

0528523 50-2022-MM-00097-AMB 3828

		ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		Juvenile					
		Juvenile Referral Report				2. N.T.A.		4. Request for Capias		N					
ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 5 0 2 6 0 0				Agency Name PALM BEACH GARDENS POLICE DEPT.				Agency Report Number (N.T.A.'s only) 7 8 1 2 2 1 0 0 0 0 6 0 () ()					
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business) 1006 Moorlander CT PBG, FL				Location of Offense (Business Name, Address) 1006 Moorlander CT PBG, FL										
	Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle								
Name (Last, First, Middle) Heister, Barry, N.				Alias (Name, DOB, Soc. Sec. #, Etc.)											
DEFENDANT	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build						
	W - White B - Black O - Oriental	I - American Indian M	1, 0, 1, 3, 6, 8	6'4"	215	Blue	Brown	Light	Med						
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion	Indication of Alcohol Influence Drug Influence		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
	Local Address (Street, Apt. Number) 1006 Moorlander CT PBG FL 33410				Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source N/C/F/C							
	Permanent Address (Street, Apt. Number)				Phone	Occupation Lawyer									
	Business Address (Name, Street)				Phone										
CO-DEF.	D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)		Citizenship									
	H24607483730/FL			Bel Alton, Maryland		US									
	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 Name (Last, First, Middle)		Residence Phone												
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone									
	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 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 parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property											
CHARGE	Drug Activity	S. Sell N. N/A P. Possess	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate C. Cocaine F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other				
	Charge Description Battery - Simple		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784103		Violation of ORD # 11A1								
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond								
	N	N		2200060											
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #								
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond								
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #									
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond								
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #									
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond								
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)												
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.															
X Signature of Defendant (or Juvenile and Parent / Custodian)								Date Signed							
ADMIN.	HOLD for other Agency		Signature of Arresting Officer				Name Verification (Printed by Arrestee)								
	Name:		X S. Keel 508				(PRINT)								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print)		I.D. #						PAGE		
Inmate Deputy		I.D. #	Pouch #	Transporting Officer		I.D. #	Agency	Witness here if subject signed with an "X"				1 OF 1			
DISTRIBUTION:		WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - JAIL		GOLD - DEFENDANT					

S. Keel 508

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number			
Agency ORI Number FL 0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 22-000060	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:	

Name (Last, First, Middle) HEISLER, BARRY NORMAN	Alias	Race W	Sex M	Date of Birth 10/13/1968
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Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)	Charge Description
Charge Description	Charge Description

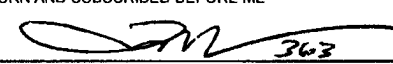

Victim's Name (Last, First, Middle) FLICK, CHRISTINA LOUISE	Race W	Sex F	Date of Birth 03/11/1979
Local Address (Street, Apt. Number) (City) (State) (Zip) 606 MOONDANCER CT, PALM BEACH GARDENS, FL 33410	Phone (954) 261-0872	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 4 day of January, 2022 at 23:18 (Specifically include facts constituting cause for arrest.)

On January 4, 2022, at approximately 2318 hours, I was dispatched to a domestic disturbance at 606 Moondancer Ct, Palm Beach Gardens, Palm Beach County, FL. Upon my arrival, I activated my department issued body worn camera and made contact with the caller, Christina L Flick (W/F 03/11/1979), outside the residence.

Upon officers' arrival, the other involved party, Barry N Heisler (W/M 10/13/1968), exited the residence into the garage. Officers stayed with Flick while I went to interview Heisler. I observed a swollen contusion with some blood on his right shin and fresh cuts on his right heel, right middle toe, and the top of his left big toe. Heisler refused fire rescue response for his cuts. The cuts appeared to be from broken glass. Heisler provided the following statement: Heisler stated that he got the cuts while playing cornhole earlier in the day. He provided minimal information regarding the incident that took place this evening. He kept stating that Flick lives at 617 Moondancer Ct with her husband and not with him at this residence. Heisler stated that they are dating and alluded to having an affair. He also stated that the argument ensued because they were arguing about "dick size" and that she wanted to stay with her husband. He had no apparent marks on his hands. Heisler was then read Miranda Rights from a preprinted department issued card. He interrupted several times stating that "he waives his rights." He had nothing to add to his statement.

I then met with Flick, and I observed the following: She had several small cuts on her right knuckles and a small cut near her right knee. Both injuries had fresh blood. Flick refused fire rescue for her injuries. Flick provided the following sworn statement: Heisler was drinking all day while playing golf and has become aggressive in the past. Tonight, they were opening Christmas gifts and began to argue. Flick could not recall what started the argument. Heisler flipped over a coffee table and broke some glass. Flick went upstairs to get away from Heisler and retreated into her daughter's bedroom. He pursued her upstairs and then cornered her. At that time they began shoving each

SWORN AND SUBSCRIBED BEFORE ME		
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
01/05/2022		KEEL, SHELDON (508)
DATE		NAME OF OFFICER (PLEASE PRINT)
		01/05/2022
		DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

A D M I N	OBTS Number		Agency ORI Number FL 0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 22-00060		
	Charge Type: Check as many as apply.		Special Notes						
	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance						
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other						

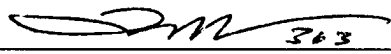

D E F	Name (Last, First, Middle) HEISLER, BARRY NORMAN					Alas	Race W	Sex M	Date of Birth 10/13/1968
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other. She is unsure how the physical altercation started but was afraid for her safety and was trying to get away from him. The cuts on her knuckle were from punching a picture frame in the bathroom causing the glass to cut her knuckles. The cut on her leg was from kneeling down in glass while trying to pick something up. She stated that her husband lives at 617 Moondancer Ct and she lives at 606 Moondancer Ct with Heisler.

Flick and I then went into the residence to document the interior. There was spilled wine, broken glass, and broken ornaments downstairs. There were also bloody footprints in the kitchen. There are bloody marks leading up and down the stairs that match the marks I saw on the garage floor caused by Heisler's feet. Upstairs, Flick showed where she was cornered in her daughter's bedroom. The bloody footprints lead to near the corner of the room indicating Heisler was upstairs and entered that room. Flick also showed the broken picture frame glass and stated that in her frustration she punched it and it broke. Flick's statement was corroborated by the evidence in the residence. It is also apparent that she lives in this residence due to her personal belongings and her children having their own rooms in the residence. The children were with their father this evening.

Based on the totality of the circumstances, I find probable cause for: Battery-Simple (Touch or Strike) (Domestic), contrary to F. S. S. 784.03(1)(A)(1). Barry Heisler was transported to Palm Beach County Jail without further incident.

Domestic Violence Rights and Remedies has been given to Christina L Flick. Domestic Violence Notification Form has been completed.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
				
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	01/05/2022 DATE		KEEL, SHELDON (508) 01/05/2022 DATE	

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

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

1. Incident Report #: 22000060 Agency: PBG PD
 Offense: 38131
 Suspect/Offender: Barry Heister
 D.O.B. 10/13/68 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Christian Flick
 Address: 606 Moondancer Ct
 City: PBG State: IL Zip: 53410
 Home #: 954-261-0872 Work #: _____ Other: _____

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

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name : S. Reed I.D.: 508 Date: 1/5/22

White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

SUSPECT/OFFENDER: Barry Heister

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



**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)
I/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 type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<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: 2022000289	Date: 01/05/2022
	Specialist Name/ID: T Howard/7185