

0497695

418

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTS Number	Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 1 1 8 1 0 0 2 5 7 1 1 1	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 17249 Aviles Cir		Location of Offense (Business, Name, Address) 17249 Aviles Cir PDB FL 33405				
Date of arrest 04.23.18	Time of Arrest 2:14 PM	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Lancianese, Jennifer K		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White <input checked="" type="checkbox"/> B - Black <input type="checkbox"/>	1 - American Indian O - Oriental/Asian <input type="checkbox"/>	Sex M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Date of Birth 01.24.80	Height 503	Weight 140	Eyes Color GRN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Scar on (Right) Ankle		Marital Status	Religion	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/>		
Local Address (Street, Apt. Number) 17249 Aviles Cir PDB		(City) FL	(State) 33408	(Zip)	Phone 861 254 0717	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 4. Out of State <input type="checkbox"/>
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation
D/L Number, State LS75 431805240		Soc. Sec. Number	INS Number	Place of Birth (City, State) LA, Shreve Port		Citizenship US

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input checked="" 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

VICTIM NOTIFICATION REQUIRED

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last, First, Middle)	(First)	(Middle)	Residence Phone
Address (Street, Apt. Number)				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
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. <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 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. Synthetic	U. Unknown Z. Other
Charge Description Single Battery (Domestic)	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784108	Violation of ORD #						
Drug Activity N	Drug Type N/A	Amount / Unit N/A	Offense # 18102571	Warrant / Capias Number						
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Location (Court, Room Number, Address)
Court Date and Time Month Day Year Time A.M. 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

HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Signature of Arresting Officer Name of Arresting Officer (Print) Intake Deputy	Name Verification (Printed by Arrestee) (PRINT)	PAGE
Intake Deputy # Pouch #		Transferring Officer I.D. # Agency	Witness here if subject signed with an "X" OF	

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/23/2018 21:47	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 18-002571	
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D E T A I L	Name (Last, First, Middle) LANCIANESE, JENNIFER KELLY	Alias	Race W	Sex F	Date of Birth 01/24/1980
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C H A R G E	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)
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V I C T I M	Victim's Name (Last, First, Middle) LANCIANESE, ANTHONY SCOTT	Race W	Sex M	Date of Birth 04/25/1981
	Local Address (Street, Apt. Number) (City) (State) (Zip) 12249 AVILES CIR, PALM BEACH GARDENS, FL 33418	Phone (561) 254-0717	Address Source	
	Business Address (Name, Street) (City) (State) (Zip) MARIOTT VACATION CLUB, 2800 OCEAN BLVD SINGER ISLAND FL	Phone (561) 254-0717	Occupation SALES EXEC	

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM, AT A LOSS
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
SPOUSE

A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
		Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: VICTIM
		WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: TEETH
		WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)
		INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:
		Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
		ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:
		H. R. S. NOTIFIED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:
		PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

On Monday, April 23rd, 2018 at approximately 2119 hours, I, Officer Eriksson was dispatched to 12249 Aviles Circle, Palm Beach Gardens, Palm Beach County, Florida in reference to a domestic disturbance. Upon arrival I made contact with Anthony Lancianese who stated the following.

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]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 23 day of April, 2018.

[Signature]
LEBLANC, GARY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 367

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 04/23/2018 21:47	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 18-002571
	N A R R A T I V E			

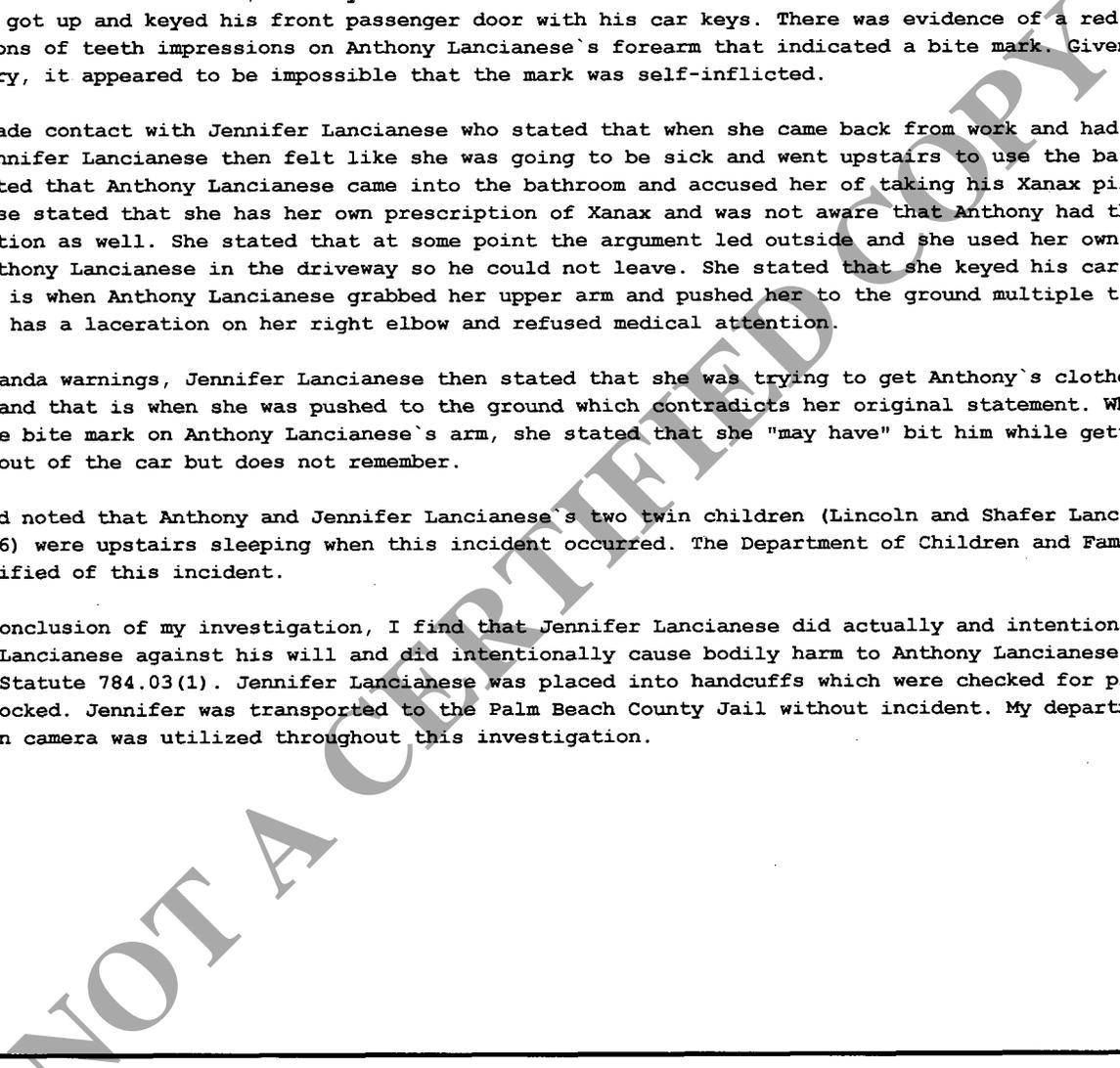
Anthony Lancianese stated that he and his wife, Jennifer Lancianese, have been having issues throughout the weekend. He stated that he had suspicions that Jennifer Lancianese came home from work intoxicated. Jennifer and Anthony Lancianese started to argue and with Anthony Lancianese's desire to leave the residence for the evening the incident led to outside of the residence. At this time Anthony Lancianese stated that Jennifer Lancianese got into her vehicle and parked it at the end of the driveway, preventing Anthony Lancianese from leaving the residence. Anthony Lancianese started to load clothes into his vehicle. He then stated that Jennifer Lancianese tried to take the clothes out of the car at which time she bit him in the right upper forearm. After this occurred, Anthony Lancianese stated that Jennifer Lancianese "threw herself on the ground" and then got up and keyed his front passenger door with his car keys. There was evidence of a red mark with indications of teeth impressions on Anthony Lancianese's forearm that indicated a bite mark. Given the area of the injury, it appeared to be impossible that the mark was self-inflicted.

I then made contact with Jennifer Lancianese who stated that when she came back from work and had a glass of wine. Jennifer Lancianese then felt like she was going to be sick and went upstairs to use the bathroom. She then stated that Anthony Lancianese came into the bathroom and accused her of taking his Xanax pills. Jennifer Lancianese stated that she has her own prescription of Xanax and was not aware that Anthony had this own prescription as well. She stated that at some point the argument led outside and she used her own vehicle to block Anthony Lancianese in the driveway so he could not leave. She stated that she keyed his car out of anger and that is when Anthony Lancianese grabbed her upper arm and pushed her to the ground multiple times. Jennifer has a laceration on her right elbow and refused medical attention.

Post Miranda warnings, Jennifer Lancianese then stated that she was trying to get Anthony's clothes out of the vehicle and that is when she was pushed to the ground which contradicts her original statement. When asked about the bite mark on Anthony Lancianese's arm, she stated that she "may have" bit him while getting his clothes out of the car but does not remember.

It should be noted that Anthony and Jennifer Lancianese's two twin children (Lincoln and Shafer Lancianese DOB 11/2/2016) were upstairs sleeping when this incident occurred. The Department of Children and Families have been notified of this incident.

At the conclusion of my investigation, I find that Jennifer Lancianese did actually and intentionally bite Anthony Lancianese against his will and did intentionally cause bodily harm to Anthony Lancianese contrary to Florida Statute 784.03(1). Jennifer Lancianese was placed into handcuffs which were checked for proper fit and double locked. Jennifer was transported to the Palm Beach County Jail without incident. My department-issued body-worn camera was utilized throughout this investigation.



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.

[Handwritten Signature]

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 23 day of April, 2018.

[Handwritten Signature]

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