

18mm6984 1218

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 18-009152	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1	JUVENILE
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	Location of Arrest (Including Name of Business) 151 SE 3RD AVE APT 425, DELRAY BEACH, FL		Location of Offense (Business Name, Address) 151 SE 3RD AVE 425, DELRAY BEACH, FL 33483			Multiple Clearance Indicator 1
Date of Arrest 06/19/2018	Time of Arrest 01:36	Booking Date 06/19/2018	Booking Time 01:46	Jail Date // : :	Jail Time	Location of Vehicle N/A

Name (Last, First, Middle) ALGERI, LAURA A		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W. White B. Black	I. American Indian O. Oriental/Asian	Sex W	Date of Birth 03/01/1991	Height 5'04	Weight 120	Eye Color BROWN	Hair Color BROWN	Complexion FAIR	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Local Address (Street, Apt. Number) 151 SE 3RD AVE 425, DELRAY BEACH, FL 33483		(City)	(State)	(Zip)	Phone (201) 803-6257		Address Source VERBAL		
Permanent Address (Street, Apt. Number) 151 SE 3RD AVE 425, DELRAY BEACH, FL 33483		(City)	(State)	(Zip)	Phone (201) 803-6257		Occupation		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation		
D/L Number, State A53314436153912 / NJ	Sex	INS Number	Place of Birth (City, State) MANHATTAN, NJ, United States		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: <input type="checkbox"/> Legal Custodian	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 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.			School Attended	Grade		
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		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. Smuggle D. Deliver E. Use	K. Disperse/ 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
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Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)	Statute Violation Number 784.03(1A1)	Violation of ORD #					
Drug Activity	Drug Type N	Amount / Unit	Offense # 18-009152	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond No Bond
Charge Description	Statute Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input 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 type="checkbox"/> N	Warrant / Capias Number	Bond

Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	PROPERTY - Received By	Released By
Transported By	Date Transported	Time Transported	Other

<input checked="" 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 Page 2.	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	No Photo Available
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	Signature of Arresting Officer 1094	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Deputy DS Collins 76022	Transporting Officer PIMENTEL	Agency DBPD
I.D. #	I.D. # 1094	Page 1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/19/2018 02:57		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 18-009152	
	Name (Last, First, Middle) ALGIERI, LAURA A		Alias		Race W	Sex F
C H R G	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)					
	Victim's Name (Last, First, Middle) STAMPONE, PETER WILLIAM				Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 151 SE 3RD AVE 420, DELRAY BEACH, FL 33483				Phone (215) 264-2350	
	Business Address (Name, Street) (City) (State) (Zip) MAX'S HARVEST, 169 NE 2ND AVENUE				Phone (561) 381-9970	
					Address Source GEN. MGR.	
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			UNCOOPERATIVE			
RELATIONSHIP BETWEEN VICTIM & SUSPECT BF/GF						
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: FRIEND OF DEFENDANT			
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE:			
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If YES, attach witness list)			
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS:			
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES:			
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #:			
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
N A R R	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 OF ARRESTING OFFICER						
Sworn to and subscribed to before me this <u>19</u> day of <u>June</u> , <u>2018</u> .						
<u>FERRERI, GARY</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED JUN 19 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

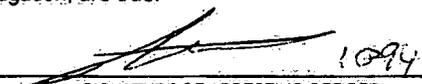
AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 06/19/2018 02:57	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 18-009152
	<p>This incident occurred in the City of Delray Beach, Palm Beach County, FL.</p> <p>On 06/19/18, I responded to 151 SE 3rd Ave Apt. 425 regarding a domestic violence. Upon my arrival, I made contact with officers already present on scene Kyotikki #1095, Tabares #1118, Masi #1134, Reis #1081, and Sgt. Debree #819. I also made contact with victim, Peter Stampone and his girlfriend, Laura Algieri.</p> <p>Officers advised me Stampone stated the following: he and Algieri had arrived to their home and they began arguing. He went downstairs for a couple of minutes and, when he returned to the apartment, he discovered that Algieri had thrown the dresser located inside of their bedroom about in the room and broken it. Algieri had become extremely upset about another female, grabbed a bottle of cologne and smashed it on the kitchen counter. At some point during the argument, Algieri slapped him on the back.</p> <p>The following should be noted: Stampone became very uncooperative once I arrived and started asking him what had occurred. When officers told him that crime scene was responding, he became very uncomfortable and stated that he did not want photographs being taken of his injuries. Stampone had a softball sized bright red mark on the middle right of his back.</p> <p>It should also be noted that there were no witnesses to this incident. Crime scene responded for photographs. Stampone provided a sworn written victim statement. Algieri had no signs of physical injuries. All interactions between victim, defendant and officers were captured on Body Worn Cameras.</p> <p>Based on the above stated facts, Probable Cause exists to charge Laura Algieri with one count of Simple Battery - DOMESTIC in violation of FSS 784.03(1A1).</p>			

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 OF ARRESTING OFFICER

Sworn to and subscribed to before me this 19 day of June, 2018.

FERRERI, GARY

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

SCANNED
JUN 19 2018

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-009152 Agency: Delray Beach P.D.
 Offense: SIMPLE BATTERY DOMESTIC
 Suspect/Offender: LAURA ALGIBZI
 D.O.B. 3/1/91 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: POPEE STAMOND
 Address: 151 SE 3RD AVE, Apt. 425
 City: Delray Beach State: FL Zip: 33444
 Home #: 215-264-2350 Work #: _____ Other: _____

b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
 Printed name of person waiving notification: _____

Officer's Name: L. PIMENTEL I.D.: 1094 Date: 6/19/18

SUSPECT/OFFENDER: LAURA ALGIBZI

COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)

SCANNED
JUN 19 2018



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018020312	Date: 06/19/2018
	Specialist Name/ID: howardt/7185

SCANNED
JUN 19 2018