0511509 NR 19MM 11281 3726

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

1. Arrest 2. N.T.A. 3. Request For Warrant 4. Request For Capias | 01 | Juvenile: N

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 19-122558

Charge Type: Check as many as apply — 1. Felony; 2. Traffic Felony; [X] 3. Misdemeanor; 4. Traffic Misdemeanor; 5. Ordinance; 6. Other

If Weapon Seized — Enter Type

Multiple Clearance Indicator

Location of Arrest (Including Name of Business) [redacted]

Location of Offense (Including Name of Business) [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/4/2019	1434	10/4/2019		10/4/2019		

Name (Last, First, Middle): Manganello, Laura, Jean

Alias (Name, DOB, Soc. Sec. #, Etc.) [redacted]

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	03/23/1965	5'01	130	Blue	Brown	Fair	Petite

Race: W - White, I - American Indian, B - Black, O - Oriental/Asian

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Married | Religion: Catholic

Indication of: Alcohol Influence — Y: ☐ N: ☒ Unk: ☐; Drug Influence — Y: ☐ N: ☒ Unk: ☐

Local Address (Street, Apt. Number) [redacted] City [redacted] State [redacted] Zip [redacted] Phone: 561-777-3133

Residence Type: 1. City, 2. County, 3. Florida, 4. Out of State: 2

Permanent Address (Street, Apt. Number) City State Zip Phone — Address Source: Florida DL

Business Address (Street, Apt. Number) City State Zip Phone — Occupation: Education

DL Number, State	Social Security Number	INS Number	Place of Birth	Citizenship
M525530656030	[redacted]		Flushing, New York	United States

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

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

Parent / Legal Guardian / Other — Name (Last, First, Middle) — Phone

Address (Street, Apt. No.) — State — Zip — Business Phone

1- No Bond

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

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 561 355-2528) informed of any address change
☐ Yes, by: (Name) ☐ No: (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☒ 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, F. Dispense, M. Manufacture/Produce, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, P. Paraphernalia/Equipment, U. Unknown, Z. Other

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
Simple Battery	1	☒Y ☐N	784.03(1a1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N		19-122558		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		☐Y ☒N		

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		☐Y ☐N		

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		☐Y ☐N		

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

Location (Court, Address, Room Number)

Court Date and Time — Month — Day — Year — Time — AM ☒ PM ☐

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY 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

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy: D/S B. SHATARA — ID #: #7623 — Pouch #

Signature of Arresting Officer

Name of Arresting Officer: TEITEL — ID #: 29113

Transporting Officer: TEITEL — ID #: 29113 — Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

OCT 4 PM 5:17

Witness here if subject signed with X

Page

OBTS Number

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request For Warrant 4. Request For Capias | 01 | Juvenile: N

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 19-122558

Charge Type: Check as many as apply — ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes

Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Manganello , Laura , Jean	W	F	03/23/1965

Charge	Charge
Simple Battery	
Charge	Charge

Victim Name (Last, First, Middle)	Race	Sex	Date of Birth
Manganello , Anthony,	W	M	07/29/1967

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	FLorida DL

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation

The undersign 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.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ confessed to admitting to the below facts.

☒ was found to have committed the below acts, resulting from (described) investigation.

On the 4th day of October 20 19 at 3:16 ☐AM ☒PM

The victim Anthony Manganello explained that last night on 10/3/19 he and his wife Laura Manganello were involved in a verbal argument. At some point during the verbal argument, Laura pushed, slapped, and even punched Anthony in the face multiple times as well. Today while I was speaking with Anthony, he had visible signs of injury in his left eye. There was a pooling of blood on the lower portion of the eye ball that was visible when he pulled his eye lid down.

When I spoke with Laura at the residence, post Miranda warning, she admitted to hitting Anthony multiple times. When asked if he hit her she said that he did not. Laura was then arrested for violation of Florida State Statute 784.03(1a1), and transported to the Palm Beach County Jail for booking.

The foregoing instrument was sworn to and affirmed before me this 4th day of October 20 19, by: TEITEL

C. Bennett 24726
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

C. Bennett 24726
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER: 19-122558

DEFENDANT'S NAME: Laura Manganello

DEFENDANT'S STATEMENT: ☐ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☑ ORAL)

SYNOPSIS: She did hit her husband. He did not hit her

VICTIM'S NAME: Anthony Manganello

VICTIM'S STATEMENTS: ☐ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☑ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) his wife hit him multiple times. He had an injury to his left eye. He was stared to return home.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Married

PHOTOGRAPHS: SCENE: ☐ YES ☑ NO VICTIM (S): ☑ YES ☐ NO

911 CALL: ☑ YES ☐ NO WHO CALLED: husband

WEAPON USED: ☐ YES ☑ NO TYPE:

MEDICAL TREATMENT: ☐ YES ☑ NO

AT SCENE: ☐ YES ☐ NO PARAMEDICS:

AT HOSPITAL: ☐ YES ☐ NO HOSPITAL: PHYSICIAN:

ARE CHILDREN LIVING IN HOME: ☑ YES ☐ NO

NAME: DOB:

NAME: DOB:

NAME: DOB:

WAS ACT(S) COMMITED IN PRESENCE OF MINOR(S): ☐ YES ☑ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: DOB:

NAME: DOB:

NAME: DOB:

DCF NOTIFIED: (IF CHILD ABUSE) ☑ YES ☐ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☑ NO

VICTIM PREGNANT: ☐ YES ☑ NO

ALCOHOL OR DRUGS INVOLVED: ☐ YES ☑ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☑ NO CASE #:

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: PHONE:

RELATIVE/FRIEND ADDRESS:

PBSO #0004A REV. 01/01

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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.

SUSPECT/OFFENDER _____ COURT CASE/WARRANT #: _____ **(FOR WARRANTS USE ONLY)**

1. Incident Report #: 19-122558 Agency: PBSO
   Offense: Domestic Battery
   Suspect/Offender: Laura Jean Manganello
   D.O.B. 3/23/1965 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: Anthony Manganello D.O.B. 7/29/62 Race: W Sex: M
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: [redacted] Work #: _____ Other: _____

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

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ **Waiver:** **I choose not to be notified when the arrestee is released from custody.**

☒ **Confidential:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S D. Teitel I.D. # 2911J Date: [illegible]

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☒	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1,2,3,5
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019032464	**Date:** 10/05/2019
	Specialist Name/ID: AM/31562