

0434289

18MM3168

194

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

| | | | |
|---|---|---|--|
| OBTS Number | Agency Offr Number FLO, 5, 0, 0, 2, 0, 0 | Agency Name BOCA RATON POLICE SERVICES DEPT. | Agency Report Number (N.T.A.'s only) 3, 2, 1 |
| 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) 326 Kingsbridge St Boca Raton FL | Location of Offense (Business Name, Address) 326 Kingsbridge St Boca Raton, FL | Weapon Seized / Type 2. No | Multiple Clearance Indicator |

| | | | | | | |
|------------------------------------|------------------------------|-------------------------|----------------------|-----------|-----------|---------------------------|
| Date of arrest 0, 3, 1, 5, 1, 8 | Time of Arrest 0, 8, 3, 3 | Booking Date 3/15/18 | Booking Time 0844 | Jail Date | Jail Time | Location of Vehicle NA |
|------------------------------------|------------------------------|-------------------------|----------------------|-----------|-----------|---------------------------|

| | | | | | | | | |
|---|--------------------------------------|-----------------------------------|----------------|---------------|------------------|-------------------|-------------------|--------------|
| Name (Last, First, Middle) Minutano, Charles, Nicholas | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | |
| Race W - White <input checked="" type="checkbox"/> B - Black <input type="checkbox"/> | Sex M | Date of Birth 0, 8, 1, 1, 7, 0 | Height 5-11 | Weight 220 | Eye Color BRN | Hair Color BRN | Complexion MED | Build MED |

| | | | |
|---|-------------------------|---|---|
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT Back "Family Crest", TATT RH LES "JM" | Marital Status S | Religion Catholic | Indication of Alcohol Influence 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> |
| Local Address (Street, Apt. Number) 326 Kingsbridge St Boca Raton, FL 33487 | Phone (561) 504-3706 | Residence Type: 1. City <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> | Address Source Defendant |
| Business Address (Name, Street) | Phone | Occupation Self-Employed | |
| D/L Number, State M534154702910/FL | INS Number | Place of Birth (City, State) Brooklyn, NY | Citizenship US |

| | | | | | |
|---|------|-----|---------------|--|---|
| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony <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"/> 2. At Large | <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile |

| | |
|---|-----------------|
| Parent Legal Custodian <input type="checkbox"/> 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 Dept. and Released. 2. TST HRS/DYS 3. Incarcerated |
| Released To: (Name) | Relationship | Date | Time |
| 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 365-2526) informed of any change of address. | | School Attended | Grade |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | Description of Property | Value of Property | |

| | | | | | | | | | |
|--|------------------------------------|---|--|-------------------------|---------------------------------------|---|--|--|------------------------|
| Drug Activity S. Sell B. Buy P. Possess | 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. Marijuans O. Opium/Deriv. | P. Paraphernalia/ Equipment S. Synthetic | U. Unknown Z. Other |
| Charge Description Simple Bakery (Domestic) | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 7, 8, 4, 1, 0, 3, (11, A, 1) | Violation of ORD # | | | | | |
| Drug Activity N | Drug Type N | Amount / Unit N/A | Offense # 2018-003737 | Warrant / Capias Number | Bond | | | | |

| | | | |
|---|-----------------------------|--------------------|---------------------|
| Health/Apparent Physical Condition of Defendant Good | Property - Rec'd. By 693 | Released By 693 | Released To P350 |
| Any knowledge of the following, place an "X" and explain: <input type="checkbox"/> Mental; <input type="checkbox"/> Escape Risk; <input type="checkbox"/> Medication; <input type="checkbox"/> Deformities; <input type="checkbox"/> Injuries | | | |
| Explain: | | | |
| Check which applies: <input type="checkbox"/> Released O.R.; <input type="checkbox"/> Posted Bond; <input type="checkbox"/> Released to Parent/Guardian; <input type="checkbox"/> S. County Mental Health; <input checked="" type="checkbox"/> T.O.T. County Jail | | | |
| Transported By: _____ Date _____ Time _____ Other <input checked="" type="checkbox"/> | | | |

| | |
|---|--|
| <input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court | Location (Court, Room Number, Address) |
| <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side. | Court Date and Time Month Day Year 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. | |
| Signature of Defendant (or Juvenile and Parent/ Custodian) | Date Signed |

| | | | | | |
|---|---|--|-----------------|------------------|---|
| HOLD for other Agency Name | Signature of Arresting Officer X | Name of Arresting Officer (Print) ROSEN | I.D. # 693 | Agency BRPD | Witness here if subject signed with an "X". |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | Intake Deputy D/S T. BURNSIDE #5406 | I.D. # #5406 | Pouch # #5406 | Page 1 OF 1 |

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

| | | | | | | |
|---|--|--|---|--------------------------------|-----------------|--------------------------------------|
| ADMIN | Date / Time 03/15/2018 10:07 | | AFFIDAVIT Palm Beach County | | | |
| | Agency ORI Number FL 0500200 | Agency Name BOCA RATON POLICE DEPARTMENT | Agency Report Number 3 2 2018-003737 | | | |
| DEF | Name (Last, First, Middle) MINUTOLO, CHARLES NICHOLAS | | | Race W | Sex M | Date of Birth 08/11/1970 |
| | Charge Description 784.03(1A1) SIMPLE BATTERY (DOMESTIC) | | | | | |
| VICTIM | Victim's Name (Last, First, Middle) PUGLIESE, TERESA F | | | Race W | Sex F | Date of Birth 08/21/1971 |
| | Local Address (Street, Apt. Number) (City) (State) (Zip) 2660 NE 18TH ST, POMPANO BEACH, FL 33062 | | | Phone (561) 860-5477 | | Address Source DEFENDANT |
| | Business Address (Name, Street) (City) (State) (Zip) DR SWARTZ, BOCA RATON | | | Phone (561) 393-0030 | | Occupation DENTAL OFFICE A |
| | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET | | | | | |
| ADDITIONAL INFORMATION | DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral | | RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING | | | |
| | VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral | | PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| | | | Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | | | 911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: TERESE PUGLIESE | | | |
| | | | WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: | | | |
| | | | WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list) | | | |
| | | | INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | | | MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | | | AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PARAMEDICS: BOCA RATON FD | | | |
| | | | Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: | | | |
| NARR | ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | NAMES/AGES: | | | |
| | H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| | VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | CASE #: | | | |
| | PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| <p>On 3/15/18 I responded to 326 Kingsbridge St in reference to a domestic disturbance. Upon arrival I made contact with the victim, Teresa Pugliese.</p> <p>According to Pugliese, she's been staying with her boyfriend, w/m Charles Minutolo, at his residence for</p> | | | | | | |
| <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>15</u> day of <u>March</u>, <u>2018</u>.</p> <p>HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> | | | | | | |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
CRIME ANALYSIS
MAR 16 2018

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

| | | | | | |
|--|--|--|--|--|--|
| A D M I N I S T R A T I V E | Date / Time 03/15/2018 10:07 | Agency ORI Number FL 0500200 | | Agency Name BOCA RATON POLICE DEPARTMENT | Agency Report Number 3 2 2018-003737 |
|--|--|--|--|--|--|

the past several days. She claimed that last night she went to Publix and forgot to get him cough drops. When she came back and informed him that she forgot the cough drops, he became very angry with her and began screaming at her. She then asked one of Charles' roommates, Robert Darigio, to go get cough drops. She claimed that after Darigio left, Minutolo, grabbed her and slammed her up against the wall in the livingroom. He then punched her in the face and threw her on the ground. Pugliese claimed this caused bruising above her left eye and on her left shoulder. She also stated she had left wrist, left rib, and head pain. She then left Minutolo's residence and went to her residence in Pompano Beach. She then later returned to his residence, waiting down the street, and contacted police.

According to Charles Minutolo, his girlfriend, Pugliese, was at his residence and was heavily intoxicated. He claimed that she got into a verbal dispute with one of his roommates, Angelina Vespia. He claimed that Pugliese fell on her own due to her intoxication and he believed that is what caused her injuries. He denied making physical contact with her.

I then spoke with Minutolo's roommate, Angelina Vespia.

According to Vespia, Pugliese was at their residence and she was intoxicated. She claimed that Pugliese began having a verbal dispute with her and at one point, Minutolo, stepped in between them and pushed Pugliese back away from her, causing her to fall. Vespia claimed due to her intoxication, Pugliese fell on her own, which she felt caused her injuries. Vespia did inform me that Minutolo does have anger problems.

I then spoke with Minutolo and Vespia's other roommate, Robert Darigio.

According to Darigio, his roommate, Minutolo, has a lot of anger problems. He claimed Minutolo was angry with Pugliese that she forgot to get him cough drops. He told me that he saw Minutolo yelling at Pugliese and throw an item against the wall in anger. He then left to go get the cough drops. When he returned, he told me he observed Pugliese shaking in fear in the kitchen, bruised. He said that Pugliese told him that Minutolo battered her. He told me that he has seen him batter her in the past so he believed the incident took place. He further told me that after Pugliese left the residence, he heard his other two roommates, Minutolo and Vespia, speaking together to come up with a story to each tell police if they were called.

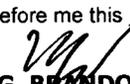
Minutolo and Pugliese are in a dating/sexual relationship and have previously resided together as a couple. Pugliese had been drinking alcohol but did not appear intoxicated during my interaction with her. There was bruising above her left eye and on her left shoulder. She also had a small bump on the back of her head. Pugliese completed a written statement and photos of her injuries were taken. They were submitted into evidence. Based on my investigation, I determined Minutolo to be the primary aggressor and that Pugliese's injuries were consistent with her account of the incident. Minutolo was then placed under arrest for domestic simple battery in violation of FSS 784.03(1A1). He was transported to BRPD booking for post arrest processing and later TOT CJ.

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 15 day of March, 2018.


HARDING, BRANDON BLAZE

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

SCANNED

MAR 16 2018

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 2018-003737 Agency: Boca Raton PD
Offense: AAB, DOM
Suspect/Offender: Charles Minutolo
D.O.B. 8-11-70 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim's name: Teresa Pugliese D.O.B. 8/21/71 Race: W Sex: F
Address: 2060 NE 18th ST
City: Pompano Beach State: FL Zip: 33062
Home#: _____ Work#: _____ Other: 561-860-5477

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____ **SCANNED**

Printed name of person waiving notification: Teresa Pugliese **MAR 16 2018**

Officer's Name: Rosen I.D.# 693 Date: 3-15-18
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: