0440732 26CF8193 AMB 540

# ARREST / NOTICE TO APPEAR
## Juvenile Referral Report

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

**ADMINISTRATION**

OBTS Number:

Agency ORI Number: FL0500300

Agency Name: BOYNTON BEACH POLICE DEPT.

Agency Report Number: 34-26-086941

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: NA

Multiple Clearance Indicator: N

Location of Arrest (Including Name of Business): 225 SE 23RD AVE BOYNTON BEACH, FL 33435

Location of Offense (Business Name, Address): 137 SE 12TH AVE BOYNTON BEACH, FL 33435

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 11/1/2026 | 2001 | | | | | |

**DEFENDANT**

Name (Last, First, Middle): DEL ROSARIO, MARIA, LOUISE

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

| W - White I - American Indian B - Black O - Oriental / Asian | Race | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|---|
| | W | F | 10/15/1989 | 5'4" | 130 LBS | BROWN | BROWN | LIGHT | SMALL |

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

Marital Status: MARRIED

Religion: CHRISTIAN

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

Local Address (Street, Apt. Number): 121 SE 13TH AVE (City): BOYNTON BEACH (State): FL (Zip): 33435

Phone: (561) 929-4745

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

Permanent Address (Street, Apt. Number): 121 SE 13TH AVE (City): BOYNTON BEACH (State): FL (Zip): 33435

Phone:

Address Source: DAVID

Business Address (Street, Apt. Number): (City): (State): (Zip):

Phone:

Occupation: UNEMPLOYED

D/L Number, State: D462-552-89-875-0, FL

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth: NYACK, NEW YORK

Citizenship: USA

**CO-DEF**

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 ☐ Legal Custodian ☐ Other

Name (Last): (First): (Middle):

Residence Phone:

Address (Street, Apt. Number): VICTIM NOTIFICATION REQUIRED (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:

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 561-355-2526) 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# |
|---|---|---|---|---|
| AGGRAVATED BATTERY (BODILY HARM) | 1 | ☐ Yes ☒ No | 784.045(1)(a)1 ~~and (2)~~ MS | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | NA | 26-086941 | | None |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| CRIMINAL MISCHIEF ($200.00 - $1,000.00) | 1 | ☐ Yes ☒ No | 806.13(~~1~~)(a) ~~and (b)2~~ (1)(b)2 AC | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | NA | 26-086941 | | 1000 |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

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

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

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

FILED PBC - GUN CLUB '26 NOV 2 A 6:13

**NOTICE TO APPEAR**

☐ Instruction No. 1 Mandatory Appearance in Court ☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

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.

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

**ADMIN.**

HOLD for other Agency Name: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer:

Name of Arresting Officer (Print): M. SILVA I.D. #: 1196

Name Verification (Printed by Arrestee) (PRINT):

Intake Deputy: I.D. #: 1424 Pouch #:

Transporting Officer: M. SILVA I.D. #: 1196 Agency: BBPD

Witness here is subject Signed with an "X".

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NOV 1 22:19

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OBTS Number

# PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Copies | 1 | Juvenile | N

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL0500300 | BOYNTON BEACH POLICE DEPT. | 34 - 26 - 086941 |

Charge Type (Check all that Apply): ■ 1 Felony ■ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other

Special Notes

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| DEL ROSARIO, MARIA, LOUISE | | W | F | 10/15/1989 |

| Charge Description | Charge Description |
|---|---|
| AGGRAVATED BATTERY (BODILY HARM) | CRIMINAL MISCHIEF ($200.00 - $1,000.00) |
| Charge Description | Charge Description |

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| ONISKO, MATTHEW, JOHN | W | M | 02/23/1984 |

| Local Address (Street, Apt Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| 121 SE 13TH AVE | BOYNTON BEA | FL | 33435 | 5616345337 | DAVID |

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

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. ☐ Was observed by Who told That he/she saw the arrested person commit the below acts.

☐ Confessed to Admitting the below facts ■ Was found to have committed the below acts, resulting from my (described) investigation.

On The 1 ST Day Of NOVEMBER 20 26 At 1839 ☐ A.M. ■ P.M.

I responded to 121 SE 13th Ave for reports of a delayed assault that took place. Upon my arrival I met with the victim, W/M MATTHEW ONISKO (DOB 02/23/1984) who I observed to have a bloodied face and a swollen right eye.

In a sworn statement Matthew stated that his friend, W/F MARIA DEL ROSARIO (DOB 10/15/1989) was over his house and began to get agitated with him due to his pet snakes being let loose. Matthew attempted to create distance from Maria, but she kept advancing toward him and when he went to look the other way Maria struck him with an unknown object on the street in front of his residence. Matthew stated that he item felt like a brick and it caused him great pain. From that point on Matthew stated he didn't remember much more, only that he kept trying to get away from Maria, but she kept following him. Matthew stated that Maria was only a friend that he had known for 3 years and he was allowing her to stay at his residence since she was having martial issues. Matthew stated he believed that Maria took his phone since he could not find it. Matthew's phone was later located in a bush near his driveway with a smash screen and bent in half. CCTV on the home later showed Matthew on the floor near the bush and Maria walking up to him calling him a, "Fucking bitch" then stomping on his phone 3 times. Total value of the phone was $900. A familiarization photo was done with Matthew where he positively identified Maria as the suspect.

Maria was later located at 223 SE 23rd Ave where she was detained pending investigation. Post Miranda warning Maria at first stated she didn't see Matthew today and later stated that she was over his house around 1500 hrs. Maria stated that she went to get belongings and that was it. When Maria was shown the video of her stomping on the phone she stated, "Just put me in the car". Maria was observed to have dried blood on her clothing as well as her left hand. Based on the above facts and circumstances I have probable cause to charge Maria with:

F.S.S 784.045(1)(a)1 and (2)- Aggravated battery (bodily harm)

F.S.S 806.13(1)(a) and (b)2- Criminal Mischief ($200.00-$1,000)

The foregoing instrument was sworn to or affirmed and subscribed before me

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

11/01/2026

Date

(Signature of Arresting / Investigative Officer)

M. SILVA

(Print name of Arresting/Investigative Officer)

11/01/2026

Date

Page 1 OF 1

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# VICTIM NOTIFICATION FORM

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

***-Homicide (Ch.782)***
***-Attempted Murder***
***-Stalking (S.784.084)***
***-Sexual Offense(Ch.794)***
***-Attempted Sexual Offense***

***-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 dwelling)*

Upon completion, this form must accompany the booking paperwork. If applying for warrant, attach this form to the filing packet.

SUSPECT/ OFFENDER: DEL ROSARIO, MARIA, LOUISE COURT CASE/ WARRANT #: (FOR WARRANTS USE ONLY)

1. Incident Report # 34-26 -086941 Agency: BOYNTON BEACH POLICE DEPARTMENT
   Offense: AGGRAVATED BATTERY (BODILY HARM) CRIMINAL MISCHIEF ($200.00 - $1,000.00)
   Offense: _____
   Suspect/Offender: DEL ROSARIO, MARIA, LOUISE
   D.O.B.: 10/15/1989 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:
   a. Victim's Name: ONISKO, MATTHEW, JOHN
      Address: 121 SE 13TH AVE
      City: BOYNTON BEA State: FL ZIP: 33435
      Home phone #: 5616345337 Work Phone #: _____ Other: _____
   b. Victim's Next of kin: _____
      Address: _____
      City: _____ State: _____ ZIP: _____
      Home phone #: _____ Work Phone #: _____ Other: _____
   c. Victim's designated contact other than next of kin: (for example friend or neighbor):
      Name: _____
      Address: _____
      City: _____ State: _____ ZIP: _____
      Home phone #: _____ Work Phone #: _____ 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**

Signature of Victim: _____
Printed name of Victim: ONISKO, MATTHEW, JOHN
Officers Name: M. SILVA I.D.#: 1196 Date: 11/1/2026

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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 | Click or tap here to enter text. |
| | ☐ | 119.071(2)(e) | Confession | Click or tap here to enter text. |
| | ☐ | 119.071(2)(j)1.e. | Name of a law enforcement officer who, in the course of their duties became a victim, is confidential and exempt for 72 hours after the incident. This information is exempt for an additional 60 days after the initial 72 hours. | Click or tap here to enter text. |
| Public Info. Exemptions | ☐ | 119.071(2)(j)1.b.(I) | Identity, home or employment phone number, home or employment address, or any other information that could be sued to locate or harass the victim. | Click or tap here to enter text. |
| | ☐ | 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 | Click or tap here to enter text. |
| | ☐ | 119.0712(2) | Personal information contained in a motor vehicle record | Click or tap here to enter text. |
| | ☐ | 316.650(11) | Driver information contained in a uniform traffic citation | Click or tap here to enter text. |
| | ☐ | 119.071(4)(d)2.a. | Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children | Click or tap here to enter text. |
| 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 | Click or tap here to enter text. |
| | ☐ | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses | Click or tap here to enter text. |
| | ☐ | Click or tap here to enter text. | | Click or tap here to enter text. |
| | ☐ | Click or tap here to enter text. | | Click or tap here to enter text. |
| Other | ☐ | Click or tap here to enter text. | | Click or tap here to enter text. |
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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2026029747 | **Date:** 11/2/2026 |
| | **Specialist Name/ID#:** Alexandra Jones #38839 |