05506557 2024MM005788 MMB 878

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	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 2 2024-007951

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)	Location of Offense (Business Name, Address)
417 APACHE LN, BOCA RATON, FL 33487	417 APACHE LN, BOCA RATON, FL 33487

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/06/2024	20:07	07/06/2024	20:17	/ / : :		

DEFENDANT

Name (Last, First, Middle): PANTALEO, MEGAN ANN Alias:

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	F	11/05/1987	5'09	140	BLUE	BROWN	LIGHT	Medium

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

Marital Status	Religion	Indication of Alcohol/Influence / Drug Influence
M	UNKNOWN	Yes ☒ No ☐ Unk. ☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1. City, 2. County, 3. Florida, 4. Out of State)
417 APACHE LN, BOCA RATON, FL 33487				(219) 616-9154	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
417 APACHE LN, BOCA RATON, FL 33487				(219) 616-9154	DAVID

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
BROWARD HEALTH, 1600 S ANDREWS AVE, FORT LAUDERDALE				(954) 355-4400	Rn

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
P534541879050 FL	[redacted]		HOLLYWOOD, FL,	US

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 ☐ 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. Disperses 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., S. Synthetic, P. Paraphernalia/Equipment, 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		/	2024007951	1	☒ Y ☐ N		NONE

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		

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
ALMEIDA, T.	ALMEIDA, T.	PBCJ

Transported By	Date Transported	Time Transported	Other
ALMEIDA, T.	07/06/2024	21:45	

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

No Photo Available

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.

CLERK OF CIRCUIT COURT - PALM BEACH COUNTY '24 JUL 7 PM 5:25

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

ADMIN

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
NONE		JUL 6 PM 10:17
☐ Dangerous ☐ Resisted Arrest ☒ Suicidal ☐ Other	Name of Arresting Officer (Print) ALMEIDA, T. A. I.D. # 877	(PRINT)
Intake Deputy I.D. # Pouch #	Transporting Officer ALMEIDA, T. I.D. # 877 Agency BRPD	Witness here if subject signed with an "X"

PAGE 1 OF 1

[redacted]

RECEIVED JUL 07 2024

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2024-007951

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

Special Notes

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
PANTALEO, MEGAN ANN		W	F	11/05/1987

CHARGES

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

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
CLEMARES, FLORIAN FERNAND MICHEL	W	M	[redacted]

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

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts

☒ was found to have committed the below acts, resulting from my (described) investigation

On the 6 day of July, 2024 at 18:30 (Specifically include facts constituting cause for arrest.)

On 07/06/2024, at approximately 1830 hours, the offender, Megan Pantaleo, identified via her FL DL, and her husband, Florian Clemares, identified via his FL DL, were engaged in a verbal argument inside their home located at 417 Apache Ln, Boca Raton. The argument turned physical when Megan intentionally kicked Florian in his groin area and subsequently struck him in the left side of his face with a vape pen against his will. Florian sustained bruising and swelling on his left cheek as a result of the altercation. Megan admitted kicking Florian during a post-Miranda interview but denied hitting Florian in the face.

Based on my investigation, the visible injuries Florian sustained, and Megan's admission to the offense, I developed probable cause to charge Megan with one count of Simple Battery - Domestic F.S.S 784.03(1A1). I transported Megan to the Boca Raton Police Department and then subsequently to the Palm Beach County Jail without further incident.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

KENISTON, ADAM CRAIG
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/06/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

ALMEIDA, TIMOTHY ALVES (877)
NAME OF OFFICER (PLEASE PRINT)

07/06/2024
DATE

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

SCANNED
JUL 07 2024

[redacted] NOTIFICATION FORM

[redacted] completed when one of the following crime(s) has been committed:

- [redacted]omicide (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.

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

1. Incident Report#: 24-7951 Agency: BOCA RATON PD
   Offense: SIMPLE BATTERY
   Suspect/Offender: MEGAN PANTALEO
   D.O.B. 11/05/87 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: FLORIAN CLEMARES D.O.B. _____ Race: _____ Sex: _____
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home#: [redacted] 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: _____

Printed name of person waiving notification: _____

Officer's Name: ALMEIDA I.D.# 877 Date: 07/06/24

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

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SCANNED
JUL 07 2024

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 99 of the CRTM for additional information)	
	☐	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: 2024018300	**Date:** 7/7/2024
	Specialist Name/ID#: C. Daniels/ 30347

SCANNED
JUL 07 2024