

071 US 04017 50-2021-MM-004493- Amb 3590

ARREST / NOTICE TO APPEAR

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

1

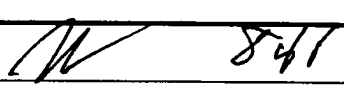
JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2021-007293	
D E F E N D A N T	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 UNARMED		Multiple Clearance Indicator		
	Location of Arrest (Including Name of Business) 19 W ROYAL PALM WAY, 19 W ROYAL PALM WAY 104, BOCA				Location of Offense (Business Name, Address) 19 W ROYAL PALM WAY 104, BOCA RATON, FL 33432		
	Date of Arrest 06/21/2021	Time of Arrest 02:11	Booking Date 06/21/2021	Booking Time 02:21	Jail Date 06/21/2021	Jail Time 00:00	
	Location of Vehicle						
C O D E F	Name (Last, First, Middle) PILLARI, MARISSA M						
	Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 09/04/1958	Height 5'00	Weight 141	Eye Color BLUE	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion CATHOLIC	Hair Color BLONDE	Complexion LIGHT	
	Local Address (Street, Apt. Number) 1 LAWLEY DRV, LINCROFT, NJ 07738		(City)	(State)	(Zip)	Phone (201) 657-3456	
	Permanent Address (Street, Apt. Number) 1 LAWLEY DRV, LINCROFT, NJ 07738		(City)	(State)	(Zip)	Phone (201) 657-3456	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	
	D/L Number, State P43535197459584 / NJ		Soc. Sec. Number	INS Number		Place of Birth (City, State) OUT OF STATE, NY, NY	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	Citizenship Yes	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <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	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
	Released To: (Name)		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		
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	
	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 SIMPLE BATTERY		Statute Violation Number 784.03(91)		Violation of ORD #		
	Drug Activity N		Drug Type	Amount / Unit	Offense # 2021-007293	Counts 1	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #		
	Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	
	Charge Description		Statute Violation Number		Violation of ORD #		
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #		
	Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	
	Charge Description		Statute Violation Number		Violation of ORD #		
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD		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:		
	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 WALKER		PROPERTY - Received By VRABEL		Released By VRABEL		
	Date Transported 06/21/2021		Time Transported 00:00		Other		
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 7/13/21 0930am		
	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		Signature of Arresting Officer VRABEL		Name Verification (Printed by Arrestee)		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)		
	Intake Deputy Cpt HsNeal72wv		Transporting Officer WALKER		I.D. # 861		
	Agency BRPD		Witness here if subject signed with an "X".		PAGE 1 OF 1		

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ PROBATION

FILED
JUL 21 2021
CLERK OF COURT
DELRAY BEACH
FL 33444

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-007293					
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:			
Name (Last, First, Middle) PILLARI, MARISSA M		Alias		Race W		Sex F		Date of Birth 09/04/1958	
Charge Description 784.03 SIMPLE BATTERY		Charge Description							
Charge Description		Charge Description							
Victim's Name (Last, First, Middle) CANTOR, SUSAN ELLEN		Local Address (Street, Apt. Number) 19 W ROYAL PALM RD 305, BOCA RATON, FL 33432		Phone (561) 351-3044		Race W		Sex F Date of Birth 06/13/1963	
Business Address (Name, Street)		Address Source		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 <u>21</u> day of <u>June</u>, <u>2021</u> at <u>01:40</u> (Specifically include facts constituting cause for arrest.)</p> <p>On Monday, June 21st, 2021 at approximately 0105, I responded to 19 Royal Palm Way, Boca Raton FL, 33431, in reference to a battery investigation. Upon my arrival, I made contact with the complainant/victim Susan Cantor, in building 19, apartment # 305.</p> <p>According to Susan, she was taking a bath inside of her boyfriend's apartment, John Rowan, Apt # 104. Susan then heard loud banging on the front door along with, "Boca Bayou Security." Susan went to the front door and opened it. Upon opening the door, she advised she was bombarded by a W/F later identified as Marissa Pillari. Accompanied with Marissa was her sister, Deborah Dolce. Susan explained that Marissa opened the door and smashed her into the wall behind the door. Marissa then grabbed Susan, dragged her over to a couch in the living room of the apartment and began smacking her in the face and body. Susan then advised that Marissa and Deborah invited her to sit and have a glass of wine to address the situation. According to Susan, she was terrified of the situation and only obliged because she thought it would keep her from being attacked again. Susan eventually was able to leave the apartment under her own free will and call 911 shortly after to report the incident. It should be noted that upon speaking with Susan, I observed scratches and red marks on her body and face.</p> <p>I then proceeded to make contact with Marissa in Apt # 104, where the incident occurred. According to Marissa, she and her boyfriend, John Rowan currently shared the apartment together and she was surprising him with a visit from New Jersey. Marissa explained that she arrived at her apartment and observed a new door lock on the outside of the apartment door. After several attempts of opening the door, she began knocking on it. Marissa did state that she yelled, "Boca Bayou", whilst knocking on the door. Marissa then observed Susan open the door in a towel and walked into the apartment.</p>									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>DUBINSKY, SETH W NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>06/21/2021</u> DATE</p> <p>VRABEL, RYAN ERWIN (844) NAME OF OFFICER (PLEASE PRINT)</p> <p><u>06/21/2021</u> DATE</p> <p style="text-align: right;">PAGE 1 OF 2</p>									

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-007293		
	Charge Type: Check as many as apply. <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				Special Notes:		
	Name (Last, First, Middle) PILLARI, MARISSA M				Race W	Sex F	Date of Birth 09/04/1958
<p>Marissa did not admit to ever striking Susan and only explained that she had no idea who she was and was worried. After realizing the situation, Marissa, and her sister Deborah, invited Susan to sit and have a glass of wine to address the situation. The only physical contact Marissa admitted to having with Susan was giving her a hug before she left.</p> <p>I then made contact with Deborah who advised that she only observed Marissa barge into the apartment after it was opened. Deborah could not advise if anything physical ever occurred. She did attest to them all sitting and drinking a glass of wine together.</p> <p>Based upon my investigation and circumstances of this case, there is probable cause to believe that Marissa Pillari committed the offense of Simple Battery in violation of F.S.S. 784.03 by battering the victim, Susan Cantor.</p>							
NOT A CERTIFIED COPY							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME						
	DUBINSKY, SETH W NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
	06/21/2021 DATE			VRABEL, RYAN ERWIN (844) NAME OF OFFICER (PLEASE PRINT)			
				06/21/2021 DATE			
							PAGE 2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



**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: 2021015049

Date: 06/21/2021

Specialist Name/ID: T Howard/7185