

16 CE 10376B

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 16-013549		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 3		JUVENILE	
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Location of Arrest (Including Name of Business) WARRANT REQUEST		Location of Offense (Business Name, Address) 4593 DANSON WAY, DELRAY BEACH, FL 33445		If Weapon Seized Enter Type Hands/fist/feet/teeth		Multiple Clearance Indicator 1			
	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
	Name (Last, First, Middle) CANALE, RICHARD WALTER		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		Marital Status S		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	
	Race W - White B - Black W		Sex M		Date of Birth 08/29/1981		Height 6'00		Weight 160		Eye Color BROWN	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Hair Color BLACK		Complexion LIGHT		Build		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		Address Source VERBAL	
	Local Address (Street, Apt. Number) 4593 DANSON WAY, DELRAY BEACH, FL 33445		(City) DELRAY BEACH		(State) FL		(Zip) 33445		Phone (772) 626-9421		Occupation	
	Permanent Address (Street, Apt. Number) 4593 DANSON WAY, DELRAY BEACH, FL 33445		(City) DELRAY BEACH		(State) FL		(Zip) 33445		Phone (772) 626-9421			
	Business Address (Name, Street) C540759813090 / FL		(City) DELRAY BEACH		(State) FL		(Zip) 33445		Phone			
	D/L Number, State C540759813090 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship US			
D E F E N D A N T	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		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	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.		Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperses/ 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 AGGRAVATED BATTERY CAUSE BODILY HARM OR DISABILITY		Drug Activity		Drug Type N		Amount / Unit /		Offense # 16-013549		Counts 1	
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number 784.045(1A1)		Violation of ORD #		Bond			
C H A R G E	Charge Description		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number		Violation of ORD #		Bond			
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	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number		Violation of ORD #		Bond			
	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"/> Deformities <input type="checkbox"/> Injuries		PROPERTY - Received By		Released By		Released To			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported		Other					
	Transported By		Date Transported		Time Transported		Other					
	INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time							
N O T I C E T O A P P E A R	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		Name Verification (Printed by Arrestee) STEPHANIE KEARNEY		PAGE 1 OF 1		No Photo Available	
	HOLD for Other Agency		Signature of Arresting Officer KEARNEY, STEPHANIE		I.D. # 0935		Name Verification (Printed by Arrestee) STEPHANIE KEARNEY		PAGE 1 OF 1			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Deputy I.D. #		Pouch #		Transporting Officer I.D. #		Agency	
	Witness here if subject signed with an "X".											
	COURT		STATE ATTORNEY		AGENCY		CENTRAL RECORDS		JAIL		CRIME ANALYSIS	
	P. I. O.		DEFENDANT									

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

3

JUVENILE

OBT Number

Agency ORI Number
FL 0500400

Agency Name
DELRAY BEACH POLICE DEPARTMENT

Agency Report Number
4 0 16-013549

Charge Type:
Check as many as apply.
☒ 1. Felony
☐ 2. Traffic Felony
☐ 3. Misdemeanor
☐ 4. Traffic Misdemeanor
☐ 5. Ordinance
☐ 6. Other

Special Notes:

Name (Last, First, Middle)
CANALE, RICHARD WALTER

Alias

Race
W

Sex
M

Date of Birth
08/29/1981

Charge Description
784.045(1A1) AGGRAVATED BATTERY CAUSE BODILY HARM OR

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)
BAILEY, BRIAN DALE

Race
W

Sex
M

Date of Birth
02/24/1979

Local Address (Street, Apt. Number) (City) (State) (Zip)
3200 SUMMIT BLVD 15532, WEST PALM BEACH, FL 33416

Phone

(808) 724-0555

Address Source

VERBAL

Business Address (Name, Street) (City) (State) (Zip)

Phone

Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody...

☐ committed the below acts in my presence.

☐ confessed to admitting to the below facts.

☐ was observed by who told that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.
On the **12** day of **September**, **2016** at **15:14** (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, County of Palm Beach, State of Florida.

On 08-30-16, I met with victim, Brian Bailey at the Delray Beach Police Department who provided me with the following sworn statement: Bailey advised that on 08-29-16 at around 2300 hours he went to 4593 Danson Way to speak with his friend and business partner, Richard Canale. Bailey was informed by Canale's that Canale was walking his dog and he would be home shortly. Bailey saw Canale walking down the road and went to go and speak with him. Bailey stated that Canale emptied out their business bank account and needed to find out why. Bailey stated that he and Canale got into a verbal dispute over the funds. Bailey advised that he was close to Canale, but never put his hands on him. Bailey advised that out of nowhere, came up from behind him and put him in a rear naked choke causing him to not be able to breath. Bailey stated that he fell to his knees and that is when Canale picked him up and body slammed him into the asphalt. Bailey advised that Canale then began punching him in the face multiple times. Bailey reiterated that he never punched, kicked, or physically assaulted Canale. Bailey was treated by Delray Beach Fire Rescue on scene and eventually went to JFK Medical Center for his injuries.

I observed bruising on the entire right side of Bailey's Face. Bailey had a black eye, busted lip, and two deep lacerations on his forehead. The lacerations may leave a scars and Bailey informed me that his orbital bone was fractured. Bailey also had multiple scrapes on both his knees and his elbow from hitting the asphalt. I requested to see Bailey's hands and did not observe any markings, bruising, or lacerations on either of his hands, front or back.

I viewed Officer Smith's (#1016) body camera which shows Canale had blood covering one of his hands. The camera captured statement which changed during the course of

SWORN AND SUBSCRIBED BEFORE ME

JABCUGA, JASON

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

09/12/2016

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KEARNEY, STEPHANIE (0935)

NAME OF OFFICER (PLEASE PRINT)

09/12/2016

DATE

PAGE

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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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CANALE, RICHARD WALTER

Alias

Race

W

Sex

M

Date of Birth

08/29/1981

the investigation. [REDACTED] original stated that Bailey and Canale was chest bumping one another. [REDACTED] later stated that Bailey never threw a punch, but because he was becoming aggressive and was in Canale face he put Bailey in a choke hold.

I requested an interview with both Canale [REDACTED] but neither was willing to come in.

Due to the above stated facts, I find Richard Canale in violation of FSS 784.045 (1) (a) (1) for Aggravated Battery.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME

JABCUGA, JASON

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

09/12/2016

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KEARNEY, STEPHANIE (0935)

NAME OF OFFICER (PLEASE PRINT)

09/12/2016

DATE

PAGE

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COURT

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