

1423

0342897

ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 20-005635</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE														
DEF END ANT	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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/fist/feet/teeth</b>		Multiple Clearance Indicator <b>1</b>														
	Location of Arrest (Including Name of Business) <b>641 LAVERS CIR APT 306</b>						Location of Offense (Business Name, Address) <b>641 LAVERS CIR 306, DELRAY BEACH, FL 33444</b>																		
JUV ENIL E	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle																		
	<b>04/11/2020</b>	<b>00:02</b>	<b>04/11/2020</b>	<b>00:12</b>	<b>04/11/2020</b>	<b>00:12</b>																			
	Name (Last, First, Middle) <b>RUGGIERE, TARA KENIA</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)																		
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W F</b>						Date of Birth <b>11/22/1977</b>		Height <b>5'05</b>		Weight <b>150</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>FAIR</b>		Build <b>MEDIUM</b>						
	Local Address (Street, Apt. Number) <b>641 LAVERS CIR 306, DELRAY BEACH, FL 33444</b>						(City)		(State)		(Zip)		Phone <b>(561) 322-5382</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State										
	Permanent Address (Street, Apt. Number) <b>641 LAVERS CIR 306, DELRAY BEACH, FL 33444</b>						(City)		(State)		(Zip)		Phone <b>(561) 322-5382</b>		Address Source										
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation										
	D/L Number, State <b>R260811779220 / FL</b>			Soc. Sec. Number			IHS Number			Place of Birth (City, State) <b>SPRINGFIELD, MA</b>			Citizenship <b>US</b>												
	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"/> Other: _____ Name (Last, First, Middle)											Business Phone														
<input type="checkbox"/> Legal Custodian											Business Phone														
Address (Street, Apt. Number) (City) (State) (Zip)											Business Phone														
Notified by: (Name)						Date		Time		JUVENILE DISPOSITION 1. Held/Processed within Department and Released 2. TOT JAC 3. Incorporated															
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															
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		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		F. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description <b>BATTERY ON 65 YOA/OLDER</b>						Statute Violation Number <b>784.08(2C)</b>		Violation of ORD #																	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input 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											
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:																			
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		PROPERTY - Received By		Released By		Released To											
Transported By						Date Transported		Time Transported		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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time		No Photo Available															
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						Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) <b>HERNANDEZ, EDWIN</b>		LD.# <b>1194</b>		PAGE <b>1 of 1</b>													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer <b>HERNANDEZ</b>		LD.# <b>1194</b>		Agency <b>DELRA</b>													
Intake Deputy <b>Dunning G/W</b>						Fouch #		Witness here if subject signed with an "X".																	

APR 11 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>04/11/2020 00:16</b>	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   20-005635</b>
	Name (Last, First, Middle) <b>RUGGIERE, TARA KENIA</b>				

D E F E N D A N T	Name (Last, First, Middle) <b>RUGGIERE, TARA KENIA</b>			Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/22/1977</b>
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Charge Description  
**784.08(2C) BATTERY ON 65 YOA/OLDER**

V I C T I M	Victim's Name (Last, First, Middle) <b>HASKELL, CHARLES F</b>			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/21/1954</b>
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Local Address (Street, Apt. Number) (City) (State) (Zip) <b>641 LAVERS CIR 306, DELRAY BEACH, FL 33444</b>			Phone <b>(978) 210-6492</b>	Address Source
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Business Address (Name, Street) (City) (State) (Zip)			Phone	Occupation
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DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>BLOODY INJ TO FACE AND HAND</b>
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>	

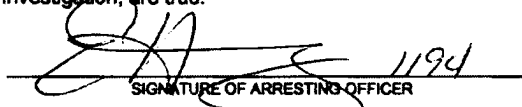
RELATIONSHIP BETWEEN VICTIM & SUSPECT  
**DATING**

PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER: <b>NEIGHBOR</b>
WEAPON USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE:
WITNESSES: <input type="checkbox"/> YES <input type="checkbox"/> NO	(If YES, attach witness list)
INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PARAMEDICS: <b>DBFR</b>
Hospital: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	NAMES/AGES:
H. R. S. NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
VICTIM PREGNANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input type="checkbox"/> NO	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

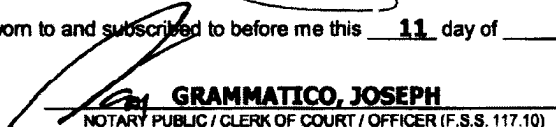
The following event occurred in the City Limits of Delray Beach, County of Palm Beach, State of Florida.  
On 4/10/2020, I responded to 641 Lavers Cir Apt 306 in reference to a domestic violence incident. Upon arrival, I met with Charles Haskell (12/21/54) in the parking lot area. Haskell had clear injuries and was

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 11 day of April, 2020.


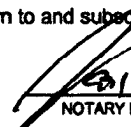
  
GRAMMATICO, JOSEPH  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
APR 11 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>04/11/2020 00:16</b>	Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   20-005635</b>
	<p>dripping blood from his face and left hand.</p> <p>Haskell advised that he was asleep in his bed when his girlfriend, Tara Ruggiere, attacked him unprovoked. Haskell stated that Ruggiere began beating him with her fists in the face for an unknown reason. Haskell advised that he tried to push her off him but never struck her. Haskell advised that he separated from Ruggiere by leaving the apartment and going to the downstairs neighbor. That neighbor was the caller for this incident. Haskell's wounds were consistent with being the victim of battery and trying to defend himself. Haskell's injuries were documented on my body worn camera. Haskell was assessed by DBFR and transported to Delray Medical Center for treatment.</p> <p>The hallway of the apartment building had blood droplets on the front stairs between each floor and a large collection in front of unit 206. This was consistent with Haskell's account of leaving the apartment. I made contact with Ruggiere at unit 306 and spoke with her in the hallway.</p> <p>I asked to enter the apartment and get a walkthrough of the event. Upon entering the apartment, I observed droplets of blood that seemed as if someone tried to wipe them up. Ruggiere walked into the main area advised that most of the incident occurred in the area near the dining room table. I observed droplets of blood on the back of the couch as well as blood leading into the Haskell's bedroom. On Haskell's bed were large bloodspots on the pillow and bedsheets inside that bedroom. This evidence was more consistent with Haskell's account that the struggle occurred in the bedroom.</p> <p>Ruggiere advised that both she and Haskell were asleep in his room when her phone rang. Ruggiere stated that, that in a fit a jealous rage, Haskell got out of bed and punched her in the face. Ruggiere advised that she then defended herself and began to strike Haskell, ultimately causing the injuries I observed. I observed that Ruggiere had two swollen hands and broken skin on her knuckles. Ruggiere's face had a smear of blood under her right eye and near her left nostril, but was devoid of any bruising or swelling consistent with being punched. Ruggiere's injuries were consistent with offensive wounds and spontaneously uttered that she "went too far tonight."</p> <p>Both Haskell and Ruggiere's injuries were captured via BWC as well as the crime scene.</p> <p>Considering the above facts, Tara Ruggiere was determined to be the primary aggressor and probable cause does exist to arrest her for battery on a person over 65 pursuant to FSS 784.08(2)(c).</p>			
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>11</u> day of <u>April</u>, <u>2020</u>.</p> <p> <b>GRAMMATICO, JOSEPH</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

SCANNED

APR 11 2020

**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 #: 20-005635 Agency: Delray Beach PD  
 Offense: Domestic Violence  
 Suspect/Offender: Ruggiere, Tara  
 D.O.B. 11/22/77 Race: W Sex: F

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

3. Complete one (1) of the following:

a. Victim's name: CHARLES HASKELL  
 Address: 641 LAVERS CIR #306  
 City: DB State: FL Zip: 33444  
 Home #: 978-210-6492 Work #: 978-210-6492 Other: \_\_\_\_\_

b. Victim's next of kin: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ 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 : Hernandez I.D.: 1194 Date: 4/11/2020

SUSPECT/OFFENDER: TARA RUGGIERE

COURT CASE/WARRANT #: 20-

(FOR WARRANTS USE ONLY)

SCANNED

APR 11 2020



**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: 2020010286	Date: 4/11/2020
	Specialist Name/ID: Gammage/5660

SCANNED  
 APR 11 2020