JH 0540353 23mm3670mb 1528

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

1 Juvenile N

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number
FL0500300	BOYNTON BEACH POLICE DEPT.	34-23-018576

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)	Location of Offense (Business Name, Address)
101 South Fed Highway # 448 Boynton Beach, FL 33435	101 South Fed Highway # 448 Boynton Beach, FL 33435

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/09/2023	2329					

DEFENDANT

Name (Last, First, Middle): Raimondi, Peter, James

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	M	3/3/78	5'11"	220	Brn	Grey	Light	Med

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

Marital Status: Single | Religion: Unk

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

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type
101 South Federal Highway # 448	Boynton Beach,	FL	33435	(718)755-3181	1. City 3. Florida 2. County 4. Out of State: 1

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

Business Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Occupation
				( ) -	

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth	Citizenship
381 198 104, NY	[redacted]		Brooklyn, NY	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 ☐ Legal Custodian ☐ Other | Name (Last) | (First) | (Middle) | Residence Phone

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

(1st No Bond)

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. Barbituate 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	1	■Yes ☐No	784.03 (1a1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
			23-018576		

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

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-- '23 MAY 10 AM 8:45

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: | Signature of Arresting Officer | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): Dailey #929 | I.D. #: 929 | BU#

Intake Deputy: O'Neal | I.D. #: 7100 | Pouch # | Transporting Officer: H. Hall | I.D. #: 1412 | Agency: BBPD | Witness here is subject Signed with an "X".

Page 1 OF 1

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

On the 9th day of May 2023 at 2330

Subject: Raimondi, Peter, James DOB: 3/3/78 Case #: 23-018576

Charge Description: Simple Battery Statute #: 784.03 (1a1)

[redacted]

Narrative:
On 5/9/23, I responded to [redacted] in reference to a disturbance. Upon arrival, contact was made with W/M Peter Raimondi, who was standing in the hallway just outside [redacted]. Next to Raimondi was a large pile of womens clothing located just outside the apartment door that appeared to have been thrown in haste. While speaking with Raimondi I observed signs of intoxication with the smell of alcohol coming from his person and red glassy eyes. When asked what occurred inside [redacted], Raimondi did not provide much detail other than stating [redacted] was no longer allowed in [redacted] When asked again to provide details of the argument with [redacted], Raimondi continued to provide little information, but did state the was no physical violence.

I next entered [redacted] to speak with [redacted] about the incident. When asked what occurred, [redacted] stated she and Raimondi have been [redacted] and have [redacted]. On today's date, Raimondi was upset that she was out with friends and sent a video of himself kicking a table over inside [redacted]. She then saw via her Ring doorbell camera that Raimondi was throwing her items outside of [redacted]. Once she arrived [redacted] entered [redacted] and closed the door behind her. Once inside, Raimondi intentionally threw several shoes at her striking her in the face. After throwing the shoe, Raimondi slapped [redacted] on her left cheek. I was able to observed [redacted]' upper and lower lip had small amounts of blood and her lips appeared swollen. She was able to identify the shoes that were thrown which were lying near the front door. I inspected the shoes but did not see any blood on them. This did not seem out of the ordinary due to the small amount of blood visible on the cut to her lip. [redacted] declined medical attention.

Based on the statements given by [redacted] and the corresponding injury to her person, I determined probable cause exits for the arrest of Peter Raimondi for Simple Battery (Domestic) as per FSS 784.03 (1a1). Raimondi was placed under arrest and transported to BBPD where he was processed and later turned over to PBCJ without incident. [redacted] completed a Marsy's Law and exemption from public records form. DV pamphlet and case number was issued. Pictures were taken of the victim and scene via my BWC

Defendant's Statement: Oral Victim's Statement: Oral

Observation Of Victim (Physical and Emotional):

Crying, bloody and swollen lip

Relationship Between Victim and Suspect:

[redacted]

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Photographs: Scene: ☑ Yes ☐ No

Victim: ☑ Yes ☐ No

911 Call: ☑ Yes ☐ No Caller: Victim

Tape Requested: ☑ Yes ☐ No

Weapon Used: ☑ Yes ☐ No Type: Shoe

Witnesses: ☐ Yes ☑ No

Injuries: ☑ Yes ☐ No

Medical Treatment: ☐ Yes ☑ No

At Scene ☐ Yes ☑ No Paramedics: _____

At Hospital ☐ Yes ☑ No Physician(s): _____

Hospital: _____

Act Committed In Presence Of Minor(s): ☐ Yes ☑ No

Name: _____ Age: _____

Name: _____ Age: _____

F.D.C.F. Notified: ☐ Yes ☑ No Victim Pregnant: ☐ Yes ☑ No

Violation Of Restraining Order: ☐ Yes ☑ No Case #: _____

Prior History Of Domestic Violence: ☐ Yes ☑ No

Alcohol Or Drugs Involved: ☑ Yes ☐ No ☐ Unknown

Victim Contact Information:

[redacted]

State Of Florida
County Of Palm Beach
Appeared before me, Dailey #929 , (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

Signature Of Arresting Officer #929

Sworn to and subscribed to me before this 10th day of May , 2023

Notary/Clerk Of Court/Officer (F.S.S. 117.10) 984

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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 a warrant, attach this form to the filing packet.

1. Incident Report #: 23-018576 Agency: Boynton Beach Police Department
   Offense: Simple Battery
   Suspect/Offender: Raimondi, Peter, James
   DOB: 3/3/78 Race: W Sex: M

2. Warrant # (s): _____

3. Complete one (1) of the following:

A. [redacted]

B. Victim's Next of Kin: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

C: Victim's designated contact other than next of kin (for example: a friend or neighbor):
   Name: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ 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 Victi[redacted]

Officer's Name: Dailey #929 I.D.# 929 Date: 05/10/2023

SUSPECT/ OFFENDER: Raimondi, Peter, James

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

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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)
I/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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023012187	**Date:** 05/10/2023
	Specialist Name/ID: T.Howard/7185