0177492 2631

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 17-011985

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: Hands/fist/feet/teeth

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): [redacted]

Location of Offense (Business Name, Address): 4650 W ATLANTIC AVE, DELRAY BEACH, FL 33445

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/29/2017	16:17	07/29/2017	16:27	07/29/2017	17:35	

DEFENDANT

Name (Last, First, Middle): RAGONESE, ANGELO MICHAEL

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	12/12/1974	5'10	150	BROWN	BROWN	MEDIUM	MEDIUM

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

Marital Status: M

Religion: NOT INDICA

Indication of: Alcohol Influence Yes ☐ No ☒ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 4101 SATIN LEAF COURT, DELRAY BEACH, FL 33445

Phone: (561) 613-7070

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 4101 SATIN LEAF COURT, DELRAY BEACH, FL 33445

Phone: (561) 613-7070

Address Source: ANGELO RAGONESE

Business Address (Name, Street) (City) (State) (Zip): SELF EMPLOYED,

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R252-013-74-452-0 /	[redacted]		MILWAUKEE, WI,	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
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

Name (Last, First, Middle): (Mo Bond Stonestreet)

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. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

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

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	17-011985	1	☒ 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		

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
☐ 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.

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: 1120

Name of Arresting Officer (Print): PATEL, JESAL I.D. #: 1120

Name Verification (Printed by Arrestee) (PRINT):

Intake Deputy I.D. # Pouch #

Transporting Officer I.D. # Agency: 943 DBPD

Witness Arrestee's refusal to sign with an "X".

PAGE 1 OF 1

SCANNED

[redacted] 2017

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
07/29/2017 16:26	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 17-011985

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
RAGONESE, ANGELO MICHAEL		W	M	12/12/1974

CHRG

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

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	F	08/15/1976

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

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

ADDITIONAL INFORMATION

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

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **WIFE**

	YES	NO	
PHOTOGRAPHS: Scene:	☐	☒	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: [redacted]
WEAPON USED:	☒	☐	TYPE: **HANDS/FISTS**
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☒	☐	
MEDICAL TREATMENT:	☒	☐	
AT: Scene:	☐	☒	PARAMEDICS:
Hospital:	☒	☐	PHYSICIAN(S) / HOSPITAL: **BETHESDA MEMORIAL**
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 [redacted]

On 7/29/2017, I responded to 4650 W Atlantic Ave in reference to a domestic disturbance. While enroute to this location dispatch informed me the victim [redacted] had left the area and went to the hospital with a

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 29 day of July, 2017.

MCCABE, EDWARD

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

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

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
07/29/2017 16:26		
Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 17-011985

NARRATIVE

bloody nose caused by [redacted], Angelo Ragonese. Dispatch stated Angelo left the area but is believed to be heading home to [redacted] in Delray Beach. Angelo was in DBPD`s RMS system, and his current address is [redacted]. I drove to [redacted] where I made contact with Angelo. When I made contact with Angelo, I noticed he was visibly upset and speaking very loudly. Angelo immediately stated that [redacted] is always trying to call the cops on him and trying to get him arrested. Angelo went on to say that he and [redacted] were driving to the bank so they can deposit and withdraw money from the ATM. Angelo first drove to his bank Wells Fargo located at 14743 S Military Trail. Once Angelo completed his transactions at Wells Fargo he drove [redacted] to her bank which was Bank of America located 4650 W Atlantic Ave.

According to Angelo while he and [redacted] were pulling into Bank of America [redacted] stated she wanted to withdraw money to buy Oxycodone. When Angelo heard this, he became furious at [redacted] and screaming started to ensue. Angelo said both he and [redacted] were yelling and screaming at each other. Angelo said [redacted] became aggressive and began to punch and kick the floorboard and the roof of the car. Angelo furthermore stated [redacted] started to hit and strike him. In self-defense, Angelo flung both his arms at [redacted] in an attempt to disengage from her. When Angelo threw his arms, he hit [redacted] in the face, and [redacted] immediately started to bleed. Angelo exited the driver`s seat of his vehicle and went over to the passenger side of the car and tried to open the passenger door. [redacted] immediately closed the passenger door and went to the driver`s seat and drove off with the vehicle.

Ofc Gregory met with [redacted] at Bethesda Memorial Hospital in Boynton Beach. [redacted] told Ofc Gregory that an argument ensued between her and Angelo. According to [redacted] as they were arguing Angelo struck her in the face out of nowhere. [redacted] was not sure of what hand Angelo used, but she believes it was with a closed fist due to the pain. With one strike from Angelo, [redacted] suffered a bruised nose, redness to the left cheek and redness to her left the eye due to the impact. [redacted] also sustained scrapes on her ankle from Angelo trying to drag her out of the vehicle.

Crime Scene came out and took photos of [redacted]s injuries. [redacted] completed a Victim Statement of the events that transpired.

Based on the above facts, Probable Cause exists to charge Angelo Ragonese with Simple Battery (Domestic), per state statute FSS 784.03(1A1).

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 29 day of July, 2017.

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

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

VICTIM NOTIFICATION FORM

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 #: 17-011985 Agency: Delray Beach
   Offense: Simple ~~Battery~~ Battery (Domestic)
   Suspect/Offender: Angelo Ragonese
   D.O.B. 12/12/74 Race: Hispanic Sex: M

2. Warrant #(s):_____

3. Complete one (1) of the following:

   a. Victim [redacted]
   Addre
   City:
   Home

   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
JUL 30 2017

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

Officer's Name : Jesal Patel I.D.: 1120 Date: 7/29/17

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

PBSO #0029-A Stock F-4403

SUSPECT/OFFENDER:_____

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