50.2022 MM.004188.AMB

3266

1 Arrest (No Warrant) 3. Request for Warrant ARREST / NOTICE TO APPEAR OBTS Numbe 4. Request for Capias JUVENILE 5. Juvenile Referral 2. N.T.A. Agency Report Number (N.T. A.'s only) Agency OR! Number 2 | 2022-006704 **Boca Raton Police Department** 0500200 Multiple Clearance 5 Ordinance If Weapon Seized Charge Type 3 Misdemeaner I Felons Enter Type UNARMED Check as many 2 Traffic Felons 4 Traffic Misdemeano ocation of Offense (Business Name, Address) on of Arrest (including Name of Business) Location of Vehicle Booking Date Time of Arrest Date of Arrest 01:02 05/22/2022 01:02 05/22/2022 Alias (Name, DOB, Soc. Sec. #. Etc.) MANCINELLI, LINDSAY LOUISE Alias: Hair Color Complexion Date of Birth Weight Height I - American Indian **BLONDE** LIGHT Small <u>01/27/1987</u> 5'04 **GREEN** 115 W B - Black O - Oriental/Asian W F C
Scars Marks Tatoos Unique Physical Features (Location, Type, Description) Unk Marital Status Religion Yes 🗖 CATHOLIC M Drug Influence (Zip) Local Address (Street, Apt. Number) (State) 1 City 3 Florida 4 Out of St (954) 856-4850 740 NE 36TH ST, BOCA RATON, FL 33431 County (State) (Zip) Address Source Permanent Address (Street, Apt. Number) FL DL (954) 856-4850 740 NE 36TH ST, BOCA RATON, FL 33431 (Zip) (State) Marketing C3 COMPLETE Cuizenshir INS Numbe D/L Number, State Soc Sec Number FT LAUDERDALE, FL US M525532875270 / FL 5 Juvenile 1. Arrested 3. Felony Race Sex Co-Defendant Name (Last, First, Middle) 2 At Large 4 Misdemeanor Date of Birth 3. Felony 5 Juvenile Race ☐ I Arrested Co-Defendani Name (Last. First. Middle) 2. At Large 4. Misdemeanor Name (Last. First. Middle) Residence Phone Parent Other: Logal Custodian (State) Business Phone (Zip) Address (Street, Apr. Number) JUVENILE DISPOSITION

I Handled/Processed within Notified by (Name) 2 TOT JAC Department and Releases Relationship Date Time Released To (Name) The above address was provided by \square defendant and/or \square defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office school Attended Grade Value of Property Property Crime? (Phone 355-2526) informed of any change of address. Description of Property Yes Yes X N U. Unknown 2. Other R. Smuggle D. Deliver E. Use B Barbiturate H Hallucinogen Drug Activity N. N/A P. Possess S Scil B. Buy T. Traffic K. Disperses/ Distribute Z Other M. Manufacture/ Drug Type N. N/A Produce/ Cultivate C. Cocaino Equipment O. Opium/Deriv S Synthetic A. Amphetamin E. Heroin Violation of ORD # 784.03(IA1) BATTERY- BATTERY (SIMPLE) Offense # Domestic Violence Warram / Capias Number Bond Drug Activity Drug Type 🖾 Y 🔲 N N Statute Violation Number Violation of ORD # Charge Description Domestic Violence Warram / Capias Number Roud Offense Amount / Unit Drug Activity Drug Type Violation of ORD # Statute Violation Number Charge Description Warrant / Capias Number Domestic Violence Drug Activity Drug Type Amount / Unit Offense # Counts DY DN Mental Escape Risk Medication Deforanties Injuries Health / Apparent Physical Condition of Defendant Any knowledge of the following. GOOD Explain. Released to Parent/Guardian X TOT County Jail PROPERTY - Received By Released By Check which applies Posted Bond South County Mental Health Time Transported Date Transported Transported By 2300 8 5 ☐ INSTRUCTION NO. 1 - Mandatory appearance in court South County 200 W Atlantic Ave Delray Beach, FL 33A44 INSTRUCTION NO. 2 - You need not appear in Court 3125 A 140 but must comply with instructions on Page 2. No Prioto AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED I UNDERSTAND THAT SHOULD Ţ 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 Avallable FOR MY ARREST SHALL BE ISSUED S Date Signed w Signature of Defendant (or Juvenile and Parent/Custodian) Name Verification (Printed I HOLD for Other Avency 841 (PRINT) Resisted Arrest Dangerous Dangerous COECIA, T. 841 PAGE ☐ Suicidal Other Pouch # Intake Denu ID# Transporting Officer Agenc 1 or BRPD Witness here if subject signed with an "X" COCCIA 841

☐ STATE ATTORNEY

☐ COURT

☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

A	OBTS Number	PROBABLE CA	USE AFFIDAVIT			t for Warrar st for Capie		JUVENILE
D M	Agency ORI Number Agency Name FL FL0500200 BOCA	RATON POLICE DEPAR	TMFNT	Agency Report N	Number 2022-006	704		
± 2	Charge Type: 1 Felony 3. Mi	isdemeanor 5. Ordinance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Special Notes:			
٥	Name (Last, First, Middle)	affic Misdemeanor 6, Other	IS		Race	Sex	Date of Birth	
E F	MANCINELLI, LINDSAY LOUIS Charge Description	<u>SE</u>	Charge Description		W	F	01/27/1	987
HAR	784.03(1A1) BATTERY- BATTERY (SI	MPLE)						
Gws	Charge Description		Charge Description					
> : C F = X							Cate of Righ	\$
Γ	The undersigned certifies and swears that he/she has The Person taken into custody	s just and resonable grounds to believe, a	nd does believe that the at	bove named D	efendant committed	the follow	ing violation of la	iw.
	committed the below acts in my presence	e. 🔲 w	as observed by		he/she saw the a	rested o	erson committ	who told the below acts.
	confessed toadmitting to the below facts.	X wa	s found to have commi					1
	On the 22 day of May	at 01:02	(Specifically include	de facts cons	stituting cause for	arrest.)		
	On 05/22/2022 at approximulation of the contract of the contra		I responded	to 🗔			■ in	
ROBABLE CAUSE STATEMENT	not watching their dog an carried into the bedroom was laying in bed when Ma forearm. The victim provide have been upset. The victargument. In the video of the victim and a slapping the victims left forearm. I spoke with Mancinelli at the bedroom wall by incident. Mancinelli late contact with the wall. I collaborate with her alle appeared to have been in asked why her buttocks wo wall, to which she retract did not observe any frewith her allegation.	oob 01/27/1987). The description of the dog chewed we where the victim is ancinelli started to ided video from his tim stated Mancinelly ou see Mancinelli groise was heard in to which he declined because he asked if there were agation, to which is the healing stage ould be injured if outed her statement esh, visible injuri	e victim adverse tarted to recovered to reco	rised seahold in and to what cicated to the cicated	he was up tems. The he alterc slap him ich Manci at the t th her ri erved a f on. ated she ing her f left should be in tocks. Scolorati slder made by hit the control of the sperson the specific the sperson the specific the spe	set a arguation on hime of the law	about the iment the iment to is left in appear of the inand to accration of the dog which is as obsertant with a backward collabor.	red to slap onto nade to ion rved. I th the ards.
	Due to video evidence, ph from Mancinelli, she was investigation found that	placed under arres	t under F.S.	.s. 784	.03(1A1)	simp	le batte	its ery. My
A C M		ARLES FIGER (F.S.S. 117.10)	STORATU	DE ARRES		ING OFF	9C11	
F	05/22/2022			NAME OF OFF	FICER (PLEASE PR			PAGE
į	V			05/2	22/2022 DATE			1 of 2
	COURT STATE ATTORNE	Y CENTRAL REC	ORDS	JAIL	CRIME	ANAL'	YSIS	P. I. O.

1	OBTS Number		İ		AUSE AFFIDAV LEMENT		Arrest 2. N.T.A.	3. Request 4. Reques			JUVENILE
	Agency ORI Number	Agency Name		<u> </u>		Agency Report N					······································
M	FL FL0500200			LICE DEPAI		3 2	2022		04		
1 1	Charge Type:		sdemeanor affic Misdemeanor	5 Ordinance			Specie 14				
Б	Name (Last, First, Middle)				lias			Race	Sex	Oale of Birth	
F	MANCINELLI, LINDSA	Y LOUIS	SE					W	F		7/1987
PROBABLE CAUSE STATEST	physical injury. Ma and double locked. transported to the County Jail without	Mancine PD for incide	li was pl elli was processi	placed in	ito a marke	d BRPD pa	atrol	vehi	.cle	ked fo	or fit
A D M	SWORN AND SUBSCRIBED BEFORE	ME A			_ ($\mathcal{Y} / \mathcal{Y}$	\ /	へし	1	2941	l
- Z 3	CARNEY, DAI	NIEK/CHA	RLES		SIGNA	ATURE OF TRES	TING / INV	ESTIGAT	NG OFF		<u>.</u>
	NOTARY PUBLIC / CLERK OF	COURT / OFFI	ICER (F.S.S. 117.1	10)	(COCCIA, T	AYLOR	(84	41)		_
STRAT-VE	05/22	/2022				NAME OF OFF	ICER (PLE	ASE PRI			PAGE
T	D	ATE				05/2	22/202	22			_ 2 of 2
E							DATE				

JAIL



100 NW 2ND AVENUE • BOCA RATON, FL 33432-3795 PHONE: (561) 338-1234

www.BocaPolice.com

@BocaPolice

Victims' Right to Confidentiality Form

Marsy's Law (effective January 8, 2019), FL Constitution, Article 1, §16(b)

BRPD Case Number: $22 - 0704$	~()
Defendant's Name(s): LINGSOU MONCINTILL	
Florida Constitution, Article 1, Section 16(b)(5): Every victim is entitled to the folloat the time of his or her victimization: "The right to prevent disclosure of informat could be used to locate or harass the victim or the victim's family, or which could be used to locate or harass the victim or the victim's family, or which could be used to locate or harass the victim or the victim's family, or which could be used to locate or harass the victim or the victim's family, or which could be used to locate or harass the victim or the victim's family.	ion or records that
right to prevent disclosure of information or records that could be used to locate on the victimes' family, or which could disclose confidential or privileged information of the victimes' family, or which could disclose confidential or privileged information of the victimes' family, or which could disclose confidential or privileged information of the victimes' family, or which could disclose confidential or privileged information of the victimes' family, or which could disclose confidential or privileged information of the victimes' family, or which could disclose confidential or privileged information or records that could be used to locate or the victimes' family, or which could disclose confidential or privileged information or records that could be used to locate or the victimes' family, or which could disclose confidential or privileged information or records that could be used to locate or the victimes' family.	
HAVE READ AND UNDERSTOOD THE ABOVE PARAGRAPH. I HAVE BEEN INFORME NOT HAVE MY PERSONAL INFORMATION BECOME A MATTER OF PUBLIC RECORD.	
Victim Signature:	Date: 5-22-2Z
If the victim is under age 18, a parent or guardian's signature should be obtained)
Parent/Guardian Name:	Date:
Parent/Guardian Signature:	
Witness (print/signature): Walter (
.D. #(Law Enforcement Officer informing victim)	



SUSPECT/OFFENDER

COURT CASE/WARRAN

VICTIM NOTIFICATION FORM

This form must	be completed when one o	f the following crime(s) has been o	ommitted:	2. 1
Homicide (C	th. 782) • Se	exual Offense (Ch. 794)		
Attempted M	furder • At	ttempted Sexual Offense		•
Stalking (F.S	S. 784.048)	· -	. •	
• •	<u> </u>	any assault, aggravated assault, bat	tery, aggravated battery, sexual	
ssault, sexual b	attery, stalking, aggravate	ed stalking or any criminal offense	resulting in physical injury or deat	th
of one family m	ember or household mem	ber by another, who is or was resid	ing in the same single dwelling.)	(
_	•			7
		company the booking paperw	ork.	
If applying fo	r a warrant, attach this	s form to the filing packet.		
		9555		
1. Incid	lent Report#: 22 - (0	704 Agency: BRPD	4	
Offer	nse:SIMPIC bott	(domestic)		
Susp	ect/Offender: LINCIDO	y Mancinelli	.41	
D.O.	B.1127 87	Race: ()	Sex: F	
2. Warr	ant#(s):	()		FO
				一 为
3.a.				■ X
3.8.				
				8
				FOR WARRANTS USE ONLY
				S S
				ISI
b. Victi	im's next of kin, friend or	neighbor:		– ကိ
Adda	ress:			_ 茗
City		State:	Zip:	_ 냥
Hom	ne#:	Work#:	Other:	
~				
NOTE: PURSUA	NT TO F.S. 119.07, THE C	ONTENTS OF THIS FORM MAY B	E SUBJECT TO CONFIDENTIALIT	ľ¥.
		ication Waiver and Confidenti		
(check applicable				
□Waiver:	I choose not to be notif	ied when the arrestee is released from	custody.	
□Confidentia	l: Pursuant to F.S.119.07	(3)(S)1, I request that the address and	telephone number on this form be ke	pt
	`	e only to sexual battery, aggravated ch	ild abuse, aggravated stalking, haras	sment,
		lomestic violence cases).	l ha empliquible	
	Other connocationity pr	rovisions of Florida State Statutes may	/ also be applicable	
Signature of per	son waiving notification:	· · · · · · · · · · · · · · · · · · ·		
Printed name of	person waiving notificati	on:		-
06	Coccia	ID# 241	Date: 5/27/27	

Yellow/Warrants Section

Pink/Central Records

White/Corrections or State Attorney (Warrant Application)



Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
tions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	4
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
I/E E		119.071(2)(f)	Confidential informants (CIs).	
		119.071(2)(e)	Confession.	
suc		985.04(1)	Juvenile offender records.	
mptic		119.071(h)(i)	Assets of a crime victim.	
Public Info. Exemptions		395.3025(7)(a), 456.057(7)(a)	Medical information.	
blic In		394.4615(7)	Mental health information.	
Pu		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.	
	×	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
		(viii) 394.4615(7)	Clinical records under the Baker Act.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
(Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
al Administ				
es of Judici				
Florida Rul				
je j			Other:	
Other			Other:	

REVIEW COMPLETED BY

Booking Number: 2022013285	Date: 5/22/2022
booking Number: 2022013263	Specialist Name/ID: M. Tooks #8557