

J# 01345-33

18mm 7631

PH 3473

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 18093212				
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		M Weapon Grade		Multiple Offenses Indicator 0 2		Enter Type				
Location of Arrest (Including Name of Business) 1150 Newpark View Place WPB, FL, 33415				Location of Offense (Including Name of Business) 1150 Newpark View Place WPB, FL, 33415						
Date of Arrest Jul 4, 2018	Time of Arrest 0026	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) Dimaggio Michael Joseph				Alias (Name, DOB, Soc Sec # Etc)						
Race W - White B - Black O - Other/Asian W	Sex M	Date of Birth 5/7/1993	Height 5'11"	Weight 150	Eye Color Brown	Hair Color Black	Complexion Light	Build Thin		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo on chest				Marital Status Single	Religion Catholic	Indicates of Alcohol Intoxication / Drug Influence Y <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>				
Local Address (Street, Apt. Number) 1150 Newpark View Place WPB FL 33415		City	State	Zip 33415	Phone 561-906-9723	Residence Type 1 City 2 County 3 Florida 4 Out of State 2				
Permanent Address (Street, Apt. Number) 1150 Newpark View Place WPB FL 33415		City	State	Zip 33415	Phone 561-906-9723	Address Source Verbal				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation Unemployed				
DL Number, State D-520-550-93-167-0	Social Security Number		INS Number		Place of Birth WPB, FL	Citizenship U.S.A				
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"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone				
Address (Street, Apt. No)		City	State	Zip	Business Phone					
Notified By (Name)		Date	Time	Juvenile Disposition 1 Manded/Processed with Dept and Released 2 TOT HRS/DAYS 3 Incarcerated		Time				
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 561 356-2536) informed of any address change. <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 - None P - Possess	S - Sell B - Buy T - Traffic	R - Ransom D - Deliver E - Use	K - Kidnap/ Distribute	M - Manufacture/ Production/ Cultivate	Z - Other	Drug Type N - None A - Amphetamines	B - Barbiturate C - Cocaine E - Heroin	H - Hallucinogen M - Marijuana	P - Pharmaceutical/ Equipment	U - Unknown Z - Other
Charge Description Domestic Battery		Counts 02	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(1)		Violation or ORD #				
Drug Activity N	Drug Type N	Amount/Unit	Offense # 18093212	Warrant/Capias Number		Bond NO BOND Y 2				
Charge Description Resisting without violence		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 843.02		Violation or ORD #				
Drug Activity N	Drug Type N	Amount/Unit	Offense # 18093212	Warrant/Capias Number		Bond OK				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond 101				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond 101				
Location (Court, Address, Room Number)										
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>										
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 I SHOULD 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 <input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Susceptible <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer D/S [Signature] Name of Arresting Officer Duginger		ID # 29813		Name Verification (Printed by Arrestee) (PRINT)				
Arresting Agency D/S [Signature] ID # Pouch #		Transferring Agency D/S [Signature] ID # Pouch #		Agency PBSO		Page 1 of 1				

JUL 4 AM 3:16

OBTG Number		PROBABLE CAUSE AFFIDAVIT				1 Arrest 2 NTA	3 Request For Warrant 4 Request For Citrus	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		18093212		
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		Special Notes		
Defendant Name (Last, First, Middle) Dimaggio Michael Joseph				Race W	Sex M	Date of Birth 5/7/1993				
Charge Domestic Battery				Charge Resisting without violence						
Victim Name (Last, First, Middle) Dimaggio Suzanne				Race M	Sex F	Date of Birth 2/11/1962				
Local Address (Street, Apt. Number) 1150 Newpark View Place		City WPB	State FL	Zip 33415	Phone 561-310-7562		Address Source 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										
<input type="checkbox"/> committed the below acts in my presence.				<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.						
<input type="checkbox"/> confessed to admitting to the below facts				<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the <u>July</u> day of <u>4</u> 20 <u>18</u> at <u>0121</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM										

On 7/4/18 at approximately 0121 hours, I responded to 1150 New Park View Place, in unincorporated West Palm Beach, Florida, 33415 in reference to a suspicious person.

Upon my arrival, I observed a white female later identified as the victim Suzanne Dimaggio standing in the neighbors yard at 1130 New Park View Place bleeding from the lip, and had an laceration on her left knee. She stated her son a white male later identified as the defendant Michael Dimaggio went "crazy" and struck her two (2) times in the face with an open hand. She stated she was in the family room at the time and had just hung up the phone with his girlfriend. After hanging up the phone she said he went had a "look in his eye" that she has never seen before at which time he started yelling obscenities and throwing objects inside the house. After throwing the objects inside the residence he then punch a hole in the kitchen wall and attacked her. After the physical altercation Suzanne then fled from the rear of the residence, she scrapped her knee on the porch while attempting to flee from her son. She said she hopped two (2) fences and traveled to her neighbors house to contact law enforcement. Palm Beach County Fire Rescue Engine #223 (Run #18093212) then attended to Suzanne's injuries.

After obtaining the aforementioned information, I then traveled to 1150 New Park View Place to make contact the defendant Michael Dimaggio. I knocked on the front door of the residence and announced myself as a Deputy Sheriff with the Palm Beach County Sheriff's Office. Michael then opened the front door ajar and asked why were at his front door. I explained to him we were investigative an domestic battery complaint at which time he started closing the front door and stated " Fuck you, I'm going back to bed". Prior to him closing the door I grabbed his left arm with my right hand at which time he pulled away from me. I then grabbed his arm and utilized an arm bar take down along with a leg sweep to take him down to the ground and place him into custody. I placed handcuffs over his wrist which were double locked and checked for proper fit. During the take down Michal sustained an laceration above his right eyebrow which he was cleared by fire rescue while on scene.

The foregoing instrument was sworn to and affirmed before me this <u>July</u> day of <u>4</u> 20 <u>18</u> , by	
<i>[Signature]</i> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	D/S Laughinger 29813 Name of Arresting/Investigating Officer
<i>[Signature]</i> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<i>[Signature]</i> #29813 Signature of Arresting/Investigating Officer
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OBTS Number		PROBABLE CAUSE AFFIDAVIT			1 Arrest <input type="checkbox"/> 3 Request For Warrant	<input type="checkbox"/> Juvenile
2 NTA 4 Request For Capias		<input type="checkbox"/> 1 <input type="checkbox"/> N				
Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE	Agency Report Number 06	18093212			
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	Special Notes					
Defendant Name (Last, First, Middle) Dimaggio Michael Joseph		Race W	Sex M	Date of Birth 5/7/1993		
Charge Domestic Battery		Charge Resisting without violence				
Victim Name (Last, First, Middle) Dimaggio Suzanne		M	Race W	Sex F	Date of Birth 2/11/1962	
Local Address (Street, Apt. Number) 1150 Newpark View Place		City WPB	State FL	Zip 33415	Phone 561-310-7562	Address Source
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation
<p>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...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation</p> <p>On the <u>July</u> day of <u>4</u> 20 <u>18</u> at <u>0121</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>						

*****Narrative Continuation*****

Based on my investigation combined with the sworn video statement and injuries present, I find probable cause exist where the defendant Michael Dimaggio struck his mother the victim Suzanne Dimaggio two (2) times in the face and while doing he is her son contrary to F.S.S 784.03(1)(A)(1). I also find probable cause exist where the defendant Michael Dimaggio resisted without violence by pulling away from myself and refusing to comply with my commands during the course of my duties as a sworn Law Enforcement officer contrary to F.S.S 843.02.

I then transported Michael Dimaglio to the Palm Beach County Jail without incident.

SCANNED
JUL 05 2018

NOT A CERTIFIED COPY

The foregoing instrument was sworn to and affirmed before me this <u>July</u> day of <u>4</u> 20 <u>18</u> by..	
<u>D/S Laugliger</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S Laugliger</u> 29813 Name of Arresting Investigating Officer
<u>D/S Laugliger</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S Laugliger</u> #29813 Signature of Arresting Investigating Officer



**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	<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: 2018022184	Date: 7/4/2018
	Specialist Name/ID: J. Beck/9007

SCANNED
JUL 05 2018