0543708 2023 MM00 8091 AMB 2130

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 | 2 | 2023-012059

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
If Weapon Seized — Enter Type: UNARMED
Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 51 SE 1ST AVE, BOCA RATON FL 33432
Location of Offense (Business Name, Address): 51 SE 1ST AVE, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/26/2023	01:46					

DEFENDANT

Name (Last, First, Middle): ARRIGO, LEANNA ROSE
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	06/28/2001	5'10	135	GREEN	BROWN	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion:
Indication of: Alcohol Influence ☐ Yes ☒ No ☐ Unk. Drug Influence ☐ ☒ ☐

Local Address (Street, Apt. Number): 12900 GUILFORD CIR, WELLINGTON, FL 33414 (City) (State) (Zip)
Phone:
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): 12900 GUILFORD CIR, WELLINGTON, FL 33414 (City) (State) (Zip)
Phone:
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip)
Phone:
Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
A620536017280 / FL	[redacted]		STATEN ISLAND, NY,	US

CODEFENDANT

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ 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 ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

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

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY- BATTERY (SIMPLE)	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

FILED PBC - GUN CLUB
2023 SEP 26 AM 8:16

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health
PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other: SEP 26 AM 3:26

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ 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
Court Date and Time:

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.

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy I.D. # Pouch #
Signature of Arresting Officer
Name of Arresting Officer (Print): FORBES, R. S. I.D. # 822
Transporting Officer R. FORBES I.D. # 822 Agency BRPD
Name Verification (Printed by Arrestee) (PRINT)
Witness here if subject signed with an "X"

PAGE 1 OF 1

SCANNED SEP 2

NOT A CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
09/26/2023 01:25	FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-012059

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ARRIGO, LEANNA ROSE		W	F	06/28/2001

CHRG

Charge Description: 784.03(1A1) BATTERY- BATTERY (SIMPLE)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
WRIGHT, BRIAN ROGER	B	M	09/29/1998

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
7872 BISHOP WOOD RD, GREENACRES, FL 33414	(561) 767-2073	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☒	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):

RELATIONSHIP BETWEEN VICTIM & SUSPECT: BOYFRIEND

	YES	NO	
PHOTOGRAPHS: Scene:	☐	☒	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: UNKNOWN
WEAPON USED:	☐	☒	TYPE:
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☐	☒	
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☐	☒	PARAMEDICS:
Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒	
ALCOHOL OR DRUGS INVOLVED:	☒	☐	

NARR

On 09/26/2023 at 0053 hours I responded to 51 SE 1st Ave, Boca Raton FL in regards to a report that a female was outside of this location striking a male

Upon making contact with the victim, Brian Wright, it was explained that he and his girlfriend of four years,

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 26 day of September, 2023.

_____
CODLING, TODD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

NOT A CERTIFIED COPY

SCANNED SEP 26 2023

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN	Date / Time		
	09/26/2023 01:25		
	Agency ORI Number	Agency Name	Agency Report Number
	FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-012059

NARRATIVE

Leanna Arrigo were inside of the bar and upon her seeing another female hug him, she became upset. Wright also stated that due to he and Arrigo having been drinking in the bar, he did not want her to operate her vehicle, and therefore, was holding her keys. This argument and altercation led outside where Arrigo continued to yell at Wright, followed by her then striking Wright with both hands in his face and the front of his body.

According to Arrigo, she advised that Wright was withholding her keys and she did not feel this was right, considering he keys and vehicle belonged to her. She felt as though she was being deprived of her own property, whether it was due to them drinking or not. This is what upset Arrigo, where the frustration built, causing her to strike Wright.

Based on the statements obtained, and the admission from Arrigo, I find probable cause to charge Leanna Arrigo with (1) count of Domestic Simple Battery, pursuant to F.S.S. 784.03(1A1).

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 26 day of September, 2023.

R760
CODLING, TODD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
SEP 26 2023

COURT | STATE ATTORNEY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | P. I. O.

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: _____ COURT CASE/WARRANT#: _____

(FOR WARRANTS USE ONLY)

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.

1. Incident Report#: 2023-012059 Agency: BOCA RATON PD
   Offense: DV Simple BATT
   Suspect/Offender: Leanna ARRIGO
   D.O.B. 6-28-01 Race: W Sex: F

2. Warrant#(s): /

3.a. Victim's name: BRIAN WRIGHT D.O.B. 9-29-98 Race: B Sex: M
   Address: 1872 BISHOP WOOD DR
   City: LAKE WORTH State: FL Zip: 33467
   Home#: 561-951-4816 Work#: / Other: /

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home#: _____ 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: I choose not to be notified when the arrestee is released from custody.

☐ Confidential: 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: N/A

SCANNED SEP 26 2023

Printed name of person waiving notification: N/A

Officer's Name: PAYNE, JONATHAN I.D.# 815 Date: 9/26/23

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

NOT A CERTIFIED COPY

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(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.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023025300	**Date:** 9/26/2023
	Specialist Name/ID: T.Howard/7185

SCANNED
SEP 26 2023