0557274 25mm 2939 Ams 1498

A D	OBTS Number		ARRES	ST / NOT	ICE TO A	APPEAR			a for Warrant a for Capias le Refermi	1	JUVENILE
M 1 N		ency Name Boca Raton	Police Departs	ment		1 .	ncy Report N	fumber (N T.A.'s only) 2025-00393	9		
l S T	Charge Type	3. Misdemear	101	Ordinance Other				If Weapon Angel	SHA59030	l loiinsi	Multiple Clearance
R A	Location of Arrest (Including Name of Business) 341 E ALEXANDER PALM RI		Location of Offense (Business Name, Addre			(25)		HICIC	MW		
0	Date of Arrest Time of Arrest	Booking Date		Booking Time	Jan Date	LALLAM		ail Tinic Loc	ation of Vehicle	1, 1 2 33	
È	04/05/2025 19:46 Natic (Last First Middle)	04/05/	2025	19:56		// ::	Alias (Nar	ne, DOB, Sec Sec #, Etc.)	V/A		
	RINARTE, ANGELA M	Date of Birth	Hen		lias: Wengha	Eye Color		hair Color	Complexe	on	Build
D	W - White i - American Indian B - Black O - Oriental/Asian W Scars, Marks, Taioos, Unique Physical Features (Location, T		15/1988 5	'09	120	BRO!		BROWN	Indication	IGHT of	Medium No State Control
E F	Local Address (Street, Apt. Number)	(City)	15	itate)	(Zip)	M	CAT	HOLIC	Alcohol is Drug hub Residence	illuctice res	
N D	341 E ALEXANDER PALM R Permanent Address (Street Apt. Number)		ATON, FL 3343		·			(862) 229-358	7 1 Cm 2 County Address S		. 1
N T	341 E ALEXANDER PALM R	D, BOCA R	ATON, FL 3343	32	(Z1p)			(862) 229-358	2	DI	
	Business Address (Name. Street) STAY AT HOME MOM,	(City)		State)	(Zip)		Phon		Occupation	er:	
	D/L Number State G563013886750 / FL	Soc Sec Number	INS	Number		P	rth (City. Sta MIRA,	<i></i>	Citizenship US		
0	Co-Defendant Name (Last, First, Middle)				Race	Sex Date of	Binh	7	1. Arrested 2. At Large		5 tovenile
D	Co-Defendant Name (Last. First, Middle)				Race	Sex Date of	Birth			1 Felony	5 Juvenite
Ť.			Name (Last, First	Middle)	<u></u>	L	1)	L 2. At carge	Residence Phon	
U V	Address (Street, Apt. Number)		(City)	City) /Sta		(State) (Zip)				Business Phone	
E N I	Notified by (Name)				Date		line	JUVENILE DISPOS		2 TOT JAC	
E	Released To (Name)		Relationship	/	Date		Tipe	Department a		3 incarcerated	<u> </u>
	The above address was provided by	☐ defendant	and/or D defen	dant's bare	lie X	A 3ch	Atlanded	/			Grade
	The child and/or parent was told to ke (Phone 355-2526) informed of any ch	ep the Juvenil	le Court Clerk's Off	fice		ny Grime ^a Dess	cription of P	de la companya della companya della companya de la companya della		<u> </u>	Value of Property
L	□ Ves. bs	□ No.			V O	/cs ☑ No <i>N</i> /	/A	/ 			
0 0	Driig Activity S. Sell R. Sninggle N. N/A B. Buy D. Deliver P. Possess T. Fraffic E. Use	K Disperses: Distribute	M Manufacture: Z Produce: Cultivate	Other	NN	A CO	arbutrate lecaine lecoin	H. Hallucinogen M. Marijuana O. Opium Deriv	P Paraphernalia. Equipment S Synthetic	U Unkno Z Other	nvn
CH	Charge Description BATTERY-BATTERY (SIMP)	(E)		_ \				Statute Violation Number 784.03(1A1)		Violation of	URD#
A R G	Drug Activity Drug Type Amount / Unn	Offense #	7 9		C Visionce	Warrant / Capias Num	nber	704.05(1711)		Bond	
CH	Charge Description			1 1 141	<u> </u>			Statute Violation Number	*	Violation of	ORD#
A R G	Drug Activity Drug Type Amount / Unit	Offcuse #	, Ce			Warrant / Capias Num	nber			Bord	
C	Charge Description							Statute Violation Sumber		Violation of	ORD #
HAR	Drug Activus Drug Type Amount / Unit	Offense #	100	ounts Domesti	c Violence	Warrant / Capias Num	nber			Bond	
G E	Health - Apparent Physical Condinon of Defendant	<u> </u>		<u></u>	ПΝ	Any knowledge of the	followane	Datawal Flere	una Bark Marka	galar Da	tornities D Injunes
1 X =	N/A	Jahrand Dr. 195	ırdian 🔀 TOT Co	nto to 1 I per	OPERTY - Rec	Expiain N.d.	Releas			rased To	commics and injuries
A K	Posted Bond S	teleased to Parent/Gua Jouth County Mental F		D	ELGAD	0	DE	LGADO		BCJ	
E	Transported By DELGADO				te Transported 04/05/20.						
N O T	INSTRUCTION NO. 1 - Mandato		cation (Court. R Outh Cou		Atlantic	Ave Delray Be	each, FL 3	3444			
1 C F	but must comply with instructions on Page 2. South Colliny 200 W Attantic Ave Delray Beach, FL 33444 Court Date and Time							No			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. LUND I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COL										i.n	No Photo
A P P	FOR MY ARREST SHALL BE ISSUED	COOK! ASKE	Zeikes BT This Koth	CC TO ALLE		TAT DE TIELD III	CONTIE	in For Count And	A WHITE	İ	Available
E A R	Signature of Defend	fant (or Juvenile an	id Parent/Custodian)					Date Signed	···	- 1	
	HOLD for Other Agency		Signature of Arresting Q	77 9	1	G.K.		crification (Printed by Arro	tatee)		
0 M	N/A Dangepus Resisted Arrest	<u> </u>	Name of Arresting Office		V	HD #	(PRIN	rr)			
Ň	Intake Deputy 1 D #	Pouch #	Transporting Officer	<u>. </u>	1 D. 1		-		**************************************		PAGE 1 OF 1
L	A CONTRACTOR OF THE CONTRACTOR		DELGADO		88.			s here if subject signed with			
	COURT STATE ATTORNEY	/ 🔲 AG	ENCY 🔲 CEN	TRAL RE	CORDS	☐ JAIL	[] CR	IME ANALYSIS	- Ed	MAI	DEHE IDANT

CONFIDENTIAL VICTIM INFORMATION PER MARSY'S LAW

_	OBTS Number	PROBABLE CAUS		Arrest 3 Request fr	or Carries I			
0	Agency ORI Number Agency Nai		Agency Report N	lumber C	SOVINI UNIO CONTRACTOR	Dillina		
· N		A RATON POLICE DEPART	MENT 3 2	2025-0039. Special Notes	Sycolal Info 2-426	11-1900)		
"	Check as many	3 Misdemeanor			The state of the s			
D #	Name (Last, First, Middle) GINARTE, ANGELA M	Alias		Race W	Sex Date of Birth F 05/15/1988			
c	Charge Description		Charge Description					
HAR	784.03(1A1) BATTERY- BATTERY (SIMPLE)		· .				
GE	Charge Description		Charge Description					
٦	Victim's Name (Last, First, Middle)		<u> </u>	Race	Sex Date of Birth			
V i	GINARTE, JOSEPH			w	M 02/02/1957			
C	Local Address (Street, Apl. Number)	(City) (State)	(Zip) Phone		Address Source			
,	Business Address (Name, Street)	(City) (State)	(Zip) Phone		Occupation			
	The undersigned certifies and swears that he/she	has just and resonable grounds to believe, and d	does believe that the above named De	efendant committed the	e following violation of law			
	The Person taken into custody committed the below acts in my preser	nce. 🔲 was (observed by	Y		who told		
	confessed to	NO.		` _	sted person committ the be			
	admitting to the below facts. On the		ound to have committed the belo (Specifically include facts cons	1	· · · · · · · · · · · · · · · · · · ·	tion.		
	On the 3 day of April	2023 at 20.40	(Specifically include facts cons	tituting cause for ar	rest.)			
	On 04/05/2025 I responde	ed to	in refere	ence to a	domestic			
	disturbance.							
_			X					
P R	Upon arrival I made con					her		
O B	husband had just been in because her husband accordingly					her		
A	husband took her phone	=			-			
L	physical altercation en							
Ε	out does not recall how the altercation started. Angela did have a scratch to her left							
С	hand.							
A	I then spoke to the hus	hand Joseph Ginarte w	the admised he was	e waiting	for his wife to	_		
s	come home to confront he			-				
Ε	he believed was the other		_	_				
s	stated when asking her							
T	and blood to his left a			_				
T E	could have happened as provided me with an aud							
M	the incident might have							
E	and yelling at Joseph w							
т	possible physical alter	cation ensue as Angela	is heard yelling	g in the r	ecording.			
	,,.							
	Angela was read her con- have started the altero							
	happened so fast. When							
	to get her phone back f:	rom Joseph which is co	ntrary to what s	he told me	of Joseph try	ing		
	to take the phone from		-	_	=			
	altercation, she advise	d she could not rememb	er but does reme	mber hitti	ng Joseph.			
A D M	SWORN AND SUBSCRIBED BEFORE ME		YT	7 - 8	85			
2	MEL GAR DANJEL TO	76/ OSEPH	SIGNATURE OF ARREST	NE INVESTIGATIN	G OFFICER			
S	NOTARY PUBLIC / CLERK OF COURT / C	OFFICER (F.S.S. 117.10)	DELGADO.	BRIAN (88	51 .			
STRAY	04/05/2025			ICER (PLEASE PRINT)	0.05		
V	UAIE		04/0	5/2025		PAGE		
E				DATÉ	SO BAILIFF			
	COURT STATE ATTORN	IEY CENTRAL RECOR	RDS JAIL	CRIME AI	BOANNEG	. i. o.		

COURT STATE ATTORNEY

CENTRAL RECORDS

CRIME AND WAS VIVE 4.1.0.

			VICTIM INFORMATION PER		3 LAW				·
	OBT\$ Number		PROBABLE CAUSE AFFIDAVI' SUPPLEMENT	l	1. Arrest 2 N.T.A		it for Wafra st for Capia		JUVENILE
A D	Agency ORI Number	Agency Name	001100000.11	Agency Report		- 1			
M	FL FL0500200		LICE DEPARTMENT	3 2		-0039	739		
N	Charge Type 1 Felony	3 Misdemeanor	5. Ordinance		Special !				
٥	as apply 2 Traffic Felony Name (Last, First, Middle)	4. Traffic Misdemeanor	6 Other Alies			Race	Sex	Date of Birth	
E	GINARTE, ANGELA M		Viies			W	F		6/1988
П							ليبنيد		
PROBABLE CAUSE STATEMENT	the incident and depursuant to FSS 784	eveloped probabl	rmined Angela Ginarte le cause to charge he		-		_		
ADM - N - STRATIV	SWORN AND SUBSCRIBED BEFORE	ME	ን .	. 4	1	_9	95		
- 2 -	MELGAR, DA	NIPL JOSEPH	SIGNATU	IRE OF ARRES	TING / IN	/ESTIGAT	ING OFF	ICER	
S	NOTARY PUBLIC / CLERK OF	COURT / OFFICER (F.S.S. 117.1	0)	ELGADO	BRIA	N (R	85)		
Ŕ	04/05	/2025	<u></u>	NAME OF OF	FICER (PL	EASE PRI			[2]
I	D	ATE		04/	05/20	25			PAGE 2 OF 2
£					DATE				
							SC	$\cdot \Delta K H$	VED.

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS P. I. O.
APR 0 6 2025

SUSPECT/OFFENDER:

COURT CASE/WARRANT#

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)
- 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. If applying for a warrant, attach this form to the filing packet. Incident Report#: 2025-00 3931 Agency: 1. Suspect/Offender: (3.16/1) FOR WARRANTS USE ONLY) 2. Warrant#(s): JUSEPH D.O.B. 07 DV/95 7Race: W Sex: M Victim's name: Ginaric 3.a. Address: City: Work#: Other: Home#: b. Victim's next of kin, friend or neighbor: Address: State: Zip: City: 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: Tchoose not to be notified when the arrestee is released from custody. Deconfidential: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases). Other confidentiality provisions of Florida State Statutes may also be applicable Signature of person waiving notification: Printed name of person waiving notification: I.D.# Officer's Name: White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central R

Palm Beach County Sheriff's Office Florida State Statute Exemption Sheet

	х	Florida State Statute	Description	Page Number(s)
s		119.071(4)(c)	Undercover personnel	
L/E Exemptions		119.071(2)(e)	Confession	
		FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
Public Info. Exemptions		119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
Publi		119.0712(2)	Personal information contained in a motor vehicle record	
	Image: Control of the	316.650(11)	Driver information contained in a uniform traffic citation	
 		119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
ia l	⊠	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
f Judic n 2.42		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
ules o		(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		Y		
문소				
Other		Y		
ਰ ਹੈ		Y		
. /		\cup		

REVIEW COMPLETED BY

Pooking Number	2025008897	Date: 4/6/2025					
Booking Number:	2023008897	Specialist Name/ID#:	C.Daniels 30347				

SCANNED APR 0 6 2025