

18 of 4761

ADMINISTRATION	OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
	Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-18-026772</b>						
	Charge Type: Check as many as Apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type <b>NA</b>		Multiple Clearance Indicator <b>01</b>			
DEFENDANT	Location of Arrest (Including Name of Business) <b>217 North Federal Highway Boynton Beach, FL</b>						Location of Offense (Business Name, Address) <b>217 North Federal Highway Boynton Beach, FL</b>					
	Date of Arrest <b>05/19/2018</b>		Time of Arrest <b>1802</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Towed</b>				
	Name (Last, First, Middle) <b>Vallone, Marissa Christine</b>											
	W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/23/1984</b>	Height <b>503</b>	Weight <b>120</b>	Eye Color <b>Green</b>	Hair Color <b>Brown</b>	Complexion <b>Light</b>	Build <b>Thin</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>						Marital Status <b>Single</b>		Religion <b>Refused</b>		Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>( ) ( ) ( ) ( )</b>						Phone <b>( ) -</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State			2
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>4535 Commerce Blvd. Delray Beach FL 33445</b>						Phone <b>(732)569-5989</b>		Address Source <b>Def</b>			
	Business Address (Street, Apt. Number) (City) (State) (Zip) <b>( ) ( ) ( ) ( )</b>						Phone <b>( ) -</b>		Occupation <b>Unemployed</b>			
	D/L Number, State <b>NJ V03035196361842</b>			Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth <b>NY, NY</b>		Citizenship <b>US</b>		
	CO-DEF	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	<input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 5. Juvenile	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile			
JUVENILE	<input type="checkbox"/> Parent	Name (Last) (First) (Middle)	Residence Phone									
	<input type="checkbox"/> Legal Custodian	Name (Last) (First) (Middle)	Residence Phone									
	<input type="checkbox"/> Other	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 Dept. and Released 2. TOT HRS/DYS 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 561-355-2526) 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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other		
CHARGE	Charge Description <b>Grand Theft Auto</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>812.014.2c6</b>		Violation of ORD#			
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit <b>N</b>	Offense # <b>18-026772</b>	Warrant/Capias Number		Bond					
CHARGE	Charge Description <b>Possession of Heroin</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>893.13.6a</b>		Violation of ORD#			
	Drug Activity <b>Y</b>	Drug Type <b>P</b>	Amount/Unit <b>&gt;.3 grams</b>	Offense # <b>18-026772</b>	Warrant/Capias Number		Bond					
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#			
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#			
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>									
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month Day Year Time		Date Signed <input type="checkbox"/> A.M. <input type="checkbox"/> 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.												
ADMIN.	Signature of Defendant (or Juvenile and Parent/Custodian)				Signature of Arresting Officer <b>[Signature]</b>				Name Verification (Printed by Arrestee) (PRINT)			
	HOLD for other Agency Name:		Name of Arresting Officer (Print) <b>Ofc. Jumelles</b>		I.D. # <b>989</b>		BU# <b>11191</b>		Page <b>1 OF 1</b>			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Intake Deputy I.D. #	Pouch #	Transporting Officer <b>Ofc. Jumelles</b>	I.D. # <b>989</b>	Agency <b>BBPD</b>	Witness here is subject Signed with an "X".				

SCANNED  
MAY 20 2018

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile	N
Agency ORI Number <b>FL0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-18-026772</b>				
Charge Type Check all that Apply <input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input 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) <b>Vallone, Marissa Christine</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/23/1984</b>		
Charge Description <b>Grand Theft Auto</b>		Charge Description <b>Possession of Heroin</b>						
Victim's Name (Last, First, Middle) <b>Ruggiero, Richard</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/28/1950</b>				
Local Address (Street, Apt Number) <b>456A Chesterfield Ct.</b>		(City) <b>Manchester</b>	(State) <b>NJ</b>	(Zip) <b>08759</b>	Phone <b>7329043625</b>		Address Source <b>NJ DL</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
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. The Person taken into custody..								
<input type="checkbox"/> Committed the below acts in my presence. <input checked="" type="checkbox"/> Was observed by Ofc. Schalk      Who told Ofc. Jumelles      That he/she saw the arrested person commit the below acts. <input type="checkbox"/> Confessed to      Admitting the below facts <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On The <b>19th</b> Day Of <b>May</b> 20 <b>18</b> At <b>5:18</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.								

On May 19th, 2018 at approximately 1740 hours i responded to Chevron located at 217 South Federal Highway, Boynton Beach, Palm Beach County, Florida 33435 in reference to a stolen vehicle.

Upon arrival, I was advised by K9 Officer Schalk that prior to my arrival while on his off duty detail at the Boynton Marina Harbor located at 735 Casa Loma Boulevard, Boynton Beach, Florida he observed a 2014 Red Kia Optima bearing New Jersey tag L70JME in a "No Parking Zone". K9 Officer Schalk conducted an NCIC/FCIC query on the vehicle and it was discovered that it was a stolen vehicle out of West Palm Beach, Florida (Case# 2018-0007889, NIC/V330278839).

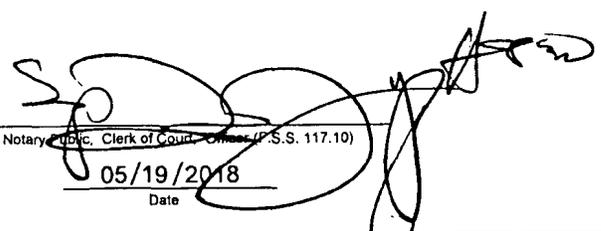
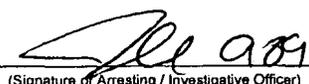
K9 Ofc. Schalk observed the vehicle exit the Boynton Marina Harbor and proceed westbound, he was then able to initiate a traffic stop at Chevron located at 217 South Federal Highway. It was confirmed that Richard Ruggiero (owner of the vehicle) wanted to proceed with prosecution, stating no one was authorized to drive his vehicle. Vallone was detained without incident and I arrived on scene.

Vallone was then turned over to me and I read her Miranda Rights. Vallone advised she received permission from her boyfriend Chase Ruggiero (Richard Ruggiero's son) to drive the vehicle. Vallone advised she did not seek permission from the owner of the vehicle.

Based on the above investigation, probable cause exists to charge Vallone with Grand Theft Auto pursuant F.S.S. 812.014.2C5.

Vallone was transported to BBPD in reference to booking. Upon search incident to arrest a brown substance which tested positive for Heroin via a Marquis Reagent test (Amount: less than .3 Grams) was recovered in a make up case in her purse. Vallone was charged with Possession of Heroin pursuant F.S.S. 893.13.6A.

Vallone was transported to Palm Beach County Jail without further incident.

The foregoing instrument was sworn to or affirmed and subscribed before me	
 Notary Public, Clerk of Court - On/Off (F.S.S. 117.10) Date <u>05/19/2018</u>	 (Signature of Arresting / Investigative Officer) Ofc. Jumelles (Print name of Arresting/Investigative Officer) Date <u>05/19/2018</u>

**SCANNED**  
**MAY 20 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"/>		Choose an item.	
	<input type="checkbox"/>		Choose an item.	
	<input type="checkbox"/>		Choose an item.	
	<input type="checkbox"/>		Choose an item.	
	<input type="checkbox"/>		Choose an item.	
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018016904	Date: 5/20/2018
	Specialist Name/ID: L.Rouse#6673

**SCANNED**  
**MAY 20 2018**