05/C324 2019CF007792AMB

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700 | Agency Name: Jupiter Police Department | Agency Report Number (N.T.A.'s only): 5 4 19-003765

Charge Type: Check as many as apply — [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

If Weapon Seized: Enter Type NONE | Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 1210 S OLD DIXIE HWY JUPITER FL 33458

Location of Offense (Business Name, Address): 1210 S OLD DIXIE HWY, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/16/2019	01:28	08/16/2019	01:50	/ / : :		

DEFENDANT

Name (Last, First, Middle): MONGUZZI, ANGEL — 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	07/30/1979	6'01	240	BROWN	BROWN	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S | Religion: OTHER | Indication of: Alcohol Influence [X] Yes [ ] No [ ] Unk. / Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 13855 EMERSON ST 304, PALM BEACH GARDENS, FL 33418 | Phone: (561) 427-8678 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 13855 EMERSON ST 304, PALM BEACH GARDENS, FL 33418 | Phone: (561) 427-8678 | Address Source: 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
M522000792700 / FL	[redacted]		BUENAS AIRES, AT	AT

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				[ ] 1. Arrested [ ] 2. At Large [ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile
				[ ] 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 [X] 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., P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY - ON OFFICER, FIREFIGHTER, EMT ETC.	784.07(2)(B)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	[ ] Y [X] N		3,000

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

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) | 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.

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

No Photo Available

ADMIN

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

Signature of Arresting Officer: 324

Name of Arresting Officer (Print): BAYNHAM, LUKE | I.D. #: 1197

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy | I.D. # | Pouch #

Transporting Officer: ~~BAYNHAM~~ Turner ~~325~~ 321 | Agency: JUPITE

Witness Name if subject signed [illegible]

SCANNED 2019

PAGE 1 OF 1

Turner 321 330

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: FL 0501700

Agency Name: JUPITER POLICE DEPARTMENT

Agency Report Number: 5 | 4 | 19-003765

Special Notes:

Charge Type: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MONGUZZI, ANGEL		W	M	07/30/1979

CHARGES

Charge Description: 784.07(2)(B) BATTERY - ON OFFICER, FIREFIGHTER, EMT ETC.

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
LOPEZ LUIS, SAVANNAH BROOKE	W	F	05/26/1987

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
1210 S OLD DIXIE HWY, JUPITER, FL 33458	(561) 307-7621	

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

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.

[X] was observed by SAVANNAH LOPEZ who told OFC. BAYNHAM that he/she saw the arrested person committ the below acts.

[X] was found to have committed the below acts, resulting from my (described) investigation.

On the 16 day of August, 2019 at 01:28 (Specifically include facts constituting cause for arrest.)

My BWC was utilized during the event below.

On Friday, 8/16/19 at approximately 0128 hours, I arrived at 1210 S Old Dixie (Jupiter Medical Center) in reference to a disturbance in emergency room 14. Upon my arrival, I made contact with detail Officer Morgan #378. Officer Morgan #378 advised me a nurse was just head butted by a patient. I then made contact with nurse Savannah B. Lopez Luis (W/F 5/26/87). Lopez advised she was just head butted by the patient in room 14. The patient was later identified as Angel Monguzzi (W/M 7/30/79). Emergency room staff had to restrain Monguzzi with bed restraints.

I obtained a sworn statement from Lopez and it stated the following: Lopez advised she was assisting a fellow nurse in emergency room 14 with administering drugs to Monguzzi. Lopez advised she was on his right side holding down his right arm, while the other nurse was administering the drugs. Lopez advised Monguzzi grabbed her right hand and started to become combative with the nurses. Monguzzi sat up and headed butted Lopez on the left side of her face. During the disturbance Monguzzi called Lopez a "fat bitch" and "cunt". Lopez advised Monguzzi was under the influence of an unknown alcoholic beverage. Lopez advised she wishes to press charges against Monguzzi.

After speaking with Lopez, I spoke with nurse Amanda Hernandez (W/F, 6/7/97). Hernandez gave me a sworn statement and it stated the following: Hernandez advised she was administering drugs to Monguzzi and he began to get become combative with the nurses. Hernandez advised she was also on his right side with Lopez. Hernandez stated she observed Monguzzi sit up from the bed a head butt Lopez. From both Lopez and Hernandez`s statements on what had occurred, I found probable cause to charge Monguzzi with battery on a medical care provider.

Based on my above-described investigation, Monguzzi did actually and intentionally touch

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MORGAN 378

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

08/16/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BAYNHAM, LUKE (1197)
NAME OF OFFICER (PLEASE PRINT)

08/16/2019
DATE

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

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

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Special Notes:

DEF

Name (Last, First, Middle): MONGUZZI, ANGEL

Alias

Race	Sex	Date of Birth
W	M	07/30/1979

PROBABLE CAUSE STATEMENT

or strike Nurse Lopez an emergency medical care provider, while Lopez was engaged in a lawful performance of a duty when, Monguzzi knew or had to know the identity or employment of Lopez contrary to Florida Statutes 784.07(2)(b).

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

08/16/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BAYNHAM, LUKE (1197)
NAME OF OFFICER (PLEASE PRINT)

08/16/2019
DATE

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

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:	

REVIEW COMPLETED BY

Booking Number: 2019026799	**Date:** 08/17/2019
	Specialist Name/ID: AM/31562