

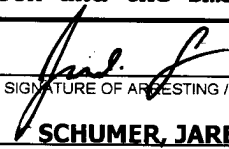
ARREST / NOTICE TO APPEAR

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

1

JUVENILE

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-009665	
	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type Hands/fist/feet/teeth		Multiple Clearance Indicator 3			
D E F E N D A N T	Location of Arrest (Including Name of Business) 300 SE 1ST ST				Location of Offense (Business Name, Address) 300 SE 1ST ST, DELRAY BEACH, FL 33483			
	Date of Arrest 06/18/2017	Time of Arrest 19:07	Booking Date 06/18/2017	Booking Time 19:17	Jail Date 06/18/2017	Jail Time 19:09	Location of Vehicle	
J U V E N I L E	Name (Last, First, Middle) MODUGNO, JOSEPH BAILEY, JOSEPH				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White B - Black	Sex M	Date of Birth 05/04/1996	Height 6'00	Weight 200	Eye Color BLUE	Hair Color BLOND OR	Complexion LIGHT
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S		Religion NOT INDICA	
	Local Address (Street, Apt. Number) 21339 TOWN LAKES 1317, BOCA RATON, FL 33486				Phone		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Permanent Address (Street, Apt. Number) 21339 TOWN LAKES 1317, BOCA RATON, FL 33486				Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
	Business Address (Name, Street) 21339 TOWN LAKES 1317, BOCA RATON, FL 33486				Phone		Address Source	
	D/L Number, State NY				Soc. Sec. Number		INS Number	
	Place of Birth (City, State) NEW YORK, NY				Citizenship US			
	Co-Defendant Name (Last, First, Middle)				Race		Sex	
	Co-Defendant Name (Last, First, Middle)				Race		Sex	
C O D E D E	Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)				Residence Phone			
	Legal Custodian <input type="checkbox"/> Address (Street, Apt. Number)				Business Phone			
	Notified by: (Name)				Date		Time	
	Released To: (Name)				Relationship		Date	
	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.				School Attended		Grade	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property	
	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	
C H A R G E	Charge Description DISORDERLY INTOXICATION				Statute Violation Number 856.011		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		N	/	17-009665	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
	Charge Description				Statute Violation Number		Violation of ORD #	
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Charge Description				Statute Violation Number		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Charge Description				Statute Violation Number		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
I N T A K E	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By	
	Transported By				Date Transported		Time Transported	
	Transported By				Date Transported		Time Transported	
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				No Photo Available			
	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
	Signature of Arresting Officer SCHUMER, JARED S.				ID # 1046			
A D M I N	HOLD for Other Agency				Name Verification (Printed by Arrestee)		PAGE	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				(PRINT)		1 OF 1	
	Intake Deputy DLS 607136				Pouch #		Transporting Officer SAINT MARTIN	
	ID # 1046				Agency DBPD		Witness here if subject signed with an	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-009665		
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		
Name (Last, First, Middle) MODUGNO, BAYLEE J		Alias		Race W	Sex M	Date of Birth 05/04/1996	
C H A R G E S	Charge Description 856.011 DISORDERLY INTOXICATION		Charge Description				
	Charge Description		Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race W		Sex M	Date of Birth	
	Local Address (Street, Apt. Number) FLORIDA, FL		(City)	(State)	(Zip)	Phone (561) -	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone (561) -	
						Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by OTHER OFFICERS who told ME that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 18 day of June, 2017 at 20:06 (Specifically include facts constituting cause for arrest.)</p>							
<p>The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.</p> <p>On 06/18/2017 Officers responded to the 300 block of SE 1st St in reference to a disturbance involving a group of young white males (Nicholas Myers and Baylee Modugno) and a white female (Tayla Figueroa). It should be noted that Officers responded to several disturbance calls throughout the afternoon involving this group of defendants. Myers even interfered with officers conducting investigation an investigation at SALT 7 which had nothing to do with him. Myers attempted to start a fight with a patron during the incident, but moved along after being told he would be arrested.</p> <p>A few minutes later officers responded to the 300 block of E Atlantic Ave in regards to the same subjects causing a disturbance and trying to fight people. Ofc. Ferraiolo arrived on scene and observed them with their shirts off "getting in peoples' faces". Ofc. Ferraiolo explained to me that when he called toward the group, Myers and Modugno ran separate ways trying to evade from him. Myers, Modugno and Figueroa were put in a taxi which left without incident. The group got out of the taxi a few blocks away and went back to Atlantic Ave without officers knowing this. As I was walking back to my police car, a server from City Oyster approached me and explained to me that the group of subjects that officers were talking to attempted to "dine and dash". She added that one of the subjects (Myers) smashed a glass cup on the floor shattering it. She stated that the business did not want to get involved with the group as they were so belligerent and aggressive. The business did not want to prosecute any of the subjects.</p> <p>A few minutes after this, officers received a call from a concerned citizen advising that the same group of subjects were pulling "on door handles of vehicles parked on SE 3rd Ave and SE 1st St. Upon arrival, Ofc. Ferraiolo made contact with the group. Ofc. Whiting and I arrived on scene shortly after and determined that they were all intoxicated by their blood shot eyes, slurred speech and the smell of alcohol on their</p>							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME						
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 				
	06/18/2017 DATE		SCHUMER, JARED S (1046) NAME OF OFFICER (PLEASE PRINT) 06/18/2017 DATE				
				PAGE 1 OF 2			

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

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JUVENILE

Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-009665
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:

Name (Last, First, Middle) MODUGNO, BAYLEE J	Alias	Race W	Sex M	Date of Birth 05/04/1996
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breath and body's. When I arrived on scene, the defendants (Nicholas Myers, Baylee Modugno, and Tayla Figueroa) were all sitting on the ground. Myers had cuts on his knuckles and Modugno had a cut on his face. These injuries were not there the first two times officers were in contact. Throughout the entire process, Myers and Modugno were aggressive toward police and were verbally assaultive.

All three subjects were taken into custody for disorderly intoxication. When putting hand cuffs on the Myers, he continuously tensed up and was intentionally making it difficult to put the hand cuffs on him. Once in my car, he unbuckled himself and brought the handcuffs to the front of his body. He bashed his head on the center partition violently. Once in the DBPD THF sally port, it was determined that Myers was going to be combative so the decision was made to bring the defendants straight to PBCJ. The passenger side rear window on my police car was cracked. Myers spat out the cracked window as Sgt. Ferreri was standing there. It was clearly an intentional act. Myers also kicked the rear windows in an attempt to break them which caused officers to secure his feet in leg shackles.

Based on the above facts, Probable Cause Exists to charge the Defendant, Baylee Modugno, Disorderly Intoxication per FSS 856.011.

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SCHUMER, JARED S (1046) NAME OF OFFICER (PLEASE PRINT)
06/18/2017 DATE	06/18/2017 DATE
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COURT

STATE ATTORNEY

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CRIME ANALYSIS

P.I.O.