

JKT 049 2333

17MM 12/6/15 1551

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

OBTS Number _____

Agency ORI Number: FLO 5 0 0 6 0 0 Agency Name: PALM BEACH POLICE DEPARTMENT Agency Report Number (N.T.A.'s Only): 7 6 - 1 1 7 - 0 0 1 3 1 4 ()

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Location of Arrest (including Name of Business): 230A Sunrise Ave Location of Offense (Business Name, Address): 230A Sunrises Ave

Date of Arrest: 10/04/17 Time of Arrest: 7:22 Booking Date: 10/04/17 Booking Time: 7:22 Jail Date: 10/04/17 Jail Time: 7:22 Location of Vehicle: _____

Name (Last, First, Middle): ~~DESANTIS~~ DESANTIS, GABRIELLE MARIA Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: W-White I-American Indian B-Black O-Oriental/Asian W F Date of Birth: 08/05/66 Height: 504 Weight: 138 Eye Color: BRO Hair Color: BRO Complexion: FAIR Build: THIN

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): N/A Marital Status: Single Religion: Christian Indication of Alcohol Influence Drug Influence: Y N Unk

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone () Residence Type: 1. City 3. Florida 2. County 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source: 229 MARINER NORTH PALM BEACH FL 33418 561 317-0748 FL DL

Business Name (Name, Street) (City) (State) (Zip) Phone Occupation: SALES MANAGER

D/L Number, State: D253-293-66-785-0 Soc. Sec. Number: [REDACTED] INS Number: _____ Place of Birth (City, State): Haverford PA Citizenship: US.

Co-Defendant (Last, First, Middle) Race Sex Date of Birth 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Co-Defendant (Last, First, Middle) Race Sex Date of Birth 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Parent Legal Custodian 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. TOTAL HOURS/DAYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by defendant and/or 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.
 Yes, by (Name) No (Reason)

Property Crime? Yes No Description of Property Value of Property

Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other Drug Type B. Barbituate H. Hallucinogen P. Parapharmal/ U. Unknown
 N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate A. N. N/A C. Cocaine M. Marijuana Equipment Z. Other
 P. Possess T. Traffic E. Use A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic

Charge Description: Disorderly Intoxication 1 Counts Domestic Violence Y N Statute Violation Number: 856011 Violation of ORD #: _____

Drug Activity Drug Type Amount/Unit Offense # Warrant/Capias Number Bond

Charge Description: _____ Counts Domestic Violence Y N Statute Violation Number: _____ Violation of ORD #: _____

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Drug Activity Drug Type Amount/Unit Offense # Warrant/Capias Number Bond

Location (Court, Room Number, Address): 3228 Gun Club Rd W PB FL

Court Date and Time: Month: NOV Day: 7 Year: 2017 Time: 8:30 AM 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: OCT-5-AM 1:52

HOLD for other agency Dangerous Resisted Arrest Suidicial Other: _____ Signature of Arresting Officer: [Signature] Name Verification (Printed by Arrestee) (PRINT): _____

Intake Deputy: CPT HONEST 2206 I.D.#: _____ Pouch #: _____ Transporting Officer: [Signature] I.D.#: 8214 Agency: PBPD Witness here if subject signed with an "X": _____

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MACCARONE

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0500600		Agency Name PALM BEACH POLICE DEPARTMENT		Agency Report Number 7 6 17-001314		
	Charge Type: Check as many as apply. <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		Special Notes:		
Name (Last, First, Middle) DESANTIS, GABRIELLE MARIA							Race W	Sex F	Date of Birth 08/05/1966
Charge Description 856.011 DISORDERLY INTOXICATION				Charge Description					
Charge Description				Charge Description					
Victim's Name (Last, First, Middle) State Of Florida							Race	Sex	Date of Birth
Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	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 . . .</p> <p><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 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 4 day of October, 2017 at 22:42 (Specifically include facts constituting cause for arrest.)</p> <p>On October 4, 2017, at approximately 2242 hours, I responded to 230A Sunrise Avenue (Echo Restaurant) in reference to an intoxicated female in front of the business. Upon my arrival, I observed a group of females arguing in front of the valet booth. I made contact with W/F Gabrielle M. Desantis DOB: 08/05/1966 and W/F Joann Barone DOB: 09/11/1966, who were both positively identified by their FL driver's licenses. While trying to speak with both parties, Desantis began shouting at Barone and pointing her fingers in her face multiple times. As I began to separate Desantis, she continued to shout and scream profanity. Desantis stated she was trying to leave the restaurant, and Barone told her not to drive because she was intoxicated. Desantis stated she became upset because Barone had her car keys and did not want to let her drive. While speaking with Desantis, the odor of an unknown alcoholic beverage was emanating from her person and the odor grew stronger as the conversation continued. Desantis stumbled and was not able to keep balance. Desantis appeared extremely intoxicated. Desantis began screaming at me and stating that, she was "fine to drive home" and that her friends need to pay for her taxicab. Barone stated that she already contacted and paid for Yellow Cab Taxi and it was on the way to the restaurant. Desantis continued to scream and continued to ask the same questions. As I attempted to explain to Desantis the situation, she stated, "Shut the fuck up". Officer O'Leary was on scene to provided additional assistance and spoke with the general manager, Christopher Haretos, of Echo Restaurant. Haretos stated that he observed Desantis causing a disturbance to the other patrons in the restaurant and she appeared intoxicated. Haretos completed a sworn witness statement. Officer O'Leary began speaking with Desantis, at which time she began poking him in the chest repeatedly. As more customers began to exit the restaurant, Desantis continued to shout profanities and would not listen to any commands.</p> <p>Based on the above facts, probable cause exists to charge Gabrielle Desantis with Disorderly Intoxication pursuant to F.S.S. 856.011.</p>									
SWORN AND SUBSCRIBED BEFORE ME					SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
ROTHROCK, WILLIAM M NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					MACCARONE, DAVID R (0292140) NAME OF OFFICER (PLEASE PRINT)				
10/04/2017 DATE					10/04/2017 DATE				
PAGE					1 OF 1				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.