D530902 22MM2966MB 1314

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22056834

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

Weapon Seized / Type (1. Yes 2. No): 2 — Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 17901 US. HWY 441 Boca Raton, FL

Location of Offense (Business Name, Address): 9768 GRAND VERDE WAY APT. 007, BOCA RATON, FL 33428

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/14/2022	1604					N/A

DEFENDANT

Name (Last, First, Middle): BASILE, ANTHONY, JOSEPH — Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	04/02/1970	5'07	185	BROWN	BROWN	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: MARRIED — Religion:

Indication of: Alcohol Influence: N — Drug Influence: N

Local Address (Street, Apt. Number) (City) (State) (Zip): 9768 GRAND VERDE WAY APT. 1007, BOCA RATON, FL 33428 — Phone: (954) 330-8776 — Residence Type (1. City 2. County 3. Florida 4. Out of State): 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): — Phone: ( ) — Address Source: WIFE

Business Address (Name, Street) (City) (State) (Zip): 320 N FEDERAL HWY, SUITE 227, BOCA RATON, FL 33431 — Phone: ( ) — Occupation: HEALTH INSURANCE

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B240010701200	[redacted]		Brooklyn, NY	U.S

CO-DEF

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

(1) NO BOND

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: — 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 HRS / DYS 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason) — School Attended — Grade

VICTIM NOTIFICATION REQUIRED

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. Dispense/ 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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DOMESTIC BATTERY	1	☒ Y ☐ N	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	22056834		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOT A CERTIFIED COPY

FILED 2022 APR 15 AM 5:15

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time AM PM

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: 04/14/2022

ADMIN

HOLD for other Agency Name: NO Detainer

Signature of Arresting Officer: X [signature]

Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☒ Suicidal ☐ Other:

Name of Arresting Officer (Print): D/S N.PETRONE — I.D. #: 38185

Intake Deputy: Cpl. Cg — ID #: 30405

Transporting Officer: D/S N. Petrone — ID #: 38185 — Agency: PBSO

Witness here if subject signed with an -X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22056834

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

Special Notes:

DEF.

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
BASILE, ANTHONY, JOSEPH		W	M	04/02/1970

CHARGES

Charge Description	Charge Description
DOMESTIC BATTERY 784.03(1)(a)(1)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
BASILE, ABIGIAL	W	F	05/10/1988

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
9768 GRAND VERDE WAY APT. 1007, BOCA RATON, FL 33428	(561) 376-9507	
Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation
	( )	

PROBABLE CAUSE STATEMENT

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 commited the below acts, resulting from my (described) investigation.

On the 14th day of APRIL 20 22 at 9:40 ☒ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On Thursday April 14, 2022 I was dispatched to the PBSO District 7 station in reference to a Domestic Battery that occurred at 0700 hours on April 14.

I met with the victim Abigail Basile who advised that around 0700 hours on the morning of April 14 she and her husband Anthony Basile got into a verbal argument. This argument originated from Abigail not picking up Anthony's daughter from school which lead to Anthony becoming visibly upset with Abigail. Abigail explained that she asked Anthony "Where is the Room Spray?" and "Why are my white pants located in a garbage bag?" These questions made Anthony extremely upset with Abigail who stated that after a brief screaming match Anthony then proceeded to grab her face with both hands which left a visible cut on Abigail's bottom right lip. Following this Anthony then proceeded to grab Abigail and throw her on the chair where he forcibly pinned her down that Abigail had to fight him in order to get him off of her. Anthony committed these acts in front of the presence of their children that even one of the kids advised Abigail that she was bleeding from the left side of her bottom lip.

Based upon the information provided by Abigail Basile that Anthony Basile did actually and intentionally touch or strike and caused injury to Abigail Basile against the will of Abigail Basile which caused bodily harm to Abigail Basile, contrary to Florida Statute 784.03(1)(a)(1).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S N.PETRONE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of APRIL 20 22 by D/S N.PETRONE

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

#655
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: BASILE, ANTHONY, JOSEPH **DOB:** 05 / 10 / 1970 **Case #:** 22056834

Victim: BASILE, ABIGIAL **DOB:** 05 / 10 / 1988 **Race:** W **Sex:** F

Relationship between Victim and Defendant: MARRIED

Photographs: Scene Yes × No Victim × Yes ¯ No Defendant Yes × No

911 Call: Yes × No **Caller:** _____

Weapon Used: × Yes No **Type:** HANDS

Witness: × Yes No **Name:** ELLA BASILE, ALEXA FAROUN-EMONT

Victim Pregnant: Yes × No **If yes,** _____ **weeks** _____ **months**

Injuries: × Yes No **Description:** CUT INSIDE LOWER LIP

Medical Treatment: Yes × No

At Scene: Yes × No **Paramedics:** _____

At Hospital: Yes × No **Hospital:** _____ **Physician:** _____

Are Children Living in Home? × Yes ¯ No **DCF Notified?** × Yes ¯ No

Name: ALEXA FAROUN-EMONT **DOB:** 05 / 29 / 14

Name: ELLA BASILE **DOB:** 03 / 02 / 18

Name: JULIANA BASILE **DOB:** 10 / 30 / 06

Injunction Yes × No **Case #:** _____

No Contact Order Yes × No **Case #:** _____

Alcohol or Drugs Yes × No Unknown

Prior History of Domestic/Dating Violence × Yes ¯ No

Defendant's Statements Yes × No **If yes,** written recorded oral

First words Defendant said when you responded to scene: _____

Victim's Statements × Yes ¯ No **If yes,** × written × recorded oral

First words Victim said when you responded to scene: SUSPECT GRABBED HER FACE CAUSING A CUT TO HER LIP.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

¯ Yes × No **If yes, name:** _____ **phone** (___)_____-_____

Observations of Victim (Physical & Emotional): _____

Upset × Crying × Fearful Hysterical × Afraid Calm × Nervous

× Complained of pain Other _____

Victim Contact Information:

Local Address: 9768 GRAND VERDE WAY APT. 1007, BOCA RATON, FL 33428

Phone: Home (___)___-_____ Work (___)___-_____ Cell (561) 376 - 9507

Employer: UNEMPLOYED

Name of Relative: _____ **Phone** (___)_____-_____

Address: _____

PBSO #0004A REV. 05/11

VICTIM NOTIFICATION FORM

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

- **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.

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

1. Incident Report #: 22056834 Agency: PBSO
   Offense: DOMESTIC BATTERY
   Suspect/Offender: BASILE, ANTHONY, JOSEPH
   D.O.B. 04/02/1970 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: BASILE, ABIGIAL D.O.B. 05/10/1988 Race: W Sex: F
   Address: 9768 GRAND VERDE WAY APT. 1007
   City: BOCA RATON State: FL Zip: 33428
   Home #- 561 376-9507 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
   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: _____

Deputy's Name: D/S N.PETRONE I.D.# 38185 Date: 04/14/2022

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00029A REV. 4199

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:	

REVIEW COMPLETED BY

Booking Number: 2022009820	**Date:** 04/15/2022
	Specialist Name/ID: T Howard/7185