

16 CF 10376 B

ARREST / NOTICE TO APPEAR

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

3

JUVENILE

A D M I N I S T R A T I O N	OBTS Number Agency ORI Number Charge Type: Check as many as apply. Location of Arrest (Including Name of Business)	Agency Name Delray Beach Police Department	5. Ordinance 6. Other	Agency Report Number (N.T.A.'s only) 4 0 16-013549	If Weapon Seized Enter Type Hands/fist/feet/teeth	Multiple Clearance Indicator 1	
WARRANT REQUEST				Location of Offense (Business Name, Address) 4593 DANSON WAY, DELRAY BEACH, FL 33445			
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) CANALE, RICHARD WALTER							
Race W - White I - American Indian Sex Date of Birth B - Black O - Oriental/Asian W M 08/29/1981							
Height Weight Eye Color Hair Color Complexion Build 6'00 160 BROWN BLACK LIGHT Build							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							
Marital Status Religion S							
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone 4593 DANSON WAY, DELRAY BEACH, FL 33445							
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone 4593 DANSON WAY, DELRAY BEACH, FL 33445							
Business Address (Name, Street) (City) (State) (Zip) Phone ,							
D/L Number, State C540759813090 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State)		Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian							
Address (Street, Apt. Number) (City) (State) (Zip)							
Notified by: (Name)							
Released To: (Name) Relationship Date Time Juvenile Disposition 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
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.							
School Attended							
Grade							
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property							
Drug Activity S. Sell R. Smuggle K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other N. N/A B. Buy D. Deliver E. Use Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment P. Possess T. Traffic A. Amphetamine C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic Z. Other							
Charge Description AGGRAVATED BATTERY CAUSE BODILY HARM OR DISABILITY Statute Violation Number 784.045(1A1) Violation of ORD #							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond							
N / 16-013549 1 <input type="checkbox"/> Y <input checked="" 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							
/ / / / / / / /							
Charge Description Statute Violation Number Violation of ORD #							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number 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							
Check which applies: <input type="checkbox"/> Release of O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail PROPERTY - Received By Released By Released To <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							
Transported By Date Transported Time Transported Other							
INSTRUCTION NO. 1 - Mandatory appearance in court Location (Court, Room) 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 I SHOULD NOT FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR. THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							
Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed							
HOLD for Other Agency Signature of Arresting Officer Name Verification (Printed by Arrestee) ADM IN I N T A K E R T O A P P E A R							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest Name of Arresting Officer (Print) I.D. # <input type="checkbox"/> Suicidal <input type="checkbox"/> Other KEARNEY, STEPHANIE 0935 Intake Deputy I.D. # Pouch # Transporting Officer I.D. # Agency							
(PRINT)							
PAGE 1 OF 1 Witness here if subject signed with an "X".							

No Photo Available

PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request for Warrant
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3

JUVENILE

OBTS Number FL 0500400		Agency ORI Number DELRAY BEACH POLICE DEPARTMENT		Agency Name	Agency Report Number 4 0 16-013549	Special Notes:		
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				
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) 3200 SUMMIT BLVD 15532, WEST PALM BEACH, FL 33416		(City)	(State)	(Zip)	Phone (808) 724-0555	Address Source VERBAL		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12</u> day of <u>September</u>, <u>2016</u> at <u>15:14</u> (Specifically include facts constituting cause for arrest.)</p>								
<p>The following incident occurred in the City of Delray Beach, County of Palm Beach, State of Florida.</p> <p>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 [REDACTED] 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, [REDACTED] 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.</p> <p>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.</p> <p>I viewed Officer Smith's (#1016) body camera which shows Canale had blood covering one of his hands. The camera captured [REDACTED] statement which changed during the course of</p>								
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>JABCUGA, JASON NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>09/12/2016</u> DATE</p> <p>KEARNEY, STEPHANIE (0935) NAME OF OFFICER (PLEASE PRINT)</p> <p>09/12/2016 DATE</p>								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

A	OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	JUVENILE	
D	Agency ORI Number	Agency Name	FL 0500400 DELRAY BEACH POLICE DEPARTMENT			Agency Report Number		4 0 16-013549		
M	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	Special Notes:					
I	Name (Last, First, Middle)	CANALE, RICHARD WALTER			Alias		Race	Sex	Date of Birth	
N	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.									
E	I requested an interview with both Canale [REDACTED] but neither was willing to come in.									
F	Due to the above stated facts, I find Richard Canale in violation of FSS 784.045(1)(a)(1) for Aggravated Battery.									
PROBABLE CAUSE STATEMENT										
NOT A CERTIFIED COPY										
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>JABCUGA, JASON NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>09/12/2016 DATE</p>										
<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>KEARNEY, STEPHANIE (0935) NAME OF OFFICER (PLEASE PRINT)</p> <p>09/12/2016 DATE</p>										
PAGE 2 OF 2										

COURT

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