

# 0457152

50-2020-MM-007565-ASB

PH# 2204

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant  
2. Arrest (Warrant) 4. Request for Capias  
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2020-010781</b>		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>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator									
	Location of Arrest (Including Name of Business) <b>1580 NW 15TH AVE APT 15</b>						Location of Offense (Business Name, Address) <b>1580 NW 15TH AVE 15, BOCA RATON, FL 33486</b>															
	Date of Arrest <b>09/26/2020</b>		Time of Arrest <b>04:51</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) <b>DINELLO, JOSEPH JOHN</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White B - Black		Sex <b>W M</b>		Date of Birth <b>08/19/1978</b>		Height <b>6'02</b>		Weight <b>200</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 L LEG/ROSE</b>						Marital Status <b>S</b>		Religion <b>NONE</b>		Indication of Alcohol Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>									
	Local Address (Street, Apt. Number) <b>1580 NW 15TH AVE 14, BOCA RATON, FL 33486</b>						(City)		(State)		(Zip)		Phone <b>(954) 801-3034</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State							
	Permanent Address (Street, Apt. Number) <b>1580 NW 15TH AVE 14, BOCA RATON, FL 33486</b>						(City)		(State)		(Zip)		Phone <b>(954) 801-3034</b>		Address Source <b>SUBJECT</b>							
	Business Address (Name, Street) <b>ELISABETTAS, 32 E ATLANTIC AVE DELRAY BEACH</b>						(City)		(State)		(Zip)		Phone <b>(561) 560-6699</b>		Occupation <b>Bartender</b>							
	DVL Number, State <b>D540490782990 / FL</b>		Sec. Sec. Number		DNS Number		Place of Birth (City, State) <b>VERO BEACH, FL,</b>		Citizenship <b>US</b>													
C O D E F	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"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor									
	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"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor									
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone									
	<input type="checkbox"/> Legal Custodian												Business Phone									
	Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip)																					
	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.										School Attended		Grade										
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property								
C O D E	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. Amphetamines		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Opiv.		F. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description <b>BATTERY</b>										Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #									
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
	Charge Description										Statute Violation Number		Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
C H A R G E	Charge Description										Statute Violation Number		Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
	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 Explain:											
I N T A K E	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail										PROPERTY - Received By		Released By		Released To							
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										Date Transported		Time Transported		Other							
N O T I C E	Transported By <b>Officer P. Pace #940</b>										Date Transported		Time Transported		Other							
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>				Court Date and Time <b>10/22/2020 0030</b>		No Photo Available									
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.																						
T O A P P E A R	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							
	Signature of Defendant (or Juvenile and Parent/Custodian)																					
A D M I N	HOLD for Other Agency				Signature of Arresting Officer <b>[Signature]</b> Name of Arresting Officer (Print) <b>COCCIA, T.</b>				Name Verification (Printed by Arrestee)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		LD.# <b>841</b>		Agency <b>841</b>		(PRINT)													
	Intake Deputy <b>S. Pace 8101</b>		LD.# <b>8101</b>		Pouch #		Transcribing Officer <b>D. Pace</b>		LD.# <b>840</b>		Agency		PAGE <b>1 OF 1</b>									
Witness here if subject signed with an "X".																						

PROBABLE CAUSE AFFIDAVIT

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

**1** JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2020-010781</b>
-------------	--	--	--	--

Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>DINELLO, JOSEPH JOHN</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/19/1978</b>
---	-------	------------------	-----------------	------------------------------------

Charge Description <b>784.03(1A1) BATTERY</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>POOLE, CORY MATTHEW</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/26/1987</b>
---	------------------	-----------------	------------------------------------

Local Address (Street, Apt. Number) <b>1580 NW 15TH AVE 15, BOCA RATON, FL 33486</b>	(City)	(State)	(Zip)	Phone <b>(561) 702-7297</b>	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 **26** day of **September**, **2020** at **04:51** (Specifically include facts constituting cause for arrest.)


On 09/26/2020 at approximately 0418 hours, I responded to 1580 NW 15th Ave (Apt 15) in reference to a simple battery.

Upon arrival, Officer Ricciardi already spoke with victim W/M Cory Poole (DOB 10/26/1987) outside of the residence. Poole advised he was asleep in his bedroom when his roommate W/M Joseph Dinello (DOB 08/19/1978) started an altercation. Poole mentioned Dinello entered in his room by removing the door from the bottom hinge causing the door to break. While doing so, Dinello was calling Poole a liar and a thief for an unknown reason. Dinello then grabbed Poole with both hands and removed him from his bed. Afterwards, Dinello slapped Poole across the left side of his face with his right open hand. Poole in self-defense, then punched Dinello. Dinello then punched Poole's nose with his right hand, closed fist. Poole stated they got into a physical altercation as he was trying to defend himself and remove himself from the altercation which led into the living room. There were several shattered wine glasses within the living room where the altercation led.

Officer Grubbs and Vick then spoke to Dinello. Initially Dinello stated he went to verbally confront Poole due to him stealing his marijuana. Dinello stated following the confrontation, Poole shoved him which caused Dinello to punch him in the face. Eventually Dinello did say he punched Poole because he felt the need to "punish him" for stealing his drugs. Dinello did not mention anything about how the door broke off from the hinges or the broken glass within the living room.

Poole had a minor laceration and abrasion injury to his nose. BRFD responded and medically cleared Poole. Dinello did not sustain any injuries to his person.

Due to injuries, damages sustained inside of the apartment, and confession from Dinello, he committed simple battery by actually and intentionally touch/strike another person

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>BROWN, KEISHA L</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	
<b>09/26/2020</b> DATE	<b>COCCIA, TAYLOR (841)</b> NAME OF OFFICER (PLEASE PRINT)
	<b>09/26/2020</b> DATE

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

**1** JUVENILE

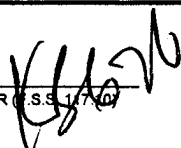
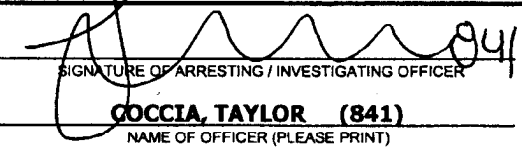
OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2020-010781</b>
Charge Type: Check as many as apply.				Special Notes:
<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance		
<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other		

Name (Last, First, Middle) <b>DINELLO, JOSEPH JOHN</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/19/1978</b>
---	-------	------------------	-----------------	------------------------------------

against their will. Based off my investigation, Dinello will be charged for F.S.S. 784.03(1A1) Simple Battery. Dinello was placed into custody and transported to the Palm Beach County Jail without incident due to his intoxicated state.

NOT A CERTIFIED COPY

P  
R  
O  
B  
A  
B  
L  
E  
  
C  
A  
U  
S  
E  
  
S  
T  
A  
T  
E  
M  
E  
N  
T

SWORN AND SUBSCRIBED BEFORE ME	
<b>BROWN, KEISHA L</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.01)	
<b>09/26/2020</b> DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<b>COCCIA, TAYLOR (841)</b> NAME OF OFFICER (PLEASE PRINT)
	<b>09/26/2020</b> DATE



**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**

<b>Booking Number:</b> 2020022773	<b>Date:</b> 09/27/2020
	<b>Specialist Name/ID:</b> AM/31562