0539974 23mm989mB 1022

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400
Agency Name: Delray Beach Police Department
Agency Report Number (N.T.A.'s only): 40 23-001688

Charge Type: Check as many as apply — 1. Felony; 2. Traffic Felony; [X] 3. Misdemeanor; 4. Traffic Misdemeanor; 5. Ordinance; 6. Other
If Weapon Seized — Enter Type: UNARMED
Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 2525 FLORIDA BLVD #129 DELRAY BEACH FL 3
Location of Offense (Business Name, Address): 2525 FLORIDA BLVD 129, DELRAY BEACH, FL 33483

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/03/2023	23:15	02/03/2023	23:25	/ / : :		N/A

DEFENDANT

Name (Last, First, Middle): DESALVATORE, VINCENT D
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

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	03/19/1964	6'00	175	BROWN	BALD	MEDIUM	LARGE

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: M
Religion:
Indication of Alcohol Influence: [X] Yes [ ] No [ ] Unk
Drug Influence: [ ] [X] [ ]

Local Address (Street, Apt. Number): 46 THE ENCLOSURE, COLTS NECK, NJ 07722 (City) (State) (Zip)
Phone: (732) 803-6365
Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1

Permanent Address (Street, Apt. Number): 46 THE ENCLOSURE, COLTS NECK, NJ 07722 (City) (State) (Zip)
Phone: (732) 803-6365
Address Source: ID

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

D/L Number, State: /
Soc. Sec. Number: [redacted]
INS Number
Place of Birth (City, State): BROOKLYN, NY,
Citizenship: 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: Marsy's Law [ ] 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 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship Date Time

VICTIM NOTIFICATION REQUIRED

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 [X] No
Description of Property Value of Property

CODE

Drug Activity: N. N/A; P. Possess; S. Self; 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; O. Opium/Derv.; M. Marijuana; P. Paraphernalia/ Equipment; S. Synthetic; U. Unknown; Z. Other

CHARGE

Charge Description: SIMPLE BATTERY(TOUCH OR STRIKE)
Statute Violation Number: 784.03(1A1)
Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	[X] Y [ ] N		No BOND

Charge Description | Statute Violation Number | Violation of ORD # | Bond

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
		/			[ ] Y [ ] N	

Charge Description | Statute Violation Number | Violation of ORD # | Bond

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
		/			[ ] Y [ ] N	

Charge Description | Statute Violation Number | Violation of ORD # | Bond

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
		/			[ ] Y [ ] N	

INTAKE

Health / Apparent Physical Condition of Defendant
Any knowledge of the following: [ ] Mental [ ] Escape Risk [X] Medication [ ] Deformities [ ] Injuries
Explain

Check which applies: [ ] Released O.R. [ ] Released to Parent/Guardian [X] T.O.T. County Jail [ ] Posted Bond [ ] South County Mental Health
PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / : : | Time Transported | Other

NOTICE TO APPEAR

[ ] INSTRUCTION NO. 1 - Mandatory appearance in court
[X] 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

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.

No Photo Available

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

ADMIN

HOLD for Other Agency
[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other

Signature of Arresting Officer
Name of Arresting Officer (Print): SMITH, MILTON ALEXANDER ID #: 1016
Transporting Officer: SMITH, M ID #: 1016 Agency: DELRA

Name Verification (Printed by Arrestee) (PRINT)
Witness (Name, Number, Agency, Date and Time)

Intake Deputy: J. DUNN ID #: 3616 Pouch #: 2

PAGE 1 OF 1

SCANNED

[ ] COURT [ ] STATE ATTORNEY [ ] AGENCY [X] CENTRAL RECORDS [ ] JAIL [ ] CRIME ANALYSIS [ ] P.I.O. [ ] DEFENDANT

FEB 14 2023

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

☐ Marsy's Law CVI

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
02/03/2023 23:30	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 23-001688

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
DESALVATORE, VINCENT D		W	M	03/19/1964

CHRG

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

VICTIM

[redacted]

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

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☒	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **CRYING**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: [redacted]

ADDITIONAL INFORMATION

	YES	NO	
PHOTOGRAPHS: Scene:	☒	☐	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: [redacted]
WEAPON USED:	☒	☐	TYPE: **HAND**
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☒	☐	
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☐	☐	PARAMEDICS:
Hospital:	☐	☐	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒	
ALCOHOL OR DRUGS INVOLVED:	☒	☐	

NARR

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.

On 2/3/23 at approximately 2230 hours I was dispatched to 2525 Florida Blvd #129 in reference to a Domestic Disturbance. The following is a summary, for verbatim account, refer to BWC. DBPD dispatch advised they

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

_____
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 3 day of February, 2023.

BAKER, STEPHANIE
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

SCANNED
FEB 04 2023

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

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

Marsy's Law CVI

ADMIN

Date / Time		
02/03/2023 23:30		
Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 23-001688

NARRATIVE

received a 9-1-1 call from a [redacted] who was crying and advised she was a victim of a domestic.

Upon arrival, I made contact with the defendant, Vincent DeSalvatore, and [redacted] was sworn in on BWC and advised the following: Both Vincent and [redacted] went out to a bar and were consuming alcohol. When they returned home, [redacted] advised Vincent was angry that she was talking to a man at the bar. Vincent called her names and then slapped her with an open palm. [redacted] then retreated to the west spare bedroom. Vincent followed her into the bedroom and while arguing took her phone from her purse and threw it on the ground breaking it. It should be noted that there was a lamp also smashed on the ground, but it is unknown who smashed the lamp upon questioning. [redacted] advised that Vincent twisted her arm during the argument and left the room. [redacted] then used Vincent's phone to call 9-1-1. I observed a red mark on [redacted] right cheek which I used my BWC to capture. Vincent was read his Miranda Warning via department issue Miranda card. Post Miranda, Vincent admitted to being mad about [redacted] talking to another man while out and admitted to twisting [redacted] arm to take her phone. Vincent advised he threw [redacted] phone on the ground and stomped on it. I observed the phone, which was in the trash can and it was completely shattered. Vincent denied slapping [redacted]

Based on the above, Probable Cause exists to charge the defendant, Vincent DeSalvatore, with on count of Simple Battery (Domestic) in violation of F.S.S. 784.03(1A1).

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STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

_____
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 3 day of February, 2023.

BAKER, STEPHANIE
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
FEB 04 2023

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

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:_____

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

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **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 single 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 #: 23-1688 Agency: Delray Bch PD
   Offense: Domestic Simple Battery
   Suspect/Offender: Desalvatore, Vincent
   D.O.B. 3/19/64 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.

SCANNED
FEB 04 2023

Signature of person waiving notification: _____
Printed name of person waiving notification:_____

Officer's Name : M. Smith I.D.: 1016 Date: 2/4/23

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White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

SCANNED
FEB 04 2023

Booking Number: 2023003331	**Date:** 2/4/2023
	Specialist Name/ID: Pinkneya/7796