

ARREST / NOTICE TO APPEAR

186F2909

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

1

JUVENILE

Agency ORI Number: **0500200** Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **3 | 2 | 2018-004357**

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

Location of Arrest (Including Name of Business): **21446 TOWN LAKES DR BOCA RATON FL** Location of Offense (Business Name, Address): **21446 TOWN LAKES DR 633, BOCA RATON, FL 33486**

Date of Arrest: **03/27/2018** Time of Arrest: **19:50** Booking Date: _____ Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: _____

Name (Last, First, Middle): **LOURO, LUCAS WILSON** Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: **W - White** Sex: **M** Date of Birth: **09/25/1997** Height: **5'06** Weight: **180** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **LIGHT** Build: **Med**

Local Address (Street, Apt. Number): **21446 TOWN LAKES DR 633, BOCA RATON, FL 33486** Phone: **(858) 790-2024**

Permanent Address (Street, Apt. Number): **21446 TOWN LAKES DR 633, BOCA RATON, FL 33486** Phone: **(858) 790-2024**

Business Address (Name, Street): **COASTAL SCREEN AND RAIL,** Phone: _____ Occupation: **Technician**

D/L Number, State: **L600539973451 / FL** INS Number: _____ Place of Birth (City, State): **SAN DIEGO, CA** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____

Parent / Other: _____ Name (Last, First, Middle): _____ Residence Phone: _____

Legal Custodian: _____

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

Notified by: (Name) _____ Date _____ Time _____

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.

Property Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity: **S. Sell** **R. Smuggle** **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**

Charge Description: **AGG BATTERY ON A PREGNANT PERSON** Statute Violation Number: **784.045(1B)** Violation of ORD #: _____

Drug Activity: **N** Drug Type: **N** Amount / Unit: _____ Offense #: _____ Counts: **I** Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Counts: _____ Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Counts: _____ Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Health / Apparent Physical Condition of Defendant: _____ Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail Posted Bond South County Mental Health

Transported By: _____ 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: _____

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 COMTEMPT 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: _____ Name Verification (Printed by Arresting Officer): _____

Dangerous Resisted Arrest Suicidal Other

Name of Arresting Officer (Print): **GREEN, K. J.** I.D. #: **735**

Intake Deputy: _____ I.D. #: _____ Pouch #: _____ Transporting Officer: **Green 735 Boca** Agency: _____

Witness here if subject signed with an "X": _____

MAR 28 AM 5:37 SOUTH COUNTY JUVENILE COURT

No Photo Available

SCANNED

MAR 28 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 03/27/2018 19:50	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-004357
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cries over the incident. Galpern stated that she and Louro are living together and she is pregnant. Before officers arrived on scene Galpern and Louro were arguing over a container that previously contained chicken and was left out on top of the garbage can. Galpern stated that the argument started in the kitchen area and continued into the bed room. During the course of the argument Louro grabbed both of Galpern's arms and pushed her onto the bed. After that the parties separated and Louro was getting ready to leave the apartment when officers arrived. Galpern did not have any marks on her arms at the time that I spoke with her but photos were taken and submitted into evidence.

I then went outside to speak with Louro who confirmed the argument started over the chicken containers. Louro said that he grabbed Galpern's arms and held her during the course of the argument in an attempt to calm her down. He admitted to grabbing her when they were both arguing but stated he did not strike her or touch her other than grabbing her arms. Louro stated he never shoved her onto the bed. Louro also stated that he knows that she is pregnant because he is the father.

It should be noted that when the call came into Boca PD dispatch it was reported that two parties could be heard arguing and it sounded like items were being thrown according to the caller. Caller also stated she heard the female saying (Galpern) "you hurt me". Based on statements from both parties Louro was placed under arrest for Aggravated Battery on a Pregnant Woman 784.045(1b) and taken to Boca Raton PD for processing. Louro was later taken to Palm Beach County Jail.

NOT A CERTIFIED COPY

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 27 day of March, 2018.

VAZQUEZ-BELLO, YVETTE D

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

SCANNED

MAR 28 2018
P. I. O.

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- 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.

1. Incident Report#: 18-4357 Agency: Boca Raton
 Offense: Aggravated Battery on Pregnant Woman
 Suspect/Offender: Lucas Laro
 D.O.B. 9/25/97 Race: Hispanic Sex: Male

2. Warrant#(s): N/A

3.a. Victim's name: Jordan Galpern D.O.B. 11/12/2000 Race: W Sex: F
 Address: 21446 Town Lakes Dr Apt 633
 City: Boca Raton State: FL Zip: 33486
 Home#: 94-479-8988 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:** Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
 Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: K Green I.D.# 735 Date: 03/27/18
 White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED

MAR 28 2018