

0519185 50 2020-CF-008556-AMB

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ARREST / NOTICE TO APPEAR

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

1 JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 410 20-013738		Multiple Clearance Indicator 3				
D E F E N D A N T	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		If Weapon Seized		Enter Type Hands/fist/feet/teeth							
	Location of Arrest (Including Name of Business) 215 DEPOT AVE DB FL 33444				Location of Offense (Business Name, Address) 215 DEPOT AVE, DELRAY BEACH, FL 33444							
	Date of Arrest 10/20/2020	Time of Arrest 02:45	Booking Date 10/20/2020	Booking Time 02:55	Jail Date // ::	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) GUARINO, TAYLOR J		Sex F		Date of Birth 12/19/1999	Height 5'04	Weight 110	Eye Color BLUE	Hair Color BROWN	Complexion DARK	Build SMALL	
	Local Address (Street, Apt. Number) 299 BEECHWOOD CRES, WEBSTER, NY 14580		(City)	(State)	(Zip)	Phone (585) 746-5165		Residence Type: 1. City 3. Florida 2. County 4. Out of State 4		Address Source DL		
	Permanent Address (Street, Apt. Number) 299 BEECHWOOD CRES, WEBSTER, NY 14580		(City)	(State)	(Zip)	Phone (585) 746-5165		Occupation				
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation				
	D.I. Number, State 844633691 / NY		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW YORK, NY, United		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"/> 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		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)		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 R. 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.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description BURGLARY - DWELLING/STRUCTURE WITH ASSAULT OR BATTERY		Statute Violation Number 810.02(2A)		Violation of ORD #							
	Drug Activity	Drug Type N	Amount / Unit /	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
	Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)		Statute Violation Number 784.03(1A1)		Violation of ORD #							
Drug Activity	Drug Type N	Amount / Unit /	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond				
Charge Description CRIMINAL MISCHIEF-\$200 AND UNDER		Statute Violation Number 806.13(1B1)		Violation of ORD #								
Drug Activity	Drug Type N	Amount / Unit /	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" 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"/> Released to Parent/Guardian <input checked="" 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						
Transported By		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time								
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.										
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		Signature of Arresting Officer		Name Verification (Printed by Arrestee)								
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) MASI, ANTHONY T		I.D.# 1134		(PRINT)						
<input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transporting Officer E. J. ...		I.D.# 11612		Agency DBPD		PAGE 1 OF 2				
Witness here if subject signed with an "X".												

No Photo Available

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ARREST / NOTICE TO APPEAR
Additional Charge List

Agency ORI Number 0500400		Agency Name Delray Beach Police Department			Agency Report Number (N.T.A.'s only) 4, 0 20-013738						
C O D E	Drug Activity	S. Sell	R. Smuggle	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown
	N. N/A	B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
	P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv.		
C H A R G E	Charge Description DISORDERLY INTOXICATION						Statute Violation Number 856.011		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Copies Number		Bond		
			/		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					

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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 FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 20-013738

Charge Type: Check as many as apply	<input checked="" 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) GUARINO, TAYLOR J	Alias	Race W	Sex F	Date of Birth 12/19/1999
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stated she then went over and saw Guerriero on top of the defendant holding her down. Dispatch received four calls regarding the incident of the defendant screaming and causing a disturbance.

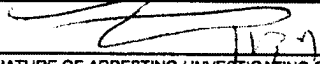
Based on the above stated facts, there is probable cause to charge the defendant, Taylor Guarino, with Burglary to an occupied dwelling with a battery pursuant to FSS 810.02(2A), Simple Battery pursuant to FSS 784.03(1A1), Criminal Mischief pursuant to FSS 806.13(1B1) and Disorderly Intoxication pursuant to FSS 856.011.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	
	RUSCZYK, JONATHAN N NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
	10/20/2020 DATE	MASI, ANTHONY T (1134) NAME OF OFFICER (PLEASE PRINT)
		10/20/2020 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

Booking Number: 2020024750	Date: 10/20/20
	Specialist Name/ID: J. Beck/9007