | (Zip)  | Business Phone<br>OCT 9 PM 8:58  |                                       |                           |                  |
| Notified by: (Name)  |                   | Date   | Time                               | Juvenile Disposition<br>1. Handled/Processed within Dept. and Released<br>2. TOT HRS/DYS<br>3. Incarcerated |  | Date   |                                       |                           |                  |
| Released To: (Name)  |                   | Relationship   |                                    |   |  | 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.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |                   |  |                                    |   |  |  |                                       |                           |                  |
| School Attended  |                   |  |                                    |   |  | Grade  |                                       |                           |                  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                   | Value of Property  |                                    |   |  |  |                                       |                           |                  |
| CODE   |                   | S. Sell<br>N. N/A<br>P. Possess  | R. Smuggle<br>B. Buy<br>T. Traffic | K. Dispense/<br>D. Deliver<br>E. Use  | M. Manufacture/<br>Produce/<br>Cultivate                                     | Z. Other   | Drug Type<br>N. N/A<br>A. Amphetamine |                           |                  |
| CHARGE   |                   | Charge Description<br>BATTERY OVER G5 - Domestic   |                                    | Counts<br>IF  | Domestic Violence<br>Y <input type="checkbox"/> N                            | Statute Violation Number<br>7 8 4 0 8 1 1 (2) (c) 1                      |                                       | Violation of ORD #        |                  |
| CHARGE   |                   | Drug Activity<br>N   | Drug Type<br>N                     | Amount / Unit<br>S/M  | Offense #<br>16-005244   | Warrant / Capias Number  |                                       | Bond                      |                  |
| CHARGE   |                   | Charge Description   |                                    | Counts  | Domestic Violence<br>Y <input type="checkbox"/> N                            | Statute Violation Number   |                                       | Violation of ORD #        |                  |
| CHARGE   |                   | Drug Activity  | Drug Type                          | Amount / Unit   | Offense #  | Warrant / Capias Number  |                                       | Bond                      |                  |
| CHARGE   |                   | Charge Description   |                                    | Counts  | Domestic Violence<br>Y <input type="checkbox"/> N                            | Statute Violation Number   |                                       | Violation of ORD #        |                  |
| CHARGE   |                   | Drug Activity  | Drug Type                          | Amount / Unit   | Offense #  | Warrant / Capias Number  |                                       | Bond                      |                  |
| CHARGE   |                   | Charge Description   |                                    | Counts  | Domestic Violence<br>Y <input type="checkbox"/> N                            | Statute Violation Number   |                                       | Violation of ORD #        |                  |
| CHARGE   |                   | Drug Activity  | Drug Type                          | Amount / Unit   | Offense #  | Warrant / Capias Number  |                                       | Bond                      |                  |
| NOTICE TO APPEAR   |                   | <input type="checkbox"/> Instruction No. 1<br>Mandatory Appearance in Court<br><input type="checkbox"/> Instruction No. 2<br>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                                  | 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<br>10/09/2016 |                  |
| HOLD for other Agency<br>Name:   |                   |  |                                    | Signature of Arresting Officer<br>X [Signature] 376   |  | Name Verification (Printed by Arrestee)<br>(PRINT) SCANNED               |                                       |                           |                  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal  |                   |  |                                    | Name of Arresting Officer (Print)<br>Det. P. Zaffler  |  | I.D. #   |                                       |                           |                  |
| Intake Deputy  |                   |  |                                    | Transporting Officer<br>I. JUNIOR   | Pouch #<br>454   | Agency<br>PBGPD  | PAGE<br>1 OF 1                        |                           |                  |
| Witness here if subject signed with an "X"   |                   |  |                                    |   |  |  |                                       |                           |                  |
| DISTRIBUTION:  |                   | WHITE - COURT COPY   |                                    | GREEN - STATE ATTORNEY  |  | YELLOW - AGENCY  |                                       | PINK - JAIL               | GOLD - DEFENDANT |

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

|  |  |  |                  |  |
|--|--|--|------------------|--|
| A<br>D<br>M<br>I<br>N  | Date / Time<br><b>10/09/2016 18:40</b>                                 | AFFIDAVIT  |                  |  |
| Agency ORI Number<br><b>FL 0502600</b>   | Agency Name<br><b>PALM BEACH GARDENS POLICE</b>                        | Agency Report Number<br><b>7   8   16-005244</b>                             |                  |  |
| DEF<br>F   | Name (Last, First, Middle)<br><b>ARZUMAN, PIERRE GAREN</b>             | Alias  | Race<br><b>U</b> | Sex<br><b>M</b> Date of Birth<br><b>03/05/1985</b> |
| CHRG   | Charge Description<br><b>784.08(2)(C) BATTERY - ON 65 YOA/OLDER</b>    |  |                  |  |
| VI<br>C<br>T<br>I<br>M   | Victim's Name (Last, First, Middle)<br><b>ARZOUMANIAN, MARK PUZANT</b> |  | Race<br><b>W</b> | Sex<br><b>M</b> Date of Birth<br><b>11/09/1939</b> |
| Local Address (Street, Apt. Number)<br><b>2805 VERONIA DR 202, PALM BEACH GARDENS, FL 33410</b>  | (City)   | (State)  | (Zip)            | Phone<br><b>(561) 703-8680</b> Address Source      |
| Business Address (Name, Street)  |  | (City)   | (State)          | (Zip) Phone Occupation                             |
| DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Written<br>VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Taped<br>Oral  |  | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):<br><b>INJURED IN HOSPITAL</b> |                  |  |
| RELATIONSHIP BETWEEN VICTIM & SUSPECT<br><b>UNCLE/NEPHEW</b>   |  |  |                  |  |
| PHOTOGRAPHS:   | Scene: <input checked="" type="checkbox"/> YES                         | NO <input type="checkbox"/>  |                  |  |
| Victim:  | <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>   |                  |  |
| 911 CALL:  | <input checked="" type="checkbox"/>                                    | <input type="checkbox"/> CALLER: <i>Anonymous</i>                            |                  |  |
| WEAPON USED:   | <input checked="" type="checkbox"/>                                    | <input type="checkbox"/> TYPE: <i>Firearm</i>                                |                  |  |
| WITNESSES:   | <input checked="" type="checkbox"/>                                    | <input type="checkbox"/> (If YES, attach witness list)                       |                  |  |
| INJURIES:  | <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>   |                  |  |
| MEDICAL TREATMENT:   | <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>   |                  |  |
| AT: Scene:   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> PARAMEDICS:                              |                  |  |
| Hospital:  | <input checked="" type="checkbox"/>                                    | <input 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 10/09/2016 I was an On-Call Detective for the Palm Beach Gardens Police Department. Detective Sergeant Randall Anderson called me at 1:00p.m. and tasked me with investigating a suspicious incident which occurred at 2805 Veronia Drive Apt. #202. An anonymous person had called 911 and stated that they heard gunshots coming from the area of the aforementioned location. They advised that there were 3 white males present and had                   |  |  |                  |  |
| <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <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><i>Paul 211 376</i></p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this 1<sup>st</sup> day of OCT, 2016.</p> <p><i>Sgt. Paul J. James 200</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.C. 117.10)</p> |  |  |                  |  |

SCANNED  
OCT 10 2016

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS  
OCT 10 2016

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

|   |                   |                           |
|---|-------------------|---------------------------|
| A | Date / Time       |                           |
| D | 10/09/2016 18:40  |                           |
| M | Agency ORI Number | Agency Name               |
| I | FL 0502600        | PALM BEACH GARDENS POLICE |

Agency Report Number  
7 | 8 | 16-005244

N heard them arguing for approximately 20 minutes prior to the gunshot.

A  
R I met with Detective Neil Dore at the residence and we conducted interviews with occupants of the home, Zareh  
R Arzuman (10/05/1941), his son 31-year-old Pierre Arzuman (03/05/1985), and Pierre's Uncle, 76-year-old Mark  
A Arzumanian (11/09/1939) was interviewed at the Jupiter Medical Center being treated for his injuries, which  
T included a possible broken bone in his back. He also had an abrasion on his left wrist, and his left  
I cheek/chin area of his face. He had lacerations on his right outer forearm and left ankle.  
V  
E

All three men said that Zareh and Mark were sitting at the dining room table in the residence at approximately 11:30 a.m. Pierre told us that Mark was yelling at his father and he did not like that. He stated that he walked over to him and Mark attempted to choke him by grasping around his neck and to punch him however he was ultimately unsuccessful and Pierre had pushed Mark over towards the corner of the room where there was a hard plastic milk crate was on the floor. Pierre said that his uncle had indicated that his back was injured when he was pushed down.

The verbal altercation continued and Mark told me was in fear of his nephew who is a former Marine and much younger and stronger than him. He explained that his nephew kept coming at him and he was fearful and retrieved his firearm from his bed area in the living room. Mark said that he was trying to leave the residence while Zareh held back his son (Pierre) who continued to come towards him. Mark said that Pierre had broken free from his father's grasp and reinitiated the physical altercation as he walked past the kitchen area, trying to leave. Pierre then pushed Mark over again in the kitchen. According to Mark Pierre was trying to wrestle the gun from him when a shot went off accidentally. Mark was adamant when asked if he intended to harm anyone, he told me "Do you think I would want to shoot my brother or my nephew?" he was adamant that he retrieved his revolver as a means of self-defense against his bigger stronger nephew, however he never intended to fire the weapon. He told me never pointed it at anyone and it was always pointed towards the floor.

Pierre said that he was angry that his Uncle had brought a weapon out. He also made a statement to the effect of, "I wanted to bust his face in", while he described trying to remain composed after the altercation. Pierre told me that he was trying to take the gun from his uncle when Mark fell backwards again in the kitchen. He then described seeing a red laser beam from the weapon on his shirt (abdominal area). Pierre said that his uncle was seated on the kitchen floor when he deliberately shot a round towards him, possibly firing from the hip or a lower position. Zareh did not witness how the gun was fired and nor did he realize that Mark had the gun until the round was discharged. He explained that he had his back towards his brother while he tried to push his son into his bedroom to stop the confrontation. Pierre also provided a sworn written statement, in which he declined prosecution.

Detective Dore took photographs of the scene, suspect, and victim. He also recovered a single round from Pierre's bedroom closet. It appears that the round entered the hallway wall outside Pierre's bathroom, travelling through the opposite bathroom/closet wall, coming to rest in Pierre's bedroom closet. The round seemed to travel on an upward trajectory from the kitchen as described. The firearm was recovered and placed in to evidence. See Detective Dore's supplement for further information.

Due to information obtained during this investigation, along with the fact that the Pierre Arzuman was deemed to be the primary aggressor, and is much younger and stronger than the 76-year old victim, Mark

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.

Pat/211 376  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed before me this 9th day of Oct. 2016

Pat/211 376 20  
NOTARY PUBLIC / CLERK OF COURT / OFFICER I.P.S. 117.10

SCANNED

OCT 10 2016

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

|   |                                  |
|---|----------------------------------|
| A | Date / Time                      |
| D | <b>10/09/2016 18:40</b>          |
| M | Agency ORI Number                |
| I | <b>FL 0502600</b>                |
| N | Agency Name                      |
| A | <b>PALM BEACH GARDENS POLICE</b> |
| R | Agency Report Number             |
| R | <b>7   8   16-005244</b>         |
| A |                                  |
| T |                                  |
| I |                                  |
| V |                                  |
| E |                                  |

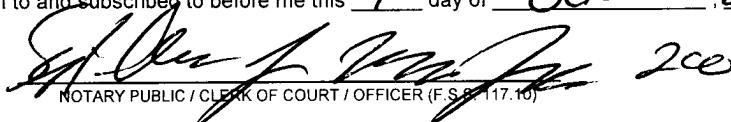
|  |  |
|--|--|
| Arzumanian. There is probable cause to charge Pierre Arzuman with Battery on a Person over 65 years of age (Domestic) pursuant to F.S.S. 784.08(2) (C) . |  |
| NOT A CERTIFIED COPY   |  |

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.



SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 9<sup>th</sup> day of Oct. 2016.


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

SCANNED  
OCT 10 2016