

0519290

50-220-MM-008366-AMB

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number <b>0502000</b>		Agency Name <b>Lantana Police Department</b>		Agency Report Number (N.T.A.'s only) <b>6   4   20-002157</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>	JUVENILE				
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 <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>						
Location of Arrest (Including Name of Business) <b>180 YACHT CLUB WAY # 307 HYPOLUXO FL 332</b>				Location of Offense (Business Name, Address) <b>145 YACHT CLUB WAY 104, HYPOLUXO, FL 33462</b>							
Date of Arrest <b>10/26/2020</b>	Time of Arrest <b>22:10</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) <b>RODRIGUEZ, DEMETRIS AUDRIS</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black O - Original/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/09/1980</b>	Height <b>5'04</b>	Weight <b>135</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT R FORE ARM / LILY FLOWERS</b>				Marital Status <b>M</b>	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>180 YACHT CLUB WAY 307, HYPOLUXO, FL 33462</b>		(City)	(State)	(Zip)	Phone <b>(914) 255-1773</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>				
Permanent Address (Street, Apt. Number) <b>180 YACHT CLUB WAY 307, HYPOLUXO, FL 33462</b>		(City)	(State)	(Zip)	Phone <b>(914) 255-1773</b>		Address Source <b>FL DL</b>				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation				
D/L Number, State <b>R362161809090 / FL</b>		Soc. Sec. Number		DNS Number		Place of Birth (City, State) <b>MANHATHAN, NY,</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone		<b>DOMESTIC</b>					
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone				
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 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.				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
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 Other
Charge Description <b>BATTERY - SIMPLE TOUCH / STRIKE (Dating Violence)</b>				Statute Violation Number	Violation of ORD # <b>784.03 10A11</b>		Bond				
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
	<b>N</b>			<b>1</b>	<input checked="" type="checkbox"/> Y <input 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				
					<input type="checkbox"/> Y <input 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				
					<input type="checkbox"/> Y <input type="checkbox"/> N						
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"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By		Released To			
Transported By				Date Transported	Time Transported	Other					
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)		No Photo Available					
<input checked="" type="checkbox"/> 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 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					
HOLD for Other Agency				Signature of Arresting Officer <b>L. Morales</b>		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) <b>MORALES (HYPO), LUIS</b>		I.D. # <b>H778</b>		(PRINT)			
Intake Number <b>CPT H. O'NEAL 7206</b>				Transporting Officer <b>Morales</b>		I.D. # <b>778</b>		Agency <b>LPD</b>		PAGE <b>1 OF 1</b>	

CND BOND

VICTIM NOTIFICATION REQUIRED

2020 OCT 27 AM 5:21

L. MORALES 778

1639





# VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- 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#: 20-002157 Agency: Lantana PD  
Offense: Domestic Battery  
Suspect/Offender: Demetris A Rodriguez  
D.O.B. 11/09/80 Race: W Sex: F
2. Warrant # (s): \_\_\_\_\_
3. Complete one (1) of the following:
  - a. Victim's name: Justin N Pagano  
Address: 145 Yacht Club Way # 104 Hypoluxo  
City: Lantana State: FL Zip: 33462  
Home #: 910-304-3718 Work #: \_\_\_\_\_ Other#: \_\_\_\_\_
  - b. Victim's next of kin: Sean A. Pagano  
Address: 145 Yacht Club Way # 104 Hypoluxo  
City: Hypoluxo State: FL Zip: FL  
Home #: 561-543-0850 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: Of Morales I.D.: 718 Date: 10/20/20

SUSPECT/OFFENDER: Rodriguez, Demetris COURT CASE/WARRANT #: \_\_\_\_\_  
(FOR WARRANT USE ONLY)

# 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
- Dating Violence

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

1. Incident Report #: 20-002157 Agency: Lantana P.D.  
Offense: Battery  
Suspect/Offender: Demetris Rodriguez  
D.O.B. 11/19/80 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: Justin Pagano D.O.B. 9/4/84 Race: W Sex: M  
Address: 145 Yeart Club Way # 104  
City: Hypocrite State: FL Zip: 33462  
Home #: 860 304 3718 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: Off Morales I.D. # 778 Date: 10/26/20

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

(FOR WARRANTS USE ONLY)

SUSPECT/OFFENDER

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 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"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

**REVIEW COMPLETED BY**

Booking Number: 2020025258	Date: 10/27/2020
	Specialist Name/ID: M. Tooks #8557