

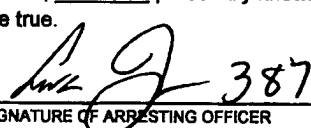
| | | | | | | | |
|---|--|---|--|---|--|--|--|
| AD M I N I S T R A T I O N | | OBT's Number | | 21mm 5980 MB | | P# 214 | |
| Agency ORI Number | | Agency Name | | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | | 1 JUVENILE | |
| 0501700 | | Jupiter Police Department | | Agency Report Number (N.T.A.'s only) | | 5, 4 21-002816 | |
| Charge Type: Check as many as apply | | 1. Felony 2. Traffic Felony | | 3. Misdemeanor 4. Traffic Misdemeanor | | 5. Ordinance 6. Other | |
| Location of Arrest (Including Name of Business) | | 1100 VIA ROYALE, 1102, JUPITER, FL, 3348 | | Location of Offense (Business Name, Address) | | 1100 VIA ROYALE 1102, JUPITER, FL 33458 | |
| Date of Arrest | | Time of Arrest | | Booking Date | | Booking Time | |
| 08/14/2021 | | 03:21 | | | | | |
| Name (Last, First, Middle) | | DINAPOLI, TEA | | Alias: | | Alias (Name, DOB, Soc. Sec. #, Etc.) | |
| Race | | Sex | | Date of Birth | | Height | |
| W - White B - Black O - Oriental/Asian | | W F | | 06/28/1997 | | 5'10 | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | Weight | | Eye Color | | Hair Color | |
| | | 180 | | GRAY | | BLONDE / | |
| Local Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | |
| 1100 VIA ROYALE 1102, JUPITER, FL 33458 | | | | | | | |
| Permanent Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | |
| 1100 VIA ROYALE 1102, JUPITER, FL 33458 | | | | | | | |
| Business Address (Name, Street) | | (City) | | (State) | | (Zip) | |
| D/L Number, State | | Soc. Sec. Number | | D/S Number | | Place of Birth (City, State) | |
| D44557327356974 / NJ | | | | | | MONTICELLO, NJ | |
| Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | |
| | | | | | | | |
| Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | |
| | | | | | | | |
| Parent | | Other | | Name (Last, First, Middle) | | Residence Phone | |
| Legal Custodian | | | | | | | |
| Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | |
| | | | | | | | |
| Notified by: (Name) | | Date | | Time | | JUVENILE DISPOSITION | |
| | | | | | | 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incorporated | |
| Released To: (Name) | | Relationship | | Date | | Time | |
| | | | | | | | |
| The above address was provided by | | defendant and/or | | defendant's parents. | | School Attended | |
| The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. | | | | | | Grade | |
| Property Crime? | | Description of Property | | Value of Property | | | |
| Yes, by: | | No: | | | | | |
| Drug Activity | | S. Sell | | R. Smuggle | | K. Dispense/Distribute | |
| N. N/A | | B. Buy | | M. Manufacture/Produce/Cultivate | | Z. Other | |
| P. Possess | | T. Traffic | | E. Use | | | |
| Charge Description | | Statute Violation Number | | Violation of ORD # | | | |
| BATTERY-SIMPLE (TOUCH OR STRIKE) | | 784.03(1)(A)(1) | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| N | | N | | / | | I | |
| Counts | | Domestic Violence | | Warrant / Capias Number | | Bond | |
| I | | Y N | | | | | |
| Charge Description | | Statute Violation Number | | Violation of ORD # | | | |
| | | | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| | | | | | | | |
| Counts | | Domestic Violence | | Warrant / Capias Number | | Bond | |
| | | Y N | | | | | |
| Charge Description | | Statute Violation Number | | Violation of ORD # | | | |
| | | | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| | | | | | | | |
| Counts | | Domestic Violence | | Warrant / Capias Number | | Bond | |
| | | Y N | | | | | |
| Health / Apparent Physical Condition of Defendant | | Any knowledge of the following: | | Mental | | Escape Risk | |
| | | Explain: | | Medication | | Deformities | |
| Check which applies: | | Released O.R. | | Released to Parent/Guardian | | T.O.T. County Jail | |
| | | Posted Bond | | South County Mental Health | | | |
| Transported By | | Date Transported | | Time Transported | | Other | |
| | | | | | | | |
| INSTRUCTION NO. 1 - Mandatory appearance in court | | Location (Court, Room) | | AUG 14 AM 8:52 | | | |
| INSTRUCTION NO. 2 - You need not appear in Court | | Court Date and Time | | | | | |
| 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 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 | | Name Verification (Printed by Arrestee) | | | |
| Dangerous | | Resisted Arrest | | (PRINT) | | | |
| Succidal | | Other | | | | | |
| Intake Deputy | | ID # | | Pouch # | | | |
| D/S 08/17/21 | | 387 | | | | | |
| Name of Arresting Officer (Print) | | ID # | | Name Verification (Printed by Arrestee) | | | |
| JURAC, LUKA | | 387/1195 | | (PRINT) | | | |
| Transporting Officer | | ID # | | Agency | | | |
| Jupiter | | 387 | | Jupiter | | | |
| Witness here if subject signed with an "X". | | | | | | | |
| | | | | | | | |

310/1204

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

| | | | | | | | | |
|--|---|--|--|--|---|--|--|--|
| A D M I N | Date / Time 08/14/2021 03:36 | | Agency ORI Number FL 0501700 | | Agency Name JUPITER POLICE DEPARTMENT | | Agency Report Number 5 4 21-002816 | |
| | Name (Last, First, Middle) DINAPOLI, TEA | | Race W | | Sex F | | Date of Birth 06/28/1997 | |
| D E F E N D A N T | Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE) | | | | | | | |
| | Victim's Name (Last, First, Middle) DONLON, HUGH | | Race W | | Sex M | | Date of Birth 11/07/1996 | |
| V I C T I M | Local Address (Street, Apt. Number) 1100 VIA ROYALE 1102, JUPITER, FL 33458 | | (City) JUPITER | | (State) FL | | (Zip) 33458 | |
| | Business Address (Name, Street) 1100 VIA ROYALE 1102, JUPITER, FL 33458 | | (City) JUPITER | | (State) FL | | (Zip) 33458 | |
| O B S E R V E R | Written <input type="checkbox"/> | | Taped <input checked="" type="checkbox"/> | | Oral <input type="checkbox"/> | | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING/INJURY | |
| | DEFENDANT'S STATEMENTS: | | VICTIM'S STATEMENTS: | | | | | |
| R E L A T I O N S H I P | RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY/GIRLFRIEND | | | | | | | |
| | PHOTOGRAPHS: | | Scene: <input checked="" type="checkbox"/> | | Victim: <input checked="" type="checkbox"/> | | 911 CALL: <input checked="" type="checkbox"/> | |
| A D D I T I O N A L | WEAPON USED: <input checked="" type="checkbox"/> | | TYPE: HANDS, TEETH | | WITNESSES: <input type="checkbox"/> | | (If YES, attach witness list) | |
| | INJURIES: <input checked="" type="checkbox"/> | | MEDICAL TREATMENT: <input type="checkbox"/> | | AT: Scene: <input type="checkbox"/> | | PARAMEDICS: <input checked="" type="checkbox"/> | |
| I N F O R M A T I O N | HOSPITAL: <input type="checkbox"/> | | PHYSICIAN(S) / HOSPITAL: <input checked="" type="checkbox"/> | | ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> | | NAMES/AGES: <input checked="" type="checkbox"/> | |
| | H. R. S. NOTIFIED: <input type="checkbox"/> | | VICTIM PREGNANT: <input type="checkbox"/> | | VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> | | CASE #: <input checked="" type="checkbox"/> | |
| N A R R | PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> | | ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> | | On Saturday, August 14, 2021, at approximately 0200hrs, I responded to 1100 Via Royale, Apt 1102, in reference to a delayed Domestic Battery. | | Upon my arrival, I met with the caller, W/M Hugh J Donlon (11/07/1996). Hugh was very upset, crying, and had | |
| | 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 <u>14</u> day of <u>August</u> , <u>2021</u> . <u>ANDERSON, KELLY</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) | | | | | | | |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

| | | | |
|--|-------------------|---------------------------|----------------------|
| A D M I N N A R R A T I V E | Date / Time | 08/14/2021 03:36 | |
| | Agency ORI Number | Agency Name | Agency Report Number |
| | FL 0501700 | JUPITER POLICE DEPARTMENT | 5 4 21-002816 |

visible lacerations and abrasions on his neck and right forearm. Hugh also had two clear bite marks on his right forearm that had broken the skin but they do not appear they will leave permanent disfigurement or scarring.

Hugh stated to me that his live in girlfriend of approximately 2 years, W/F Tea Dinapoli (06/28/1997), was drunk and attacked him. Hugh stated that the reason for the delay in calling (approximately 20 minute delay) was because he was unsure if he wanted police involved. Hugh did not wish to provide me with a sworn statement and initially did not allow me to take photos of his injuries.

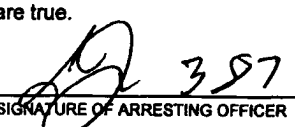
Hugh later allowed Police to document his injuries via Body Worn Camera (BWC). The video of Hugh's injuries were later uploaded to evidence.com

I then made contact with Hugh's girlfriend, W/F Tea L Dinapoli (06/28/1997) inside the residence on the third floor to get her side of the story. Tea claimed she did not know why police were there and she denied biting and attacking her boyfriend Hugh. Tea refused to provide any other information and continually stated that she did not bite Hugh, and does not know what happened.

Based off the victim's statements, suspects statements, and victim's injuries, I find probable cause to arrest Tea L Dinapoli for Simple Battery (Domestic) per Florida State Statute 784.03(1)(a)(1)

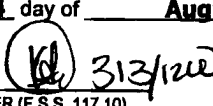
STATE OF FLORIDA
COUNTY OF PALM BEACH

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

 357

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 14 day of August, 2021.

 313/120

ANDERSON, KELLY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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)

- Dating Violence

• 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.
When applying for a warrant, attach this form to the filing packet.

Incident Report #: 21-002816 Agency: Jupiter
Offense: Simple bat
Suspect/Offender: Tea Dinapoli
D.O.B. 6/28/97 Race: W Sex: F

Warrant #(s): _____

a. Victim's name: Hugh Donlon D.O.B. 11/1/90 Race: W Sex: M
Address: 1100 Via Royal 1102
City: Jupiter State: FL Zip: 33458
Home #: 908 256 1750 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: N/A
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:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: _____ ID. # _____ Date: _____

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #: