24 MM - 1410 AMS

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

☐ 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

Juvenile: 1

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 0 6 - 24-035593

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: 0,1

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
2/18/2024	0222					[redacted]

DEFENDANT

Name (Last, First, Middle): MANCINI MICHELLE M

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	07/24/1968	5'2	180	BLUE	BLONDE	WHITE	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NONE

Marital Status: SINGLE

Religion: CATHOLIC

Indication of Alcohol Influence / Drug Influence: Y ☐ N ☐ Unk ☐

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

Phone: (609) 980-7866

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

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

Phone: ( )

Address Source: VERBAL

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

Phone: ( )

Occupation: MARKETING

D/L Number, State: M03895447457686 /NJ [redacted]

INS Number

Place of Birth (City, State): PHILADELPHIA, PA

Citizenship: 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: 02/18/2024 — 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 #
Simple / intentional touch-strike (DOMESTIC)	1	■ Y ☐ N	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		24-035593		

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
			24-035593		

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
			24-035593		

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
			24-035593		FILED PBC - GUN CLUB - '24 FEB 18 AM 7:30

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D/S LIGUORI I.D. #: 40235

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: I.D. # 1E3162 Pouch #

Transporting Officer: Walther I.D. # 38633 Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 04/22 DISTRIBUTION: WHITE- COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (IF APPLICABLE)

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SCANNED FEB 18 2024

0547171

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 24-035593

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
MANCINI MICHELLE M		W	F	07/24/1968

CHARGES

Charge Description: Simple / intentional touch-strike (DOMESTIC) 784.03(1)(a)1

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Traub Mark	W	M	[redacted]

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

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

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts

☐ confessed to _____ admitting to the below facts

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

On the 18TH day of FEBRUARY 20 24 at 0222 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On 2/18/2024 at approximately 0154 hours, I responded to [redacted] reference to a domestic dispute. PBSO communications advised the caller's [redacted] struck him with a frying pan.

It should be noted Mark is wheelchair-bound due to a prior injury to his left leg.

Upon my arrival, the victim, Mark Traub, provided me with the following information (not verbatim): [redacted] Michelle Mancini, came into the living while he was sitting on the couch watching television because she claimed the television volume was too loud. Mark stated he turned down the volume of the television but Michelle proceeded to come out of the bedroom a second time taking the television remote from him. Mark said he wheeled himself into the bedroom but Michelle still would not give him the remote back so he took her cell phone. Mark informed me Michelle went into the kitchen grabbed a chef's knife and threatened him with it but put it down to grab a frying pan. Mark said Michelle came back into the living room and proceeded to strike him on the head and his left hand causing a laceration to his pointer finger. The laceration was the width of his pointer finger and the frying pan was still in the living room area on a table. Palm Beach Fire Rescue responded and provided Mark with the proper medical treatment.

When speaking with the suspect, Michelle Mancini, she provided me with the following information (not verbatim): she informed Mark the television was too loud and was unable to sleep but Mark refused to turn down the volume. Michelle said she returned to the bedroom to try and sleep but was unable so she came back out. Michelle said she then proceeded to take the television remote and went back into the bedroom but Mark followed her. Michelle stated Mark took her cell phone and would not give it back so [redacted] Michelle advised [redacted] from Mark because he was swinging his arms with open hands at her. Michelle claimed Mark did strike her in the throat but she had no marks. *It should be noted the first time i asked Michelle if Mark physically touched her she said no.*

Based on my investigation, I determine that probable exists to arrest Michelle Mancini for domestic battery 784.03(1a1).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18TH day of FEBRUARY 2024 by D/S C. LIGUORI ID# 40235

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

W. Wal D/S Walther #38633

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

PAGE 1 OF 1

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PBSO #0004 REV. 04/22

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Palm Beach County Sheriff's Office
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.

Suspect/Offender:

Court Case/Warrant #: (FOR WARRANTS USE ONLY)

Agency Report #:	**24-035593**	Agency:	**PBSO**		
Incident Type:	**DOMESTIC BATTERY**				
Suspect/Offender:	**MICHELLE**	**M**	**MANCINI**		
DOB: **07/24/1968**		Race: **W**		Sex: **F**	

Warrant # (s):

Victim: [redacted]		DOB: [redacted]	Race: **W**	Sex: **M**	
Address: [redacted]					
City: [redacted]		State: **FL**		Zip: [redacted]	
Home #:		Work #:		Other: [redacted]	

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.

Mark Yes for applicable boxes

____ Waiver: I choose not to be notified when the arrestee is release 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: _____

Deputy's Name: **D/S C. LIGUORI ID# 40235** I.D.# **40235** Date: **02/18/2024**

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SCANNED
FEB 18 2024

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: MICHELLE M MANCINI **DOB:** 07/24/1968 **Case #:** 24-035593

Victim: Mark Traub **DOB:** [redacted] **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

Photographs: Scene ☐ Yes ☑ No Victim ☐ Yes ☑ No Defendant ☐ Yes ☑ No

911 Call: ☑ Yes ☐ No **Caller:** _____

Weapon Used: ☑ Yes ☐ No **Type:** FRYING PAN

Witness: ☐ Yes ☑ No **Name:** _____

Victim Pregnant: ☐ Yes ☑ No **If yes,** ____ **weeks** _____ **months**

Injuries: ☑ Yes ☐ No **Description:** LACERATION TO POINTER FINGER

Medical Treatment: ☑ Yes ☐ No

At Scene: ☑ Yes ☐ No **Paramedics:** PALM BEACH COUNTY FIRE RESCUE

At Hospital: ☐ Yes ☑ No **Hospital:** REFUSED **Physician:** _____

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: I was just defending myself

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

First words Victim said when you responded to scene: LIGHTS WERE ON THE WALL!

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 ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☑ Calm ☐ Nervous

☐ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: [redacted]

Phone: Home _____ Work _____ Cell [redacted]

Employer: _____

Name of Relative: _____ **Phone** [redacted]

Address: _____

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FEB 18 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	3
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)	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: 2024004511	**Date:** 2/18/2024
	Specialist Name/ID#: A. Paniagua/42769

SCANNED
FEB 18 2024