


0539508

BMM 2717 MB

174

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 23-004690		1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/> 1		JUVENILE <input type="checkbox"/>							
	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 UNARMED		Multiple Clearance Indicator									
	Location of Arrest (Including Name of Business) 2255 SPRING HARBOR DR APT J						Location of Offense (Business Name, Address) 2255 SPRING HARBOR DR J, DELRAY BEACH, FL 33445											
D E F E N D A N T	Date of Arrest 04/06/2023		Time of Arrest 04:43		Booking Date 04/06/2023		Booking Time 04:53		Jail Date 04/06/2023		Jail Time 05:07							
	Name (Last, First, Middle) SEPPI, DANIELLE LYNN																	
	Alias: _____																	
	Race W - White I - American Indian B - Black D - Oriental/Asian		Sex W F		Date of Birth 06/07/1988		Height 5'03		Weight 130		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Small	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																	
	Marital Status _____ 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) 2255 SPRING HARBOR DR J, DELRAY BEACH, FL 33445				(City) _____ (State) _____ (Zip) _____				Phone (239) 241-1792				Residence Type 1. City 2. County 3. Florida 4. Out of State 1					
	Permanent Address (Street, Apt. Number) 2255 SPRING HARBOR DR J, DELRAY BEACH, FL 33445				(City) _____ (State) _____ (Zip) _____				Phone (239) 241-1792				Address Source _____					
	Business Address (Name, Street) _____				(City) _____ (State) _____ (Zip) _____				Phone _____				Occupation _____					
D/I. Number, State S100172887070 / FL		Sec. Sec. Number _____		INS Number _____		Place of Birth (City, State) SAN DIEGO, CA		Citizenship _____										
C O D E B F	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		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
	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		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle) _____		Residence Phone _____		<input type="checkbox"/> Legal Custodian		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		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.																	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property _____				Value of Property _____											
	Drug Activity: S. Sell, N. N/A, P. Possess, R. Smuggle, B. Buy, T. Traffic, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other																	
C H A R G E	Charge Description SIMPLE BATTERY (TOUCH OR STRIKE)						Statute Violation Number 784.03(LA1)		Violation of ORD # _____									
	Drug Activity		Drug Type N		Amount / Unit		Offense #		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond			
	Charge Description _____																	
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 _____																	
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 _____																	
I N T A K E	Health / Apparent Physical Condition of Defendant _____						Any knowledge of use following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: _____											
	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		<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By WEOT		Released By _____		Released To _____									
	Transported By WEOT		Date Transported 04/06/2023		Time Transported 05:08		Other _____											
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444											
	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.						Court Date and Time 05/04/2023 00:00:00											
Signature of Defendant (or Juvenile and Parent/Custodian) _____																		
Date Signed _____																		
A D M I N	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) WEOT, ALEXNDRA		ID. # 1228		(PRINT)											
	Intake Deputy Sprawn Bico		ID. # 810		Pouch # _____		Transporting Officer WEOT Smith		ID. # 1016		Agency 1228 DBPD							
PAGE 1 OF 1																		

FILED PBC - GUN CLUB 29 APR 7 AM 5:40

SCANNED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/06/2023 04:52		Agency Name DELRAY BEACH POLICE DEPARTMENT			Agency Report Number 4 0 23-004690		
	Agency ORI Number FL 0500400		Name (Last, First, Middle) SEPPI, DANIELLE LYNN			Race W	Sex F	Date of Birth 06/07/1988
D E F	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
C H R G	Victim's Name (Last, First, Middle) SNELLER, SEAN CHRISTIAN					Race W	Sex M	Date of Birth 10/05/1984
	Local Address (Street, Apt. Number) (City) (State) (Zip) 9840 GRAND VERDE WAY 1205, BOCA RATON, FL 33428				Phone (561) 695-8001		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
V I C T I M	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			CALM				
RELATIONSHIP BETWEEN VICTIM & SUSPECT EX BF/GF								
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 type="checkbox"/>	<input checked="" type="checkbox"/>	CALLER:			
	911 CALL:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:			
	WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)			
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:			
	INJURIES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:			
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACT COMMITTED IN PRESENCE			
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	OF MINOR(S):			
	Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	H. R. S. NOTIFIED:			
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	VICTIM PREGNANT:			
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	VIOLATION OF RESTRAINING ORDER:				
		<input type="checkbox"/>	<input type="checkbox"/>	PRIOR HISTORY OF DOMESTIC VIOLENCE:				
		<input type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:				
		<input type="checkbox"/>	<input type="checkbox"/>	CASE #:				
<p>This incident occurred in the City of Delray Beach, Palm Beach County FL:</p> <p>On 04/06/23 I was dispatched to 2255 Spring Harbor Dr Unit: J in reference to a disturbance. Upon arrival, I made contact with victim Sean Sneller (DOB 10/05/84). Sneller showed officers videos of his former girlfriend,</p>								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p>_____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>6</u> day of <u>April</u>, <u>2023</u></p> <p>_____ LEON, OSCAR NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>								

PHOTOCERTIFIED COPY

SCANNED

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 04/06/2023 04:52	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 23-004690
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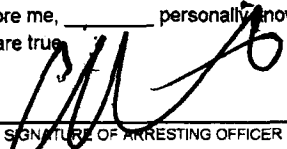
Danielle Seppi (DOB 06/07/88) severely intoxicated and lunging at him striking him in the face. Seppi and Sneller previously had a romantic relationship, but have since broken up and have remained as roommates. Sneller has multiple videos that are time stamped with todays date, showing Seppi continuously coming into his room and strike him. Seppi is seen in the video also opening Sneller's room, and throwing a glass of water on him. In the videos Sneller is heard requesting Seppi multiple times to leave him alone and get out of his room. Sneller then removed him and [REDACTED] from the apartment due to Seppi's behavior and called police. Officers made contact with Seppi in the residence and she still appeared to be severely intoxicated. It should be noted that Seppi was still wearing the clothing seen in the video that she was assaulting Sneller in.

Due to the above facts, probable cause exists to charge Danielle Seppi with F.S.S. 784.03(1A1) Simple Battery.

NOT A CERTIFIED COPY

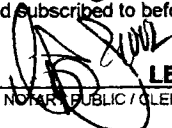
STATE OF FLORIDA
COUNTY OF PALM BEACH

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 6 day of April, 2023



LEON, OSCAR
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED

APR 07 2023

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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.

1. Incident Report #: 23-004690 Agency: DeVray Beach
 Offense: Simple battery
 Suspect/Offender: Danielle Seppi
 D.O.B. 6-7-88 Race: W Sex: F
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Sean Smeller
 Address: 9840 Grand Verde Way
 City: Boca Raton State: FL Zip: 33428
 Home #: 5616958001 Work #: _____ Other: _____
 - b. Victim's next of kin:
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER. **SCANNED**

Signature of person waiving notification: _____ APR 07 2023

Printed name of person waiving notification: _____

Officer's Name : Ofc Weat I.D.: 1228 Date: 4/6/23

SUSPECT/OFFENDER:

COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)



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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023008942	Date: 4/7/2023
	Specialist Name/ID: Pinkneya/7796

SCANNED
 APR 07 2023