

0514295 2020MM000843AMB 825

ARREST / NOTICE TO APPEAR

- 1. Arrest
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral

1

JUVENILE

OBTS Number	Agency ORJ Number <b>0500200</b>			Agency Name <b>Boca Raton Police Department</b>			Agency Report Number (N.T.A.'s only) <b>3, 2 2020-001278</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 <b>1</b>			
Location of Arrest (Including Name of Business) <b>499 SW 18TH ST</b>				Location of Offense (Business Name, Address) <b>1750 SW 2ND AVE, BOCA RATON, FL 33432</b>						
Date of Arrest <b>01/27/2020</b>	Time of Arrest <b>04:44</b>	Booking Date <b>01/27/2020</b>	Booking Time <b>04:54</b>	Jail Date <b>01/02/2020</b>	Jail Time <b>00:00</b>	Location of Vehicle				
Name (Last, First, Middle) <b>VALDERA, TESIA VANESSA</b>				Alias:			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>10/22/1993</b>	Height <b>5'07</b>	Weight <b>120</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Small</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT U TRICEP / WRITING TATTO ON LEFT TRICEP</b>				Marital Status <b>S</b>	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>241 S RIVERSIDE DR, MIAMI, FL 33183</b>				Phone <b>(786) 376-3867</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>241 S RIVERSIDE DR, MIAMI, FL 33183</b>				Phone <b>(786) 376-3867</b>		Address Source <b>DEFENDANT</b>				
Business Address (Name, Street) (City) (State) (Zip) <b>ROCKWELL MIAMI, UNK.</b>				Phone		Occupation <b>Waitress</b>				
DVL Number, State <b>V436818938820 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>MIAMI, FL, United</b>		Citizenship <b>US</b>		
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			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone						
Legal Custodian <input type="checkbox"/>				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		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property				
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____				<b>VICTIM NOTIFICATION REQUIRED</b>						
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.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>BATTERY</b>						Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #		
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond <b>NONE</b>		
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				
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
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>		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				Signature of Arresting Officer		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>MAGUIRE, S. J.</b>		I.D. # <b>832</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>FILED</b>          JAN 27 2020          CIRCUIT &amp; COUNTY CLERK       </div>		
Mugshot Designation				Pouch #		Transporting Officer <b>MAGUIRE</b>		I.D. # <b>832</b>		Agency <b>BRPD</b>
Witness here if subject is not with an "X"						PAGE <b>1 OF 1</b>				

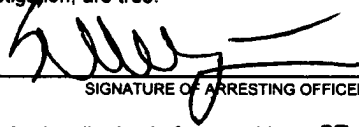
SCANNED  
JAN 27 2020

JAN 27 AM 7:10

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>01/27/2020 04:44</b>		Agency ORI Number <b>FL 0500200</b>			Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>			Agency Report Number <b>3   2   2020-001278</b>		
	Name (Last, First, Middle) <b>VALDERA, TESIA VANESSA</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/22/1993</b>		
Charge Description <b>784.03(1A1) SIMPLE BATTERY</b>											
V I C T I M	Victim's Name (Last, First, Middle) <b>PANAGAKOS, PROKOPIOS</b>						Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/20/1982</b>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1750 SW 2ND AVE, BOCA RATON, FL 33432</b>						Phone <b>(917) 414-4674</b>		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation		
DEFENDANT'S STATEMENTS: Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/> VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>LAC. TO LIP</b>							
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>GIRLFRIEND</b>											
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS:		Scene:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>						
			Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
			911 CALL:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALLER:					
			WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:					
			WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)					
			INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
			MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
			AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:					
			Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:					
			ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:					
		H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
		VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
		VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:						
		PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
		ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
N A R R	In the City of Boca Raton, Palm Beach County, FL;										
	On 01/27/2019 at approximately 0430hrs, Officers responded to 1750 SW 2nd Ave in reference to a Domestic Disturbance. Upon arrival, I spoke with Prokopios Panagakos (W/M 07/20/1982) who stated he had gotten into a										
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>27</u> day of <u>January</u> , <u>2020</u> .  <u>PATTERSON, MARC P</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)											

CERTIFIED COPY

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 <b>01/27/2020 04:44</b>	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2020-001278</b>
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physical altercation with his live-in girlfriend of two years, Tesia Valdera (W/F 10/22/1993). Panagakos stated that after confronting her regarding infidelity, she struck him in the face, causing a small laceration to the inside of his lip. He then grabbed her by both the wrists in an effort to contain her. Once she ceased attacking him, he let her go and called the Police. He stated she left the residence on foot at that time.

Panagakos had a visible small laceration on the inside of his lip, as well as a small scratch to the left side of his neck. Both injuries were consistent with his statement.

I then located Valdera in El Rio Park due to Panagakos having access to tracking capabilities on her phone. She was attempting to conceal herself in a bush but complied with orders to come out. She stated that she and Panagakos had been in an argument and she pushed him first. She stated he then grabbed her wrists, at which time she believes she struck him and caused the lip injury. She denies causing the injury to his neck.

At that time, Valdera was placed under arrest pursuant to FSS 784.03(1A1) due to the victim's statement, the victim's injuries, and the statements made by Valdera. She was searched and placed in handcuffs by Ofc. Leyva, before being transported to BRPD Booking. She was then transported to PBCJ, where she was turned over to their care.

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 27 day of January, 2020.

**PATTERSON, MARC P**   
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)





**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"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

**REVIEW COMPLETED BY**

Booking Number: 2020002916	Date: 1/27/2020
	Specialist Name/ID: M. Tooks #8557