

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for CapiasJuvenile ☒ N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 18-129719			
	Charge Type: Check as many as apply ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Weapon Seized / Type ☒ 1. Yes ☐ 2. No		Multiple Clearance Indicator 1					
DEFENDANT	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address) 4129 Maurice Drive, Delray Beach, FL 33445					
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
CO-DEF	Name (Last, First, Middle) Magnone, Gabriel, John				Alias (Name, DOB, Soc. Sec. #, Etc.) N/A					
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 03/20/1986	Height 6'01"	Weight 200 LBS	Eye Color Brown	Hair Color Brown	Complexion Light	Build Medium	
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Unknown				Mental Status Single	Religion NONE	Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. Drug Influence ☐ Y ☐ N ☐ Unk.			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 5007 Heron Court, Coconut Creek, FL 33073				Phone (954) 681-5989		Residence Type 1. City 2. County 3. Florida 4. Out of State 1			
JUVENILE	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone ()		Address Source FL ID			
	Business Address (Name, Street) (City) (State) (Zip)				Phone ()		Occupation Unknown			
JUVENILE	D/L Number, State M255290861000		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) UNKNOWN		Citizenship US	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 2. At Large ☐ 4. Misdemeanor ☐ 5. Juvenile		
JUVENILE	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 2. At Large ☐ 4. Misdemeanor ☐ 5. Juvenile		
	☐ Parent ☐ Legal Custodian ☐ Other				Residence Phone ()		Business Phone ()			
JUVENILE	Address (Street, Apt. Number) (City) (State) (Zip)				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			
JUVENILE	The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)				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. 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	Charge Description Domestic Battery by Strangulation				Counts 1	Domestic Violence ☒ Y ☐ N	Statute Violation Number 784.041(2)(A)		Violation of ORD #	
	Drug Activity N/A				Drug Type N/A	Amount / Unit	Offense # 18-129719	Warrant / Capias Number		Bond
CHARGE	Charge Description				Counts	Domestic Violence ☐ Y ☐ N	Statute Violation Number		Violation of ORD #	
	Drug Activity				Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
CHARGE	Charge Description				Counts	Domestic Violence ☐ Y ☐ N	Statute Violation Number		Violation of ORD #	
	Drug Activity				Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
CHARGE	Charge Description				Counts	Domestic Violence ☐ Y ☐ N	Statute Violation Number		Violation of ORD #	
	Drug Activity				Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
NOTICE TO APPEAR	Location (Court, Room Number, Address)				Court Date and Time Month Day Year Time AM		Date Signed			
	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)					
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) (PRINT)		PAGE			
	☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:		Name of Arresting Officer (Print) D/S Reis		I.D. # 33103		Agency PBSO		Witness here if subject signed with an "X" OF	
Intake Deputy		I.D. #	Pouch #	Transporting Officer	ID #	Agency		PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)		

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile		N	
ADMIN	OBTS Number			Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 18-129719			
	Charge Type: Check as many as apply.	☐ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:			
DEF	Name (Last, First, Middle) Magnone, Gabriel, John				Alias N/A		Race W	Sex M	Date of Birth 03/20/1986		
CHARGES	Charge Description Domestic Battery by Strangulation				784.041(2)(A)		Charge Description				
	Charge Description						Charge Description				
VICTIM	Victim's Name (Last, First, Middle) Beeman, Laura, N.				Race W		Sex F	Date of Birth 12/02/1987			
	Local Address (Street, Apt. Number) 4129 Maurice Drive, Delray Beach, FL 33445				(City)	(State)	(zip)	Phone (954) 204 8991		Address Source	
	Business Address (Name, Street) Unemployed				(City)	(State)	(zip)	Phone ()		Occupation	
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 ☐ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. ☒ was observed by Justin Sacchi who told Deputy Reis that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the 5th day of October 20 18 at 11:39 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)											
The following incident occurred in the City of Delray Beach, Palm Beach County, Florida: On 10/05/2018 at approximately 1139 hours, I responded to 4129 Maurice Drive, Delray Beach, FL, in reference to a domestic battery by strangulation. Upon arrival, I met with the victim, Laura Nicole, Beeman, who was crying and appeared to be shaken up. Beeman stated that her boyfriend, Gabriel John Magnone, who she had been dating since August of 2017, had put his hand (unknown if right or left) around her neck, choked her, and in the process of doing so, also hit in in the left cheek bone with his elbow. She advised that she did not lose consciousness while Magnone choked her, however, she struggled to catch her breath after he let go of her neck. Beeman stated that Magnone recently relapsed and began using a mixture of narcotics again after he had surgery for tearing at ACL. Beeman advised that Magnone wanted his wallet that was inside of her car so he could go meet his drug dealer. Beeman did not give Magnone the keys to her vehicle, and subsequently, that is when he choked her. Beeman's roommate, Justin Sacchi, who was outside smoking a cigarette, heard screaming from inside. Sacchi intervened, separated Beeman and Magnone, and then left the scene with Magnone before deputies arrived. Beeman had visible hand marks around her neck when deputies arrived on scene, however, she refused treatment from the medics. Beeman and Sacchi both filled out a sworn victim and witness statement that was later turned into PBSO records. Based on the above facts, probable cause exists to charge the Defendant, Gabriel John Magnone, with one count of Domestic Battery by Strangulation, pursuant to FSS 784.041(2)(A).											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH #33103 D/S Reis (Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of October 20 18 by _____ (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced sheriff's id										
	Notary Public, Clerk of Court, Officer (F.S.S. 117.19) Circuit Judge Blane										