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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1 Arrest	2 NTA	3. Request for Warrant	4. Request for Capias	1	Juvenile	
Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 21-105437						
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		If Weapon Seized N/A		Multiple Clearance Indicator 02	
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		Enter Type					
Location of Arrest (including Name of Business) 9943 BOZZANO DRIVE, DELRAY BEACH, FLORIDA					Location of Offense (Business Name, Address) 9943 BOZZANO DRIVE, DELRAY BEACH, FL						
Date of arrest 09/11/2021		Time of Arrest 0312	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A				
Name (Last, First, Middle) DE SANTIS FRANK					Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 04/10/1967		Height 6-1	Weight 250	Eye Color BRO	Hair Color BRO	Complexion LT	Build Eg		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT ARM TATTOO "JACK N HOPE"					Marital Status S	Religion UNK	Indication of: Alcohol Influence Drug Influence Y N Unk <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) 9943 BOZZANO DRIVE			(City) DELRAY BEACH	(State) FL	(zip) 33446	Phone (954) 256-3262	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1				
Permanent Address (Street, Apt. Number)					(City)	(State)	(zip)	Phone	Address Source VERBAL		
Business Address (Name, Street)					(City)	(State)	(zip)	Phone	Occupation RETIRED		
D/L Number, State D253261671300		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW YORK BROOKLYN		Citizenship US			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last)			(First)	(Middle)	Residence Phone					
<input type="checkbox"/> Other	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 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. Yes, by: (Name) No: (Reason)						School Attended		Grade			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Property Crime?	Description of Property			Value of Property						
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. Synthetic	U. Unknown Z. Other	
Charge Description DOMESTIC BATTERY (SIMPLE)			Counts 01	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03 (1A1)			Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond				
Charge Description PREVENTING COMMUNICATION W/ LEO			Counts 01	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 914.22 (1) 7142			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				
Location (Court, Room Number, Address)											
Court Date and Time											
Month		Day		Year		Time		A.M.	P.M.	31	
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				
HOLD for other Agency Name			Signature of Arresting Officer			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) D/SV. RIVERA	I.D. # 8424	Agency PBS	(PRINT) SEP 11 5:06	PAGE					
Intake Deputy Denny GK	I.D. # 6K	Pouch #	Transporting Officer D/S V. RIVERA	I.D. # 8424	Agency PBS	Witness here if suspect signed with an "X"	OF				

54W

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

Juvenile

OBTS Number	Agency ORI Number FLO, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 21-105437
Charge Type Check as many as apply	<input checked="" 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) DE SANTIS FRANK	Alias	Race W	Sex M	Date of Birth 04/10/1967
Charge Description DOMESTIC BATTERY	Charge Description PREVENTING COMMUNICATION W/LEO	Charge Description		

Victim's Name (Last, First, Middle) PELUSIO JENNA	Race W	Sex F	Date of Birth 06/01/1984
Local Address (Street, Apt Number) 9943 BOZZANO DRIVE	(City) DELRAY BEACH	(State) FL	(Zip) 33446
Business Address (Name, Street)	(City)	(State)	(Zip)

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 Benjamin De Santis who told D/S V. Rivera
 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 11th day of September 20 21 at 2:26 A.M P.M (Specifically include facts constituting cause for arrest.)

We were dispatched to the above address in the second time with in an hour in reference a 13 year old juvenile (Benjamin De Santis) reporting a domestic incident. While en route dispatch advised Benjamin exited his residence through a window and flagged down the community security to call the police.

Upon arrival, I made contact with Benjamin at the club house. Benjamin stated he observed his father drag his mother Jenna Pelusio out of bed from her leg. Benjamin stated he attempted to dial 911 but his father Frank De Santis disconnected the wifi preventing the phones to work.

I made contact with the fiance Jenna Pelusio who stated she was in her sons (Benjamin) bedroom when her fiance who had been drinking grabbed her by the arm pulling her the bed. Pelusio denied any physical altercation and stated Benjamin is only 13 years old and exaggerated the incident.

Based on the statement provided by Benjamin De Santis there is probable cause in the arrest of Frank De Santis in the matter of Domestic battery and preventing communication w/LEO

PROBABLE CAUSE STATEMENT

NOTARIAL

STATE OF FLORIDA COUNTY OF PALM BEACH	(Signature of Arresting/Investigative Officer)	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11th</u> day of <u>September</u> 20 <u>21</u> by <u>D/S Dolkin</u> <u>personally known</u>
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	<u>personally known</u>	PAGE OF

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: DE SANTIS FRANK DOB: 04 / 10 / 1967 Case #: 21-105437

Victim: PELUSIO JENNA DOB: 06 / 01 / 1984 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: JUVENILE BENJAMIN DE SANTIS

Weapon Used: Yes No Type: _____

Witness: Yes No Name: JUVENILE BENJAMIN DE SANTIS

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

Injuries: Yes No Description: _____

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: BENJAMIN DE SANTIS DOB: 09 / 20 / 2007

Name: ANTHONY DE SANTIS 2 YEARS OLD DOB: / /

Name: CHELSEA DE SANTIS 6 MONTHS DOB: / /

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: ITS NO BIG DEAL

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

First words Victim said when you responded to scene: NOTHING IS WRONG

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: 9943 BOZZANO DRIVE , DELRAY BEACH, FL, 33446

Phone: Home () _____ - _____ Work () _____ - _____ Cell (954) 256 - 3262

Employer: _____

Name of Relative: _____ Phone () _____ - _____

Address: _____

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 #: 21-105437 Agency: PBSO D/4
Offense: DOMESTIC BATTERY
Suspect/Offender: DE SANTIS FRANK
D.O.B. 04/10/47 Race: WHITE Sex: M

2. Warrant #(s): _____

3.a. Victim's name: PECUSIO JENNA D.O.B. 6/1/84 Race: W Sex: F
Address: 9943 BOZZANO DR
City: DURHAM BH State: NC Zip: 33463
Home #: 954 254-3200 Work #: _____ Other: _____
3262

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: _____ I.D. # _____ Date: _____

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

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 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: 2021022699	Date: 9/12/21
	Specialist Name/ID: A. Pinkney/7796