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

0192243 Hemm 339 1984

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 | Juvenile ☐

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO: 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 26-024245

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

Multiple Clearance Indicator

Location of Arrest (Including Name of Business) [redacted]

Location of Offense (Business Name, Address) [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/12/26	1244					N/A

DEFENDANT

Name (Last, First, Middle): Bossi Louis Joseph

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W - White I - American Indian B - Black O - Oriental/Asian: W	M	08/14/67	6'1	250	BROWN	BROWN	FAIR	LARGE

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Married | Religion: Catholic

Indication of: Alcohol Influence ☐ Y ☒ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip) [redacted]

Mobile Phone: 561-506-0202

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip)

Phone

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip)

Phone

Occupation: Restaurant Owner

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B307019250000, FL	[redacted]		Queens, New York	USA

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: 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 Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

1 - NO Bond

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. ☐ Yes, by: (Name) ☐ No (Reason) — 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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Simple Battery (Domestic)	1	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N/A	N/A		26-024245		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

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

01/12/26

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

FILED PBC - 9th CIR
26 JAN 13 PM 1:48

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

MIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: x D/S Fran 46259

Name of Arresting Officer (Print): D/S Franzese — I.D. #: 46259

Name Verification (Printed by Arrestee) (PRINT)

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JAN 13 2026

Witness here if subject signed with an "X"

PAGE ___ OF ___

Transporting Officer: D/S Franzese — I.D. #: 46259 — Agency: PBSO

Booking Deputy — I.D. # — Pouch #

DS Lonnie 8053 1934

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 26-024245

Charge Type: Check as many as apply. [ ] 1. Felony [ ] 2. Traffic Felony [X] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other | Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Bossi Louis Joseph		W	M	08/14/67

CHARGES

Simple Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Giannasca Antonia	W	F	[redacted]

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
[redacted]	[redacted]	FL DL

Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

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.
The Person taken into custody

[ ] committed the below acts in my presence.
[ ] confessed to _____ admitting to the below facts.
[ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
[ ] was found to have commited the below acts, resulting from my (described) investigation.

On the 12th day of January 2026 at 1100 [X] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

[ ] Marsy's Law CVI
FL. Const. Art.1 § 18(b)

I responded to [redacted] in reference to a domestic dispute in progress. Upon my arrival, I made contact with the caller, Antonia Giannasca.

Antonia stated she got into a verbal dispute with her husband, Louis Bossi, in their bedroom in reference to her prescription medication. Antonia stated during the argument, Louis threw a water bottle at her but it did not hit her. Louis then angrily approached Antonia and grabbed the hair on the back of her head and pushed her against the wall. Antonia stuck her hand out to prevent her face from hitting the wall. Antonia explained that Louis then grabbed her right wrist and proceeded to pull her towards the bedroom door screaming for her to get out of the house. Antonia then called 911. While Antonia was on the phone with 911, Antonia stated Louis was screaming, "I'm going to kill you." I observed bruising and scratches to Antonia's right wrist. Antonia refused medical assistance on scene.

I then spoke with Louis who stated they had a verbal dispute in reference to Antonia's medication. Louis stated during the argument, Antonia aggressively approached him so he put his hands on her shoulders to prevent Antonia from continuing to approach him.

Louis was placed in handcuffs, which was double locked and checked for proper fit, and placed in the backseat of my patrol vehicle.

Based on my investigation, probable cause does exist to charge Louis with one count of Simple Battery (Domestic) pursuant to F.S.S. 784.03(1).

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S Franzese (ID #) 46259
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of January 20 26 by D/S Franzese 46259
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

D/S Franzese 46259
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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JAN 13 2026

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Bossi Louis Joseph **DOB:** 08/14/67 **Case #:** 26-024245

Name (Last, First)

Victim: Giannasca Antonia **DOB:** [redacted] **Race:** W **Sex:** F

Relationship between Victim and Defendant: Husband and wife

Photographs: Scene × Yes No Victim × Yes No Defendant Yes × No

911 Call: × Yes No **Caller:** Antonia Giannasca

Weapon Used: Yes × No **Type:**

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

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

Injuries: × Yes No **Description:** bruising and scratches to right wrist

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: We got into an argument about the pills shes taking.

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

First words Victim said when you responded to scene: He put his hands on me

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 and crying

× Upset × Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other

Victim Contact Information: (Last) Giannasca (first) Antonia

Local Address: [redacted]

Phone: [redacted]

Employer: (Name) (Employer Address)

Name of Relative: (Last) Bossi (First) Nicholas **Phone** [redacted]

Address: [redacted]

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JAN 13 2026

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **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 #: **26-024245** Agency: **PBSO**
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: Name (Last) **Bossi** (First) **Louis** (Middle) **Joseph**
   D.O.B. **08/14/67** Race: **W** Sex: **M**

2. Warrant #(s): _____
   Name (Last, First)

3.a. Victim's name: **Giannasca** **Antonia** D.O.B. [redacted] Race: **W** Sex: **F**
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: [redacted] Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: (Last) **Bossi** (First) **Nicholas**
   Address [redacted]
   City: [redacted] State: [redacted] Zip [redacted]
   Home #: [redacted] 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:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification: _____

Printed name of person waiving notification: Name (Last, First) **Giannasca** **Antonia**

Deputy's Name: **D/S Franzese** I.D. # **46259** Date: **01/12/26**

SCANNED JAN 13 2026

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **Bossi** **Louis** **Joseph** COURT CASE/WARRANT #: _____ **(FOR WARRANTS USE ONLY)**

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☒	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)	1-6
	☐	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	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	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☒	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2026001039	**Date:** 1/13/2026
	Specialist Name/ID#: Alexandra Jones ID#38839

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JAN 13 2026