

JOMM ST 12

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3 2 2020-007245	1 2 3 4 5
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: Hands, Feet, Fist, Teeth	
Location of Arrest (Including Name of Business) 6664 GIRALDA CIR		Location of Offense (Business Name, Address) 6664 GIRALDA CIR, BOCA RATON, FL 33433	
Date of Arrest 06/24/2020	Time of Arrest 23:36	Booking Date 06/24/2020	Booking Time 23:46

Name (Last, First, Middle) PELUSIO, JENNA L		Alias: Alias (Name, DOB, Soc. Sec # Etc.)	
Race W - White B - Black	Sex F	Date of Birth 06/01/1984	Height 5'07
Weight 120	Eye Color BROWN	Hair Color BROWN	Complexion Med
Build SM	Marital Status S	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Local Address (Street, Apt. Number) 6664 GIRALDA CIR, BOCA RATON, FL 33433	(City) (State) (Zip)	Phone (732) 403-9787	Residence Type 1 City 3 Florida 2 County 4 Out of State 1
Permanent Address (Street, Apt. Number) 6664 GIRALDA CIR, BOCA RATON, FL 33433	(City) (State) (Zip)	Phone (732) 403-9787	Address Source Self
D/L Number State P24373957356844 / NJ	Soc. Sec. Number	INS Number	Place of Birth (City, State) MIDDLETON, NJ
		Citizenship USA	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large	<input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor	<input type="checkbox"/> 5 Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large	<input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor	<input type="checkbox"/> 5 Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)	Residence Phone
Address (Street, Apt. Number)	(City) (State) (Zip)	Business Phone
Notified by (Name)	Date	Time
Released To (Name)	Relationship	Date
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.		School Attended
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property
		Value of Property

Drug Activity S Sell N N/A P Possess	S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Disperse/ 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/Derv	P Paraphernalia Equipment S Synthetic	U Unknown Z Other
---	------------------------------	---------------------------------	---------------------------	---	---------	-------------------------------------	--	---	---	----------------------

Charge Description BATTERY	Statute Violation Number 784.03(1A)	Violation of ORD # NONE
Drug Activity	Drug Type	Amount / Unit
	N	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit

Health / Apparent Physical Condition of Defendant	Any knowledge of the following Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries <input type="checkbox"/>
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail
Transported By OFC. J BROWN	Date Transported

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444
<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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.	
Signature of Defendant (or Juvenile and Parent/Custodian)	

HOLD for Other Agencies	Signature of Arresting Officer OFC J BROWN	Name Verification (Printed by Arrestee) 852
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) BROWN, J. E.	ID # 852
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Transporting Officer OFC J BROWN	ID # 852
	Agency BRPD	Witness here if subject signed with an "X"

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT

0517134

6669

SCANNED

JUN 25 2020 JUN 25 AM 2:38

No Photo Available

PROBABLE CAUSE AFFIDAVIT

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 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-007245	
	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	
D E F	Name (Last, First, Middle) PELUSIO, JENNA L				Alias	Race W	Sex F	Date of Birth 06/01/1984
	Charge Description 784.03(1) (A)(1) BATTERY / DOMESTIC BATTERY				Charge Description			
V I C T I M	Victim's Name (Last, First, Middle) DESANTIS, FRANK ANTHONY				Race W	Sex M	Date of Birth 04/10/1967	
	Local Address (Street, Apt. Number) 6664 GIRALDA CIR, BOCA RATON, FL 33433				Phone (954) 256-3261		Address Source	
	Business Address (Name, Street) _____				Phone _____		Occupation _____	
<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 25 day of June, 2020 at 01:13 (Specifically include facts constituting cause for arrest)</p> <p>On 6/25/20 I responded to 6664 Giralda Circle in reference to a domestic disturbance. Upon arrival I made contact with W/M Frank DeSantis and W/F Jenna Pelusio. DeSantis and Pelusio both admitted to being involved in a physical altercation.</p> <p>It should be advised that BRPD communications received an emergency notification from 6799 Verde Trail which is located in the jurisdictional limits of Boca Raton.</p> <p>I observed that DeSantis had a busted lip and scratches on his right forearm. I also observed that DeSantis also had two bite marks on his right forearm. DeSantis advised that he was on the way home from a friend's house with Pelusio in the passenger seat. DeSantis stated that he and Pelusio began arguing in the vehicle when at some point he was hit in the mouth by Pelusio. DeSantis further advised that Pelusio was trying to get out of the vehicle while it was still moving. Desantis stated that is when Pelusio bit him on the right forearm. DeSantis advised that he wasn't sure exactly where the physical incident occurred but that he knows it was just outside his residence on Verde Trail. DeSantis advised that he did not want photos taken of his injuries.</p> <p>I spoke with Pelusio who advised that she was involved in a physical altercation in the vehicle with DeSantis. Pelusio stated that she was trying to defend herself because Desantis struck her in the face. Pelusio admitted to striking DeSantis with her hand and biting him because she wanted to get out of the vehicle. I did not observe any injuries on Pelusio and she gave multiple conflicting statements while I was interviewing her.</p> <p>Based on my investigation I determined that Pelusio is the primary aggressor. Pelusio is being charged with Simple Domestic Battery due to the injuries that were observed on DeSantis. Pelusio was placed under arrest for simple battery (domestic) under FSS 784.03(1a1).</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME MCINNIS, BRYAN MICHAEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BROWN, JASON ERIC NAME OF OFFICER (PLEASE PRINT)			
	DATE 06/25/2020				DATE 06/25/2020 JUN 25 2020			

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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

1. Incident Report#: 20-7245 Agency: BR PD
Offense: Battery / Domestic Battery
Suspect/Offender: Pelvisio, Jenna
D.O.B. 6/1/84 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: De Santis, Frank D.O.B. 4/10/67 Race: W Sex: M
Address: 6664 Giralda Circle
City: Boca Raton State: FL Zip: 33433
Home#: 954-256-3261 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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

SCANNED

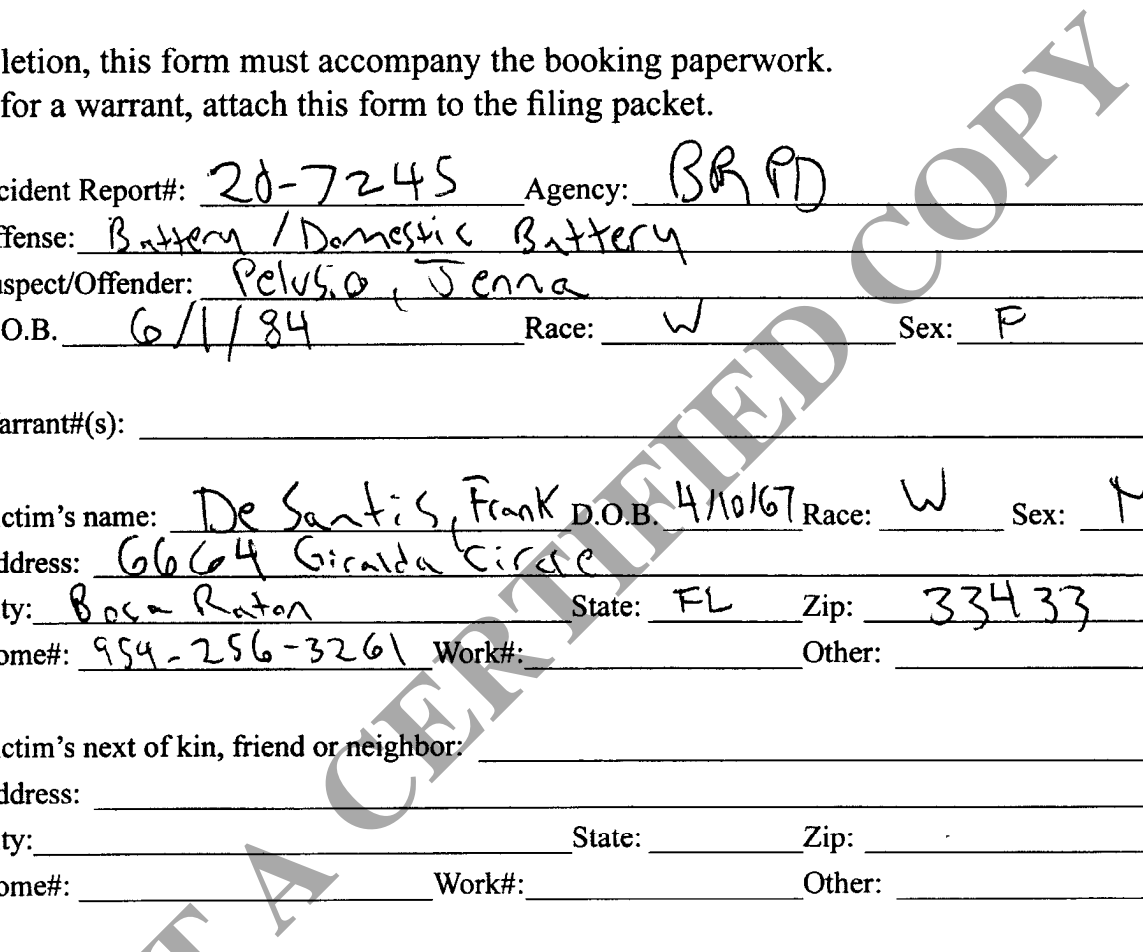
Printed name of person waiving notification: _____

JUN 25 2020

Officer's Name: Off. Jason Brown I.D.# 852 Date: 6/25/20
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____
COURT CASE/WARRANT#: _____

(FOR WARRANTS USE ONLY)





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"/>	119.071(2)(M)1	Other: Witness to a Murder	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record.	

REVIEW COMPLETED BY

Booking Number: 2020015497	Date: 6/25/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED
 JUN 25 2020