

# 0537128 # 2844 23 CA 000 037MS

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant  
6. Arrest (Warrant) 4. Request for Capias  
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2   2023-00046</b>		1		JUVENILE			
D E F E N D A N T	Charge Type: Check as many as apply.		MORRIS LAW INVOKED Confidential Info Contained		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator						
	Location of Arrest (Including Name of Business) <b>99 SE MIZNER BLVD, BOCA RATON, FL 33432</b>		Location of Offense (Business Name, Address) <b>99 SE MIZNER BLVD, BOCA RATON, FL 33432</b>		Date of Arrest <b>01/02/2023</b>		Time of Arrest <b>00:26</b>	Booking Date <b>01/02/2023</b>	Booking Time <b>00:36</b>	Jail Date <b>01/02/2023</b>	Jail Time <b>01:16</b>	Location of Vehicle <b>NONE</b>	
D E F E N D A N T	Name (Last, First, Middle) <b>CONTI, DANIEL R</b>					Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>02/14/1984</b>	Height <b>6'03</b>	Weight <b>220</b>	Eye Color <b>GREEN</b>	Hair Color <b>BLACK</b>	Complexion <b>MEDIUM</b>	Build <b>L</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>					Marital Status <b>M</b>	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) <b>4 CALDWELL STREET, BROOKVILLE, PA 15825</b>			(City)	(State)	(Zip)	Phone <b>(814) 591-7652</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State		<b>13</b>		
Permanent Address (Street, Apt. Number) <b>4 CALDWELL STREET, BROOKVILLE, PA 15825</b>			(City)	(State)	(Zip)	Phone <b>(814) 591-7652</b>		Address Source					
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation <b>Timber</b>					
D/L Number, State <b>26703784 / PA</b>		Soc. Sec. Number		DNS Number		Place of Birth (City, State) <b>MANCHESTER, NH</b>		Citizenship <b>US</b>					
C O D E F	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile						
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile						
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone								
	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?		Description of Property		Value of Property							
C O D E	Drug Activity N - N/A P - Possess	S - Sell B - Buy T - Traffic	R - Smuggle D - Deliver E - Use	K - Disperses/ 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/Derv.	P - Paraphernalia/ Equipment S - Synthetic	U - Unknown Z - Other		
	Charge Description <b>BATTERY ON A LICENSED SECURITY OFFICER</b>		Statute Violation Number <b>784.07(2B)..</b>		Violation of ORD #								
C H A R G E	Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" 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				
C H A R G E	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 #								
I N T A K E	Health / Apparent Physical Condition of Defendant <b>GOOD</b>					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:		Released O.R.		Released to Parent/Guardian		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By <b>868</b>		Released By <b>868</b>		Released To <b>PBEJ</b>
	Transported By		Poxied Bond		South County Mental Health		Date Transported <b>01/02/2023</b>		Time Transported <b>01:16</b>		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>		Court Date and Time					
T O A P P E A R	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.										No Photo Available		
	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed							
M A I N	HOLD HERE		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		(PRINT)		PAGE		1 OF 1		
	<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suspect		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (PRINT) <b>WILLIAMS, D.</b>		I.D. # <b>868</b>		Transporting Officer <b>Hansen</b>		I.D. # Agency <b>866 BOCA</b>		

SCANNED

NOTICE TO APPEAR

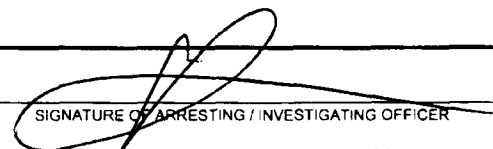
No Photo Available

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	Agency ORI Number <b>FL FLO500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3 2 2023-00046</b>	
	Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		Special Notes	
D E F E N D A N T	Name (Last, First, Middle) <b>CONTI, DANIEL R</b>				Race <b>W</b>	Sex <b>M</b>
	Date of Birth <b>02/14/1984</b>					
C H A R G E S	Charge Description <b>784.07(2B) SECURITY BATTERY - LICENSED SECURITY OFFICER</b>		Charge Description			
	Charge Description		Charge Description			
V I C T I M	Victim's Name (Last, First, Middle)				Race <b>W</b>	Sex <b>M</b>
	Date of Birth					
M A D E	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone
				Address Source <b>OBSERVED</b>		Occupation
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law</p> <p>The Person taken into custody ...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>2</u> day of <u>January</u>, <u>2023</u> at <u>00:26</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 1/2/2023, at 0006 hours, I was dispatched to 99 SE Mizner in reference to an altercation. The caller, Domingo Severino, advised a subject was fighting another security guard.</p> <p>Upon my arrival, I located the subjects across the street from 99 SE Mizner at the entrance to the Boca Raton Resort. Domingo advised Victim 1 was attempting to help a subject find his residence within the hotel. Domingo explained that Victim 1 was walking away to try and identify the subject Daniel Conti when suddenly Daniel jumped on Victim 1's back and began hitting him. Eventually, Victim 1 was able to restrain Daniel and shortly thereafter BRPD arrived on the scene. Victim 1 confirmed the sequence of events as described by Domingo.</p> <p>I attempted to speak with Daniel, however, due to his extremely inebriated state he was unable to provide any legible information.</p> <p>Victim 1 is an employed security guard with the Boca Raton Hotel and is dressed in a manner that would identify him as such. Based upon all available evidence it is clear that Daniel did intentionally strike Victim 1 resulting in physical harm and at the time of the altercation Victim 1 was acting in an official capacity as a security guard and therefore committed the offense 784.07(2B) enhanced Battery. Daniel was placed under arrest at 0026 hours. Daniel was placed in handcuffs that were checked for tightness and double locked. Daniel was transported to the Palm Beach County Jail</p> <p>Victim 1 provided a sworn victim statement and filled out a Victims Right to Confidentiality Paperwork.</p>						
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		
	<b>VAN CAMP, JEFFERY ALAN</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>01/02/2023</u> DATE			 <b>WILLIAMS, DAVID (868)</b> NAME OF OFFICER (PLEASE PRINT) <u>01/02/2023</u> DATE		
						PAGE <b>1 OF 1</b>



**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 checked="" 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.	3
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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2023000108	Date: 1/2/2023
	Specialist Name/ID: M. Tooks #8557