

18mm 13134

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-18-144888</b>				
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>				
Location of Arrest (Including Name of Business) <b>9770 S MILITARY TRAIL, BOYNTON BEACH/FL/33436</b>		Location of Offense (Business Name, Address) <b>9770 S MILITARY TRAIL, BOYNTON BEACH/FL/33436</b>								
Date of Arrest <b>11/15/2018</b>	Time of Arrest <b>03:50</b>	Booking Date <b>11/15/2018</b>	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>Larocco, Bridget, Marie</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White   - American Indian B - Black   - Oriental/Asian	Sex W F	Date of Birth <b>02/06/1969</b>	Height <b>5'04</b>	Weight <b>120</b>	Eye Color <b>Blue</b>	Hair Color <b>Brown</b>	Complexion <b>Light</b>	Build <b>Thin</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Single</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>1660 Rencommons Blvd Unit 2520, Boynton Beach, FL 33426</b>			(City)	(State)	(Zip)	Phone <b>(561) 212-3163</b>	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 1			
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source <b>FL DL</b>			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation <b>Unemployed</b>			
DL Number, State <b>L620073695460, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Islip, New York</b>		Citizenship <b>US</b>		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number)				(City)	(State)	(Zip)	Residence Phone ( )	
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handed/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated				
Released To: (Name)				Relationship		Date	Time			
The above address 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 (Phone 355-2528) informed of any change of address.						School Attended		Grade		
<input type="checkbox"/> Yes, by: (Name)		<input type="checkbox"/> No: (Reason)		Property Crime? <input type="checkbox"/> Yes <input 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. Dispense/ 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. Synthetics	U. Unknown Z. Other
Charge Description <b>DOMESTIC BATTERY</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>18-144888</b>	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Location (Court, Room Number, Address) <b>SET BY JUDGE</b>										
Court Date and Time Month <b>11</b> Day <b>15</b> Year <b>2018</b> Time <b>5:00</b> AM <b>PM</b>										
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 <b>11/15/2018</b>										
HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>			Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S B. SANZ</b>			I.D. # <b>30565</b>		PAGE			
Intake Deputy		I.D. #		Pouch #		Transporting Officer <b>D/S B. SANZ</b>		ID # <b>30565</b>		
						Agency <b>PBSO</b>		Witness here if subject signed with an "X" <b>1</b> OF <b>1</b>		

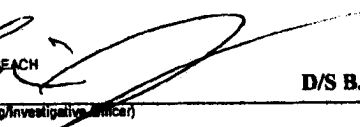
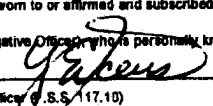
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEPT. OF CORRECTIONS

Y. EXCELS 31293 PBSO

SCANNED

NOV 16 2018

CBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 18-144888</b>				
Charge Type: Check as many as apply.		Special Notes:						
<input 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) <b>Larocco, Bridget, Marie</b>		Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/06/1969</b>		
Charge Description <b>DOMESTIC BATTERY</b>		784.03(1A1)						
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) <b>Luberice, Frantz, Paul</b>		Race <b>B</b>		Sex <b>M</b>	Date of Birth <b>09/16/1968</b>			
Local Address (Street, Apt. Number) <b>2098 Iiese Ct Apt 3, Delray Beach, FL 33445</b>		(City)	(State)	(zip)	Phone <b>( 561 ) 414-9123</b>		Address Source	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone		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.          The Person taken into custody  <input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.  <input type="checkbox"/> confessed to _____ admitting to the below facts.      <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>15</u> day of <u>November</u> 20<u>18</u> at <u>03:15</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>At the above date and time, I was dispatched to Elmos Bar located at 9770 S Military Trail, Unincorporated Boynton Beach, Palm Beach County FL, 33436 in response to a domestic dispute. While en-route to the call, PBSO dispatch advised me that they were getting multiple calls on a male and female in the parking lot in a physical altercation.</b></p> <p><b>Upon my arrival, I observed a W/F later identified as Bridget Larocco walking aggressively towards victim, Frantz Luberice, who was on his cell phone. I then observed Bridget lunge towards Frantz, striking him multiple times, which looked like an attempt to try and get the phone away from him. I was then able to separate Frantz and Bridget.</b></p> <p><b>Due to Bridget putting her hands on Frantz, I detained her using my department issued handcuff's which were checked for proper fit, and double locked. Bridget was then escorted to my fully marked PBSO patrol vehicle, and placed in the rear seat.</b></p> <p><b>I then read Bridget her Miranda Rights from a PBSO Miranda Card. Bridget stated she understood her rights, and wished to keep speaking with me. Post Miranda, Bridget stated she had gotten into a verbal argument with Frantz on November 14, 2018 over going out with her friends. Bridget said due to the argument, she went to Elmos Bar to get out of the house. Bridget said when she was at Elmos, Frantz approached her. They then went into the parking lot and started verbally arguing. Bridget said she got very upset with Frantz because he called her son. Due to Frantz calling her son, she went over to Frantz's work vehicle, and started taking all of the tools out of it, and throwing them on the ground. When on scene, I observed multiple tools on the ground, and the rear door to Frantz's truck open. When asking Bridget about putting her hands on Frantz, she stated she threw all of his tools out of his truck, but did not put hands on him. When advising Bridget that I witnessed her put hands on Frantz, she stated she did not remember doing that.</b></p>								
STATE OF FLORIDA COUNTY OF PALM BEACH		<b>D/S B. SANZ</b>						
(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>15</u> day of <u>November</u> 20 <u>18</u> by <u>D/S B.SANZ</u>								
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
		PAGE <b>1</b> OF <b>2</b>						

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	Juvenile	N
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-18-144888</b>				
Charge Type: Check as many as apply.		Charge Description		Special Notes:				
<input 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) <b>Larocco, Bridget, Marie</b>		Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/06/1969</b>		
Charge Description <b>DOMESTIC BATTERY</b>		784.03(1A1)		Charge Description				
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) <b>Luberice, Frantz, Paul</b>		Race <b>B</b>		Sex <b>M</b>		Date of Birth <b>09/16/1988</b>		
Local Address (Street, Apt. Number) <b>2098 Hlane Ct Apt 3, Delray Beach, FL 33445</b>		(City) (State) (zip)		Phone <b>(561) 414-9123</b>		Address Source		
Business Address (Name, Street)		(City) (State) (zip)		Phone ( )		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 type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>15</u> day of <u>November</u> 20<u>18</u> at <u>03:15</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>I then went and spoke with Frantz. Frantz advised me that he had got into an argument with Bridget on November 14, 2018 due to her leaving the house and going out with friends. Frantz stated he went to Elmos in order to check on Bridget, because she has not been out of the house past 02:00 without him for a while. Due to not being able to contact Bridget all day, he called both of her sons to try and help him find her. While at Elmos, Frantz stated he took Bridget's car keys away so that she would not drive due to her being intoxicated. Frantz then got on the phone with Bridget's son, which made her very upset. Frantz stated Bridget then opened the back door to his vehicle, and started throwing all of his tools on the ground. When asking Frantz about the physical altercation in the parking lot, he stated she swung on him but never hit him. I advised Frantz that I witnessed Bridget put her hands on him, and he stated "look I have no marks". I did not see any physical marks on Frantz.</b></p> <p><b>D/S Y. Exceus (ID #31293) took pictures of Frantz, and uploaded to the PBSO Domestic Violence Website.</b></p> <p><b>I asked Frantz if he would like medical attention and he said no. I asked him if he would like to go to a shelter and he said no. D/S C. Ward (ID #16305) issued him a victim's rights brochure.</b></p> <p><b>Based on my investigation Bridget Larocco did actually and intentionally touch or strike Frantz against his will, contrary to Florida Statute 784.03(1a1).</b></p> <p><b>D/S P. Siegel contacted the domestic abuse advocate hotline</b></p> <p><b>I transported Bridget to the Palm Beach County Jail without incident.</b></p>								
STATE OF FLORIDA COUNTY OF PALM BEACH		 D/S B. SANZ (Signature of Arresting/Investigative Officer)						
ADMINISTRATIVE		The foregoing instrument was sworn to or affirmed and subscribed before me this <u>15</u> day of <u>November</u> 20 <u>18</u> by <u>D/S B. SANZ</u> (Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced)						
Notary Public, Clerk of Court, Officer of S.S. (17.10)		 <u>31293</u>						
		PAGE 2 OF 2						

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-144888 Agency: \_\_\_\_\_  
Offense: DOMESTIC BATTERY  
Suspect/Offender: Larocco, Bridget, Marie  
D.O.B. 02/06/1969 Race: W Sex: F

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: Luberice, Frantz, Paul D.O.B. 09/16/1988 Race: B Sex: M  
Address: 2098 Ilene Ct Apt 3  
City: Delray Beach, FL 33445  
Home #- (561) 414-9123 Work #: 0 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

## Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

**Waiver:** I choose not to be notified when the arrestee is released from custody.

**Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: Luberice, Frantz, Paul

Deputy's Name: D/S B.SANZ I.D.# 30565 Date: 11/15/2018

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00023A REV. 4/99

SUSPECT/OFFENDER: **Larocco, Bridget, Marie**  
(FOR WARRANTS USE ONLY)  
COURT CASE/WARRANT#:

SCANNED

NOV 16 2018

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
 (Submit this form with the original Probable Cause affidavit)

Suspect: Larocco, Bridget, Marie DOB: 02/06/1969 Case #: 18-144888

Victim: Luberice, Frantz, Paul DOB: 09/16/1988 Race: B Sex: M

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: Larocco, Bridget, Marie

Weapon Used:  Yes  No Type: \_\_\_\_\_

Witness:  Yes  No Name: \_\_\_\_\_

Victim Pregnant:  Yes  No If yes, \_\_\_ weeks \_\_\_ months

Injuries:  Yes  No Description: \_\_\_\_\_

Medical Treatment:  Yes  No

At Scene:  Yes  No Paramedics: \_\_\_\_\_

At Hospital:  Yes  No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are Children Living in Home?  Yes  No DCF Notified?  Yes  No

Name: \_\_\_\_\_ DOB:    /   /   

Name: \_\_\_\_\_ DOB:    /   /   

Name: \_\_\_\_\_ DOB:    /   /   

Injunction  Yes  No Case #: \_\_\_\_\_

No Contact Order  Yes  No Case #: \_\_\_\_\_

Alcohol or Drugs  Yes  No  Unknown

Prior History of Domestic/Dating Violence  Yes  No

Defendant's Statements  Yes  No If yes, written  recorded  oral

First words Defendant said when you responded to scene: He called my son

Victim's Statements  Yes  No If yes, written  recorded  oral

First words Victim said when you responded to scene: The cops are here.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes  No If yes, name: \_\_\_\_\_ phone ( ) -

Observations of Victim (Physical & Emotional): \_\_\_\_\_

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other \_\_\_\_\_

Victim Contact Information:

Local Address: 2098 Ilene Ct Apt 3, Delray Beach, FL 33445

Phone: Home (561) 414-9123 Work ( ) - Cell ( ) -

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone ( ) -

Address: \_\_\_\_\_



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.071(5)(g)	Other: Biometric identification (fingerprints, palm prints, and/or footprints).	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018038156	Date: 11/16/18
	Specialist Name/ID: L. Rosales, 4489

**SCANNED**  
NOV 16 2018