

0494840

180F 355 635

OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N									
ADMINISTRATION	Agency ORI Number <b>FL 0500300</b>	Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-18-00247</b>														
	Charge Type: Check as many as Apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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		Multiple Clearance Indicator												
	Location of Arrest (Including Name of Business) <b>600 South Rd Boynton Beach FI 33435</b>				Location of Offense (Business Name, Address) <b>1800 N Federal Hwy Boynton Beach FI 33435</b>														
Date of Arrest <b>01/12/2018</b>		Time of Arrest <b>0146</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle											
Name (Last, First, Middle) <b>Caggiano, Dean, A</b>																			
Alias (Name, DOB, Soc. Sec. #, Etc)																			
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09-05-1968</b>	Height <b>510</b>	Weight <b>190</b>	Eye Color <b>GRN</b>	Hair Color <b>BLCK</b>	Complexion <b>FAIR</b>	Build <b>THIN</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>Single</b>		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>									
Local Address (Street, Apt. Number) <b>710 NE 7th St</b>			(City) <b>Boynton Beach</b>		(State) <b>FL</b>	(Zip) <b>33435</b>	Phone <b>(561)714-5962</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State <b>1</b>										
Permanent Address (Street, Apt. Number) <b>710 NE 7th St</b>			(City) <b>Boynton Beach</b>		(State) <b>FL</b>	(Zip) <b>33435</b>	Phone <b>( ) -</b>		Address Source <b>I.D</b>										
Business Address (Street, Apt. Number)			(City)		(State)	(Zip)	Phone <b>( ) -</b>		Occupation <b>Driver</b>										
D/L Number, State <b>C250-161-68-325-0</b>				Soc. Sec. Number		INS Number		Place of Birth <b>Buffalo</b>		Citizenship <b>Yes</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"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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. TOT 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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property													
Drug Activity S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		M. Manufacture Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description <b>Hit and Run with injury</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>316.027 2A</b>		Violation of ORD#											
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>18-00247</b>		Warrant/Capias Number		Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#											
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond									
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>						Court Date and Time Month _____ Day _____ Year _____ Time _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.									
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															
Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)													
Intake Deputy		I.D. #		Pouch #		Name of Arresting Officer (Print) <b>Z. Halpern</b>		I.D. # <b>990</b>		Agency <b>BBPD</b>		BU# <b>110343</b>		Page <b>1 OF 1</b>					

SCANNED  
JAN 12 2018

SCANNED  
JAN 12 2018

FILED  
JAN 12 AM 5:25  
JAN 12 2018  
CIRCUIT & COUNTY COURTS  
(CRIMINAL DIV.)

OBTS Number		PROBABLE GAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
Agency ORI Number <b>FL0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-18-00247</b>				
Charge Type Check all that Apply		Special Notes						
<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input 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>Caggiano, Dean, A</b>				Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09-05-1968</b>	
Charge Description <b>Hit and Run with injury</b>				Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) <b>Derilus, Thelusme</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04-30-1956</b>		
Local Address (Street, Apt Number) <b>1513 NE 1ST ST</b>		(City) <b>Boynton Beach</b>	(State) <b>FL</b>	(Zip) <b>33435</b>	Phone <b>561-293-0091</b>	Address Source <b>FL I.D</b>		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>Unemployed</b>		
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 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 the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On The <b>12</b> Day Of <b>January</b> 20 <b>18</b> At <b>01:00</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.								

On the above date and time I responded to a vehicle accident located at 1800 N Federal Hwy in the city of Boynton Beach FL. Upon arrival I observed one vehicle bearing FL tag 242RVF with heavy rear end damage. B/M Derilus Thelusme was sitting in the drivers seat conscious and alert. It should be noted that the impact was so severe that the drivers door could not be opened. The vehicle had severe rear end damage with gray paint transfer. Thelusme stated that he had neck and pack pain. He stated that an unknown truck struck him from the rear and fled. He did not know the make or model, nor had a tag number. While I was on scene, Officer Jennings advised dispatch that he was behind a silver Ford F150 Bearing FL tag Z18CLD which had front end damage and three flat tires. Ofc. Jennings stated that a gray truck pulled off of N Federal Hwy onto South Rd with front end damage. It should be noted that South Rd is approximately .5 miles south of where the accident occurred. BBFD arrived on scene and transported Thelusme to Bethesda Hospital for medical treatment.

I then drove over to Ofc. Jennings who was located at 600 South Rd which was located in the city of Boynton Beach FL 33435. Upon arrival I observed the above listed pick up truck which had moderate front end damage with tan paint located on the front grill and bumper area. This is consistent with the same paint color of the victims vehicle which was rear ended. Also the area of damage is consistent with rear ending the victims vehicle. Also it should be noted that there was a small amount of fluid leaking from the front of the vehicle. This is also consistent with being in a recent vehicle accident.

Ofc. Jennings read Miranda rights to the driver who was identified W/M Dean Caggiano. Dean waived his rights and provided a statement to Ofc. Jennings. I then met with Dean and asked him how he pulled onto South Rd. Dean stated that he stated that he pulled over onto South Rd because he noticed that he had a flat tire. I asked how he got a flat tire and he stated that he did not know. I asked Dean if he was in a vehicle accident and he stated that he was not in any accident. I asked Dean if he knew that the front of his vehicle had front end damage. Dean stated that there was no front end damage to his vehicle. Dean did state that he was driving on N Federal Hwy but he couldn't tell me where exactly. It should be noted that Dean was then taken to Bethesda Hospital for medical clearance prior to being taken to jail. While Dean was sitting in the hospital bed, he was talking to himself and he uttered " I didn't mean to his that car and flee, that was dumb!" I asked Dean what he just stated and he looked at me and said "oh nothing."

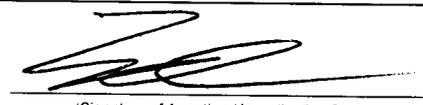
Due to the above facts stated above, I find probable cause to charge Dean Caggiano with Hit and Run with injury pursuant to FSS 316.027 2A.

The foregoing instrument was sworn to or affirmed and subscribed before me



Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

01/12/2018  
Date



(Signature of Arresting / Investigative Officer)

**Z. Halpern**  
(Print name of Arresting/Investigative Officer)

01/12/2018  
Date