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Marsy's Law CVI FL Const. Art. 1 § 16(b)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

OBTS Number	Agency ORI Number FLOI 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 - 25-114125
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	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized	Multiple Clearance Indicator 01
Location of Arrest (including Name of Business) Boca Regional Hospital 800 Meadows Rd Boca Raton, FL 33486			Location of Offense (Business Name, Address)		
Date of Arrest 11/07/25	Time of Arrest 2000	Booking Date	Booking Time	Jail Date	Jail Time

Name (Last, First, Middle) Andreacci Daniel John	Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 07/29/1989	Height 5'10	Weight 180	Eye Color Brown	Hair Color Brown	Complexion FAIR	Build MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status Single	Religion Christianity	Indication of Alcohol Influence Drug Intoxication Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Mobile Phone 954-540-9067	Residence Type: 1. City 2. County 3. Florida 4. Out of State 5. Juvenile		
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source		
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation		
D/L Number, State A536170892690, FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) Miami, FL		Citizenship usa				

Co-Defendant (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 (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
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last)	(First)	(Middle)	Residence Phone	
Address (Street, Apt. Number)			(City)	(State)	(Zip)
Notified by: (Name)			Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released to: (Name)	Relationship	Time	VICTIM NOTIFICATION REQUIRED
The above address was provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.		Grade	
<input type="checkbox"/> Yes, by: (Name)	<input type="checkbox"/> No (Reason)	Value of Property	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property		

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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 Battery (Domestic) Du Shagration	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 284.03(1A) - 784.041(2)	Violation of ORD #	BOND NONE					
Drug Activity	Drug Type	Amount / Unit	Offense # 25-114125	Warrant / Capias Number						
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	BOND					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	BOND					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	BOND					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						

Location (Court, Room Number, Address)
Court Date and Time Month Day Year Time A.M. P.M.
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 11/07/25
Signature of Defendant (or Juvenile and Parent/Custodian)
Date Signed
I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

HOLD for the Agent NONE	Signature of Arresting Officer D/S A. Martinez	Name Verification (Printed by Arrestee) NOV 7 PM 11:55
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Date/Time D/S MARTINEZ	Transporting Officer D/S OMOZES	Agency PBSO
Witness here if subject signed with an "X"		FILED PDC 25 NOV 8 AM 6:24

4

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 25-114125
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
	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other		

Name (Last, First, Middle) Andreacci Daniel John	Alias	Race W	Sex M	Date of Birth 07/29/1989
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Battery (Domestic) by strangulation ~~784.03(1)(a)~~ **784.041 (2a)**

Victim's Name (Last, First, Middle) Williams Taylor P	Race W	Sex F	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source Verbal	
Business Address (Name, Street) (City) (State) (zip)	Phone		

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 or law. The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ was found to have committed the below acts, resulting from my (described) investigation.

admitting to the below facts.

On the 7th day of November, 2025 at 2000 A. M. P. M. (Specifically include facts constituting cause for arrest.)

Marsy's Law CVI
Fl. Const. Art. 1 § 16(b)

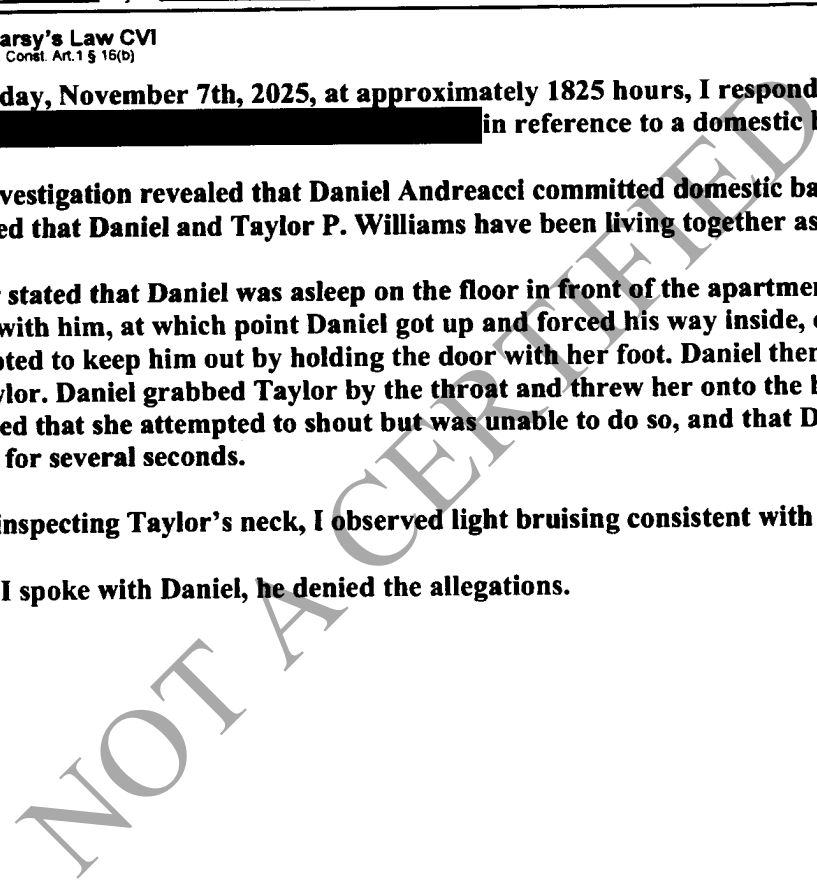
On Friday, November 7th, 2025, at approximately 1825 hours, I responded to _____ in reference to a domestic battery.

The investigation revealed that Daniel Andreacci committed domestic battery by strangulation. It should be noted that Daniel and Taylor P. Williams have been living together as a couple for the past 4 months.

Taylor stated that Daniel was asleep on the floor in front of the apartment door. She opened the door to speak with him, at which point Daniel got up and forced his way inside, causing Taylor to fall as she attempted to keep him out by holding the door with her foot. Daniel then ran into the bedroom, followed by Taylor. Daniel grabbed Taylor by the throat and threw her onto the bed, pinning her down. Taylor reported that she attempted to shout but was unable to do so, and that Daniel had his hands around her throat for several seconds.

Upon inspecting Taylor's neck, I observed light bruising consistent with her account.

When I spoke with Daniel, he denied the allegations.



PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S A. Martinez (ID #) 36437
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of November, 2025 by D/S A. Martinez 36437
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

[Signature] 4711
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)
Suspect: Andreacci Daniel John **DOB:** 07/29/1989 **Case #:** 25-114125

Name (Last, First)
Victim: Williams Taylor **DOB:** [REDACTED] **Race:** W **Sex:** F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No **Caller:** Stephen Williams

Weapon Used: Yes No **Type:** _____

Witness: Yes No **Name:** (Last) _____ (First) _____ (Middle) _____

Victim Pregnant: Yes No **If yes,** _____ weeks _____ months

Injuries: Yes No **Description:** Light bruising on neck

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** _____

At Hospital: Yes No **Hospital:** _____ **Doctor:** _____

Are Children Living in Home? Yes No **DCF Notified?** Yes No

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Injunction Yes No **Case #:** _____

No Contact Order Yes No **Case #:** _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No **If yes, written** recorded oral

First words Defendant said when you responded to scene: _____

Victim's Statements Yes No **If yes, written** recorded oral

First words Victim said when you responded to scene: Hello

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No **If yes, name:** _____ **phone:** _____

Observations of Victim (Physical & Emotional) _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information: (Last) Williams (first) Taylor

Local Address: _____

Phone: _____

Employer: (Name) Therapeutic masseuse (Employer Address) _____

Name of Relative: (Last) Williams (First) Stephen Ph _____

A _____



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input checked="" type="checkbox"/>	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 110 of the CRTM for additional information)	1-5
	<input type="checkbox"/>	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	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input checked="" type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	4
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2025029977	Date: 11/8/2025
	Specialist Name/ID#: Joseph Kovach/44820