

0504545

3644

ADMINISTRATIVE		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 3 Request for Warrant 2. N.T.A. 4. Request for Copies		1	Juvenile (Y/N)	N			
OBTN Number		Agency ORI Number FLO 500000		Agency Name Palm Beach County Sheriff's Office		Agency Report Number 19-025539							
Charge Type: Check as Many as Apply		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 <input type="checkbox"/>		Location of Arrest (Including Name of Facility)		Location of Offense (Business Name, Address)		Weapon Seized Enter Type N/A		Multiple Clearance Indicator 01			
Date of Arrest 01/14/2019		Time of Arrest 07:15 Hrs		Booking Date		Booking Time		Location of Vehicle N/A					
Name, Last CASSIDY		First GEOFFREY		Middle M		Alias Information (Name, DOB, Social Security #, Etc.)							
Race W - White 1 - American Indian B - Black 0 - Other		Sex M		Date of Birth 03/30/1970		Height 5'8"		Weight 195		Eye Color GR	Hair Color BR	Complexion LGHT	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single		Religion N/A		Indication of: Alcohol Intoxication Drug Intoxication		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Residence Type			
Local Address AT LARGE		(City)		(State)		(Zip)		Phone Number UNK		Address Source VERBAL			
Permanent Address		(City)		(State)		(Zip)		Phone Number		Occupation UNK			
Business Address		(City)		(State)		(Zip)		Phone Number					
DL Number, State RR843857		DOB Number		Place of Birth (City, State)		Citizenship YES							
Co-Defendant Name, Last		First		Middle		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>	
Co-Defendant Name, Last		First		Middle		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name, Last		First		Middle		Residence Phone					
Local Address		(City)		(State)		(Zip)		Business Phone					
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Mutilated / Processed within Dept and Released 2. TOT HRS / CYP 3. Incarcerated		Date		Time			
Released To		Relationship											
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 389-2828) informed of any change of address.		Yes, by (Name)		No (Reason)		School Attended		Grade					
Property Crime <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property									
Drug Activity N - Poss P - Possess T - Traffic		R - Receipt D - Deliver S - Sell		K - Dispense / Distribute M - Manufacture / Produce / Cultivate Z - Other		Drug Type N - NA 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 LEWD/LASCIVIOUS EXHIBITION		Amount / Unit N/A		Offense Number 19-025539		Statute Violation Number 800.04(2)(b) 7A		Warrant / Copies Number		Violation of ORD #		Bond	
Charge Description		Amount / Unit		Offense Number		Statute Violation Number		Warrant / Copies Number		Violation of ORD #		Bond	
Charge Description		Amount / Unit		Offense Number		Statute Violation Number		Warrant / Copies Number		Violation of ORD #		Bond	
Charge Description		Amount / Unit		Offense Number		Statute Violation Number		Warrant / Copies Number		Violation of ORD #		Bond	
Location (Court, Room Number, Address)		Court Date		Time		AT:							
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 LIABLE IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.													
Signature of Defendant (of Juvenile and Parent / Custodian)													
HOLD for other agency		Signature of Arresting Officer MS [Signature]		Date Signed		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Related Arrest <input type="checkbox"/> Subsid <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S J. GRAY		ID # 7919									
Inmate Deputy [Signature]		Transporting Officer SAME		ID # 7919		Agency PBSO		Witness Here if Signed with an "X"				PAGE 1 OF 1	

2019CF000516 MB

PROBABLE CAUSE AFFIDAVIT

OBT Number Agency ORI Number FLO 500000		Agency Name Palm Beach County Sheriff's Office		1 Arrest 2 M.T.A. 3. Request for Warrant 4. Request for Citations 1 Juvenile (Y/N) N	
Charge Type: Check as Many as Apply.		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 <input type="checkbox"/>		Agency Report Number 19-025539	
Name, Last CASSIDY		First GEOFFREY		Middle M	
Alias Information (Name, DOB, Social Security #, Etc.)				Race W	Sex M
Charge Description LEWD/LASCIVIOUS EXHIBITION				Charge Description	
Charge Description				Charge Description	
Victim Name (Last, First, Middle, Initial)		Phone		Race / Sex / DOB	
Local Address (Street, Apt. No.)		Phone		Address Source VERBAL	
Business Address (Street, Apt. No.)		Phone		Occupation	

The undersigned certifies and swears that herein has just reasonable ground 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
 was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 Confessed to _____ admitting the below facts.
 was found to have committed the below acts, resulting from my (described) investigation

On the 14 day of January, 2019 at 7:15 AM (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE AFFIDAVIT

ON MONDAY, 1/14/19 AT 655 HRS, I ARRIVED AT [REDACTED] IN THE SOLARA COMMUNITY OF WELLINGTON IN REFERENCE TO A FIGHT IN PROGRESS. UPON MY ARRIVAL, A W/M AND A B/M WERE ENGAGED IN A PHYSICAL ALTERCATION. THE B/M DISENGAGED AS I GOT OUT OF THE VEHICLE AND THE W/M WAS ON THE GROUND. HE WAS TOLD TO STAY ON THE GROUND. THE B/M STATED THAT THE W/M WAS LOOKING THROUGH HIS DAUGHTER'S BEDROOM WINDOW. THE W/M ATTEMPTED TO RUN AWAY AS I SPOKE TO THE B/M, BUT HE STUMBLED AND FELL AFTER ABOUT 50 FEET. HE WAS DETAINED IN CUFFS AT THAT POINT. HIS FACE WAS BLOODY AND BRUISED. WE HAD FIRE RESCUE COME TO THE SCENE AND EVENTUALLY TOOK HIM TO WELLINGTON E.R. FOR MEDICAL CLEARANCE (19-004845). HE WAS IDENTIFIED BY HIS OHIO DL AS GEOFFREY CASSIDY.

I SPOKE WITH THE B/M, IDENTIFIED AS [REDACTED] AND HE STATED THE FOLLOWING: THIS MORNING, AS HE WALKED TOWARDS HIS VEHICLE IN THE PARKING LOT HE OBSERVED CASSIDY IN THE BUSHES NEXT TO HIS DAUGHTER'S BEDROOM WINDOW. HE SAW CASSIDY'S HAND INSIDE OF HIS PANTS MAKING A MOTION CONSISTENT WITH MASTURBATING. [REDACTED] SAW CASSIDY'S BARE BUTT, BUT DID NOT SEE HIS PENIS EXPOSED. HE YELLED OUT TO CASSIDY, WHO RAN. [REDACTED] KNEW HIS DAUGHTER'S WERE IN THE ROOM AND WAS UPSET THAT CASSIDY WAS LOOKING IN ON THEM AND GAVE CHASE. HE TACKLED CASSIDY IN FRONT OF BUILDING 2050, ABOUT 50 YARDS AWAY. CASSIDY TRIED GETTING AWAY, BUT [REDACTED] SUBDUED HIM UNTIL WE ARRIVED. [REDACTED] STATED THAT CASSIDY TRIED FIGHTING BACK, BUT HE DID ONLY WHAT WAS NECESSARY TO DETAIN CASSIDY UNTIL OUR ARRIVAL. [REDACTED] OLDEST DAUGHTER, [REDACTED] HAD JUST COME OUT OF THE SHOWER AND WAS GETTING DRESSED AS CASSIDY WAS LOOKING IN. A NEIGHBOR AT 2050 HEARD THE COMMOTION OUTSIDE HIS WINDOW AND HE RAN OUT. [REDACTED] TOLD HIM TO CALL 911.

STATE OF FLORIDA
 COUNTY OF PALM BEACH

[Signature]
 Signature of Arresting / Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of January, 2019 by D/J. GRAY

(Print name of Arresting / Investigative Officer) who is personally known to me and / or produced identification Type of identification produced: LEO *[Signature]*

[Signature] 4621
 Notary Public, Clerk of Court, Officer # 000 117,114

02/06 - www.signazero.com

PROBABLE CAUSE AFFIDAVIT

Agency ORI Number FLO 500000	Agency Name Palm Beach County Sheriff's Office	1 Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	Juvenile (Y/N)	N		
Charge Type: Check as Many as Apply	1 Felony 2 Traffic Felony	3 Misdemeanor 4 Traffic Misdemeanor	5 Ordinance 6 Other	Agency Report Number 19-025539	Special Notes			
Name, Last CASSIDY	First GEOFFREY	Middle M	Alias Information (Name, DOB, Social Security #, etc.)			Race W	Sex M	DOB 03/30/1970
Charge Description LEWD/LASCIVIOUS EXHIBITION	Charge Description							
Charge Description	Charge Description							
Victim Name (Last)	[REDACTED]							
Local Address (Street, Apt. No.)	[REDACTED]							
City	State	Zip	Phone	Source VERBAL	Occupation			

The undersigned certifies and swears that he/she has just reasonable ground to believe, and does believe that the above-named Defendant committed the following violation of law

committed the below acts in my presence

Confessed to admitting 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 14 day of January, 2019 at 7:15 AM

(Specifically include facts constituting cause for arrest.)

WHILE ON SCENE, I HAD ANTONIO GIVE A SWORN WRITTEN STATEMENT FOR THE INCIDENT. HE WAS GIVEN A COPY WITH THE CASE NUMBER ON IT AND MY PBSO BUSINESS CARD. I ADVISED HIM TO CALL OR EMAIL ME WITH ANYTHING FURTHER. I DID NOT LOCATE ANY ADDITIONAL WITNESSES TO THE LEW/LASCIVIOUS ACT. THERE ARE ALSO NO KNOWN VIDEO SURVEILLANCE CAMERAS IN THAT AREA.

CASSIDY WAS TRANSPORTED TO WELLINGTON E.R. FOR MEDICAL CLEARANCE AND I MET HIM THERE. I READ HIM HIS MIRANDA RIGHTS, WHICH HE UNDERSTOOD AND SIGNED FOR. HE STATED THAT HE WAS IN THE AREA AS HIS VEHICLE BROKE DOWN. HE WAS WALKING THROUGH THE NEIGHBORHOOD TO LET HIMSELF AND HIS VEHICLE COOL DOWN. HE REFUSED TO SAY WHERE HIS VEHICLE WAS. HE REFUSED TO GIVE A PHONE NUMBER AND STATED THAT HE IS A TRANSIENT. HE STATED THAT HE DID NOT LOOK IN THE WINDOW, BUT DID NOT SAY ANYMORE AS HE INVOKED HIS RIGHT TO REMAIN SILENT.

CASSIDY WAS DIAGNOSED WITH A RIGHT SECOND ZYGOMATIC ARCH FRACTURE AND FRACTURE OF THE RIGHT MEDIAL ORBITAL WALL/LAMINA POPYRACEA. HE WAS MEDICALLY CLEARED BY DR BROMBERG THE INJURIES WERE ALL SUSTAINED DURING THE STRUGGLE BETWEEN [REDACTED] AND CASSIDY. PICTURES WERE TAKEN OF CASSIDY IN THE HOSPITAL AND THE SD CARD WAS PUT INTO PBSO EVIDENCE.

BASED UPON THE ABOVE STATED FACTS AND CIRCUMSTANCES, GEOFFREY CASSIDY WAS ARRESTED IN VIOLATION OF F.S.S. 800.04(7A1). HE WAS TRANSPORTED AND BOOKED INTO THE WEST COUNTY DETENTION CENTER.

STATE OF FLORIDA
COUNTY OF PALM BEACH
7919

Signature of Arresting / Investigative Officer _____

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of January, 2019 by _____

D/S J. GRAY

(Print name of Arresting / Investigative Officer) who is personally known to me and / or produced identification. Type of identification produced: **LEO DIS P THOMAS**

Notary Public, State of Florida, Office (F.S.S. 117.10)
4621

0685 - www.digitizer.com

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)
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

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

1. Incident Report #: 19-025539 Agency: ABSO
Offense: Lewd/Lascivious Exhibition
Suspect/Offender: Geoffrey Cassidy
D.O.B. 3/30/70 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: _____ D.O.B. _____ Race: _____ Sex: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO FS. 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: _____

Deputy's Name: MS [Signature] I.D.# 7919 Date: 1/14/19

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PSSO #0029A REV. 4/08

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:



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 checked="" type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	2-5
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019001637 WDC	Date: 1/15/2019
	Specialist Name/ID: Gammage/5660