05 38588 NC 23mm1686 SB Pit 3627

☒ Marsy's Law CVI FL. Const. Art.1 § 16(b) ☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 23041444 ( )

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 VACUUM TUBE

Multiple Clearance Indicator: 1

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
02/28/2023	1500					

DEFENDANT

Name (Last, First, Middle): Rapoport, Maxim,

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	9/13/1967	6'02	220	BLU	BLN	PALE	MED

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

Marital Status: Single | Religion: NONE | Indication of: Alcohol Influence, Drug Influence (Y / N / Unk)

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

Mobile Phone: ( ) REFUSED

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:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R116540673330, FL	[redacted]		RUSSIAN FEDERATION	US

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

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 #
BATTERY-SIMPLE TOUCH OR STRIKE	1	☐ Y ☒ N	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
n	n		23041444		OR

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

SCANNED MAR - 2023

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

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed: 02/28/2023

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

ADMIN

HOLD for other agency: NO DETAINER

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: DS MACK 1680 I.D. # Pouch #

Signature of Arresting Officer: C. Medina 40907

Name of Arresting Officer (Print): C MEDINA I.D. # 40907

Transporting Officer: C MEDINA I.D. # 40907 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT) FEB 28 PM 8:42

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 1

Juvenile: N

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 23041444

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Rapoport, Maxim,		W	M	9/13/1967

CHARGES

Charge Description	Charge Description
BATTERY-SIMPLE TOUCH OR STRIKE 784.03(1A1)	
Charge Description	Charge Description

VICTIM

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

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
[redacted]	[redacted]	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	( )	

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) 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 committed the below acts, resulting from my (described) investigation.

On the _____ day of _____ 20 ___ at _____ ☐ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On Tuesday February 28th 2023 at 1426 hours I was dispatched to [redacted] in reference to a battery investigation.

Upon arrival, I made contact with the victim [redacted] whose identity was confirmed by her Florida driver's license. [redacted] sworn statement indicated at approximately 1343 hours on today's date, she came home on her lunch break to walk her dog. While walking to her vehicle getting ready to return to work, she heard a man's voice yelling 'hey don't touch my car" three times or so. She recognized the voice and continued to her car because she was in a rush. [redacted] was attempting to close her door when her neighbor grabbed her driver side door preventing her from leaving. She tried to fend him off by pushing him back and was struck by a black vacuum tube used as an extension for vacuums. Two males that were outside came over after hearing the ruckus and observing the white male strike [redacted] with the tube. She then got into her car and attempted to drive away but felt pain in her hand from being struck. She also stated she was hit in the head possibly but it all happened so fast she could not recall. Palm Beach Fire rescue 44 responded under run number 23025826 and took a precautionary observation of [redacted] refused transport. [redacted] also commented that her neighbor might have mental needs because of his speech pattern.
I printed a photo of her neighbor because she stated she is acquainted with him for a familiarization photo and she immediately identified him as her neighbor that lives on the third floor. She signed and dated the paper and it was put into evidence along with the black vacuum pipe.

I made contact with the neighbor later identified as Maxim Rapoport whose identity was confirmed by his Florida driver's license. Rapoport is deaf and has been deaf since approximately one and a half years old. His highest level of education is college. He knows the difference between right and wrong. After gathering Rapoport's mental competency he claimed he wanted to talk to [redacted] about her touching his side mirror and a white sand like substance that was on his car weeks ago. He could not provide proof [redacted] touched the vehicle but was adamant it was her. He continued to inform me he went down stairs to talk to her and she was ignoring him so he grabbed her door and stopped her from leaving. When [redacted] tried to push him back Rapoport hit her with the black vacuum extension.

Contact was then made with two witnesses. Both provided a sworn statement. The first was [redacted] whose identity was proven by his Florida driver's license. He stated he was outside working on his car with his neighbor when he heard shouting "get off my car" by a woman. As he looked up he saw a white male in a blue shirt swinging the plastic vacuum tube and hit her as she was in her car. This prompted him and the neighbor he was working with to run over and separate the two.

I spoke to the other neighbor, [redacted] who provided a sworn statement indicating he was sitting in his vehicle while working with his neighbor [redacted] could hear the yelling from a woman saying "I didn't touch your car" and subsequently stood up and observed the white male in a blue shirt and dark shorts wrestling over the driver door. He and his neighbor then ran over to separate them.

Based on my investigation to include a witness statement and the suspects statement, probable cause exists to charge Maxim Rapoport with Battery-simple touch or strike in violation of Florida State Statute 784.03 (1)(a)(1) because he intentionally struck Pires.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

C MEDINA
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of February 2023 by D S Medina

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

Notary Public, Clerk of Court, Officer (F.S.S). 12/6/23

PAGE 1 OF 1

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PBSO #0004 REV. 04/22

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VICTIM NOTIFICATION FORM

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

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

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

SUSPECT/OFFENDER: **Rapoport, Maxim,** COURT CASE/WARRANT#. (FOR WARRANTS USE ONLY)

1. Incident Report #: **23041444** Agency: **PBSO**
   Offense: **BATTERY-SIMPLE TOUCH OR STRIKE**
   Suspect/Offender: **Rapoport, Maxim,**
   D.O.B. **9/13/1967** Race: **W** Sex: **M**

2. Warrant # (s): _____

3.a. Victim's name: [redacted] D.O.B. [redacted] Race: O Sex: F
   Address: [redacted]
   City: [redacted]
   Home #- [redacted] Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____
   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:** 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: [redacted]

Deputy's Name: Medina C/S I.D.# **40907** Date: **02/28/2023**

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

PBSO 00029A REV. 4199

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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	☒	Art.I s.16 (b)(5)	Other: Marsy's Law	1-5
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023005584	**Date:** 3/1/2023
	Specialist Name/ID: Chantel Daniels/30347