0504727 1540

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700 | Agency Name: Jupiter Police Department | Agency Report Number (N.T.A.'s only): 5 4 19-000321

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

If Weapon Seized — Enter Type: Hands, Feet, Fist, Teeth | Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 1520 SUMMER AVE, JUPITER, FL 33469

Location of Offense (Business Name, Address): 1520 SUMMER AVE, JUPITER, FL 33469

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/21/2019	01:09	01/21/2019	01:19			

DEFENDANT

Name (Last, First, Middle): MCCARTNEY, RICK

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	04/08/1955	5'10	180	BLUE	GRAY	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: M | Religion: CATHOLIC | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 17 FARMINGTON DR, HUDSON, NH 03051 | Phone: (603) 759-7407 | Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1 4

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 17 FARMINGTON DR, HUDSON, NH 03051 | Phone: (603) 759-7407 | Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip): NONE, | Phone: | Occupation: None

D/L Number, State: / | Soc. Sec. Number: [redacted] | INS Number: | Place of Birth (City, State): LOWEL, MA, United | Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

Notified by: (Name) | Relationship | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) | 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 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

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

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY-SIMPLE (TOUCH OR STRIKE)	784.03(1)(A)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / : : | Time Transported | Other

NOTICE TO APPEAR

☒ 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

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

2019 JAN 22 AM 6:30 PALM BEACH COUNTY CLERK'S OFFICE COURT FACILITIES BRANCH

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: 330 / 1196

Name of Arresting Officer (Print): SCHNEIDER, RILEY | I.D. #: 1196

Transporting Officer: SCHNEIDER | I.D. #: 330 | Agency: JUP PD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

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SCANNED JAN 22 2019

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
01/21/2019 00:46	FL 0501700	JUPITER POLICE DEPARTMENT	5 4 19-000321

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MCCARTNEY, RICK		W	M	04/08/1955

CHRG

Charge Description: 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
MCCARTNEY, GAIL ANN	W	F	02/08/1956

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
17 FARMINGTON DR, HUDSON, NH 03051	(603) 305-2079	

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
NONE		NONE

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☐	☒
VICTIM'S STATEMENTS:	☐	☐	☒

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SCARED, UPSET

RELATIONSHIP BETWEEN VICTIM & SUSPECT: SPOUSE

		YES	NO	
PHOTOGRAPHS:	Scene:	☐	☒	
	Victim:	☒	☐	
911 CALL:		☒	☐	CALLER: VICTIM
WEAPON USED:		☒	☐	TYPE: HANDS, FEET, TEETH, ETC
WITNESSES:		☐	☒	(If YES, attach witness list)
INJURIES:		☒	☐	
MEDICAL TREATMENT:		☐	☒	
AT:	Scene:	☐	☐	PARAMEDICS:
	Hospital:	☐	☐	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:		☐	☒	
VICTIM PREGNANT:		☐	☒	
VIOLATION OF RESTRAINING ORDER:		☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		☐	☒	
ALCOHOL OR DRUGS INVOLVED:		☒	☐	

NARR

I utilized my body worn camera during the below incident:

On Monday, 01/21/2019, at approximately 0046 hours, I was dispatched to 1520 Summer Ave, Jupiter, FL 33469 in reference to a disturbance between a husband and wife. While enroute Northcom advised the husband may have

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 21 day of January, 2019.

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

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

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
01/21/2019 00:46		
Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 19-000321

NARRATIVE

grabbed the wife by the throat. In addition Northcom advised the husband`s name was Rick and he was currently on the back porch.

Officer Baynham #349 and I arrived on scene and approached the residence on foot. As we approached a male was walking from the rear of the residence to the front. I identified myself as Officer Schneider with the Jupiter Police to the male. I asked him if his name was Rick and he said yes. He was later fully identified as Rick McCartney (wm; 04/08/1955). I could smell the odor of an unknown alcoholic beverage coming from Rick. Rick also had slurred speech and was unsteady on his feet. Officer Baynham remained with Rick and I made contact with the complainant.

I made contact with the complainant inside the residence, who was identified as Gail Ann McCartney (wf; 02/08/1956). Gail appeared very scared and was crying. I could see some fresh redness on her throat. I could also smell a strong odor of an unknown alcoholic beverage coming from Gail, which intensified as she spoke. I advised Gail to try to calm down so she could tell me what happened.

I recorded Gail`s sworn witness statement on my body worn camera. Gail stated Rick and her were at the Dive Bar drinking and watching the Patriots game. Gail stated the both of them had approximately three to four drinks each. Gail stated she was drinking wine and Rick was drinking margaritas, which she advised is unusual for him. Gail advised she asked Rick if drinking margaritas was a good idea, because it was not like him to drink them. Gail stated Rick became agitated and they went home. Gail stated when they returned home and walked into the kitchen, there was a small puddle of urine from her sick dog on the floor. Gail stated Rick became irate over the puddle of urine and started to yell. Gail advised Rick stated, "That`s it I`m going to fucking kill you". Gail stated Rick then wrapped her throat between his right bicep and forearm. Gail stated Rick let go and then walked out on the back porch. Gail stated when Rick walked outside she locked the door and he attempted to kick it in but never got in. Gail stated she then notified the police.

I then made contact with Rick outside. Rick did not provide a sworn statement of incident. I asked Rick what happened, and he could only advised Gail and him got in a heated verbal argument because Gail was concerned about his drinking. I asked Rick how Gail got the red mark on her neck and he could provide any information. At this point and time I arrested Rick for domestic battery and placed him handcuffs that were properly fit and double locked. I placed Rick in my patrol car and Officer Counts #347 remained with him. I returned to Gail and took pictures of her throat, which were later uploaded to evidence.com. Gail also received a domestic violence pamphlet and signed it. I returned to my patrol car to transport Rick to the Jupiter Police Department for processing and then he was ultimately booked into the Palm Beach County without incident.

Based on my above investigation I found probable that Rick McCartney did actually and intentionally touch or strike Gail Ann McCartney against the will of Gail Ann McCartney (or) did intentionally cause bodily harm to Gail Ann McCartney contrary to FSS 784.03(1)(A)(1).

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.

349 / 1190
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 21 day of January, 2019.

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

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

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch.782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **Domestic Violence – (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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.

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

1. Incident Report #: **19-000321** Agency: **Jupiter Police Department**
   Offense: **DOMESTIC BATTERY**
   Suspect/Offender: **RICK MCCARTNEY**
   D.O.B. **4/8/55** Race: **WHITE** Sex: **MALE**

2. Warrant #(s): **N/A**

3a. Victim's Name: **GAIL ANN MCCARTNEY** D.O.B. **02/08/56** Race: **W** Sex: **F**
   Address: **17 FARMINGTON DR**
   City: **HUDSON** State: **NH** ZIP: **03051**
   Home #: **(603)305-2079** Work #: _____ Other: _____

3b. Victim's Next of Kin, Friend or Neighbor: **N/A**
   Address: _____
   City: _____ State: _____ ZIP: _____
   Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S.119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ **Waiver:** **I choose not to be notified when the arrestee is released from custody.**

☐ **Confidential:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: _____ I.D. # _____ Date: _____

1 copy = Corrections or State Attorney (Warrant Application) 1 Copy = Warrants Section 1 copy = Central Records

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2019002370	**Date:** 1/21/2019
	Specialist Name/ID: J. Beck/9007