

0425526

1136

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

1

JUVENILE

AD M I N I S T R A T I O N	OBT's Number		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 18-010925		18-010925		Multiple Clearance Indicator 2												
D E F E N D A N T	Charge Type Check as many as apply		3 Misdemeanor 4 Traffic Misdemeanor		5 Ordinance 6 Other		If Weapon Seized Enter Type DO NOT USE														
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)																
	151 MARINE WAY, DELRAY BEACH FL				151 MARINE WAY, DELRAY BEACH, FL 33483																
Date of Arrest 07/21/2018		Time of Arrest 20:56		Booking Date 07/21/2018		Booking Time 21:06		Jail Date 11		Jail Time 11											
Name (Last, First, Middle) SERITELLO, GARY SAMUEL											Alias:										
Race W - White B - Black		Sex M		Date of Birth 04/21/1960		Height 5'11		Weight 170		Eye Color BROWN		Hair Color BROWN		Complexion MEDIUM		Build MEDIUM					
Local Address (Street, Apt. Number) 206 SE 1ST AVE, DELRAY BEACH, FL 33444											Phone (561) 351-2602										
Permanent Address (Street, Apt. Number) 206 SE 1ST AVE, DELRAY BEACH, FL 33444											Phone (561) 351-2602										
Business Address (Name, Street) Unemployed											Occupation Unemployed										
DL Number, State S634297601410 / FL		Soc Sec Number		DNS Number		Place of Birth (City, State)		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									
<input type="checkbox"/> Parent <input type="checkbox"/> Other											Name (Last, First, Middle)										
<input type="checkbox"/> Legal Custodian											Address (Street, Apt. Number)										
Notified by (Name)											Date		Time		JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT JAC 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 355-2526) informed of any change of address.											Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
Drug Activity N N/A P Possess		S Sell B Buy T Traffic		R Struggle 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 Synthetic		U Unknown Z Other	
Charge Description DISORDERLY INTOXICATION											Statute Violation Number 856.011		Violation of ORD #								
Drug Activity		Drug Type		Amount / Unit		Offense # 18-010925		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description											Statute Violation Number		Violation of ORD #								
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description											Statute Violation Number		Violation of ORD #								
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
Health / Apparent Physical Condition of Defendant											Any knowledge of the following Explain		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries								
Check which applies		<input type="checkbox"/> Released OR		<input type="checkbox"/> Released to Parent/Guardian		<input checked="" type="checkbox"/> TOT County Jail		PROPERTY - Received By		Released By		Released To									
<input type="checkbox"/> Posted Bond		<input type="checkbox"/> South County Mental Health		Date Transported		Time Transported		Other													
INSTRUCTION NO 1 - Mandatory appearance in court INSTRUCTION NO 2 - You need not appear in Court but must comply with instructions on Page 2											Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 08/16/2018 08:30:00								
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											No Photo Available										
Signature of Defendant (or Juvenile and Parent/Custodian) Non compliant											Date Signed										
HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) GORDON, BRETT J.		ID # 1087		Agency DBPD													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other		Pouch #		Witness here if subject signed with an "X"																	

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS DEFENDANT

SCANNED
JUL 25 2018
2018 JUL 22 AM 11:38

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias

1 JUVENILE

A D M I N	O&TS Number		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 18-010925	
	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) SERITELLO, GARY SAMUEL		Alias		Race W	Sex M	Date of Birth 04/21/1960	
C H A R G E S	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			
V I C T I M	Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone		Address Source
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation
P R O B A B L E C A U S E S T A T E M E N T	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>The Person taken into custody</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 <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>On the <u>21</u> day of <u>July</u>, <u>2018</u> at <u>21:23</u> (Specifically include facts constituting cause for arrest.)</p>							
<p>The following incident occurred in the state of Florida, Palm Beach County, in the City of Delray Beach.</p> <p>On 7/21/18 at approximately 2038 hrs Officer Caceras, Ofc Perez, and I were approached by an elderly white female walking her dog in the area of 151 Marine Way. The woman explained that there was a highly intoxicated white male stumbling in the roadway being verbally abusive towards her. The female explained that the male had yelled at her asking her for her green card. The female had an accent and explained that she felt discriminated against. The female stated that the male was wearing a black shirt and pink shorts.</p> <p>Officers observed the male matching the description walking in the middle of the roadway, having a hard time keeping his balance. A welfare check was conducted on the subject. I met with the male who identified himself as Gary Seritello. While speaking with Seritello, the odor of an alcoholic beverage was coming from his breath. Seritello stated that he was heading home after having some drinks in the area. I asked Seritello where he lived at which time he could not come up with his address. I explained to Seritello that I could not allow him to continue to walk in the middle of the roadway in his current condition. After several attempts to explain to Seritello that officers were trying to assist him in getting to his residence safe, Seritello became very agitated and verbally abusive. Seritello became louder and started screaming at officers to "take him to jail" while standing in the roadway. After repeated explanations to Seritello about how officers just wanted to make sure he got home safely, Seritello started walking away from officers in the roadway. Concerned for his safety, I grabbed Seritello's arm as he tried to walk away. Seritello tensed up and pulled away from my grip. At this time Seritello was clearly a danger to himself, and was placed in handcuffs. While the handcuffs were placed on Seritello, he stared directly at Ofc Caceras and yelled, "I will fucking slap you, fuck you".</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
	<p>WINDSOR, NICHOLAS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)</p> <p><u>07/21/2018</u> DATE</p>				<p>GORDON, BRETT J (1087) NAME OF OFFICER (PLEASE PRINT)</p> <p><u>07/21/2018</u> DATE</p>			
PAGE 1 of 2								

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capras

1

JUVENILE

OBT Number		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 18-010925			
Charge Type Check as many as apply		Special Notes		Name (Last, First, Middle) SERITELLO, GARY SAMUEL		Race W	Sex M	Date of Birth 04/21/1960	
<input type="checkbox"/> 1 Felony	<input checked="" type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance							
<input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 6 Other							

Due to the following Seritello was arrested for disorderly intoxication according to F.S.S. 856.011.

NOT A CERTIFIED COPY

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SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
WINDSOR, NICHOLAS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)		GORDON, BRETT J (1087) NAME OF OFFICER (PLEASE PRINT)	
07/21/2018 DATE		07/21/2018 DATE	

JUL 25 2018



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"/>			
Other	<input type="checkbox"/>	119.014(3A)(13)(1-3C)	Other: Keep Separate - Court Documents/Official Records	
	<input type="checkbox"/>	119.071(2c)	Other: Active Criminal Intelligence Information	

REVIEW COMPLETED BY

Booking Number: 2018024354	Date: 07/22/2018
	Specialist Name/ID: WATSON/6665

SCANNED
 JUL 25 2018