

0413814

3165

ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		4. Request for Capias		Juvenile						
Juvenile Referral Report				7		8		17		1						
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 - 17 - 10,055,06						N						
Charge Type: Check as many as apply: 1. Felony 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		If Weapon Seized Enter Type				Multiple Clearance Indicator						
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)												
Date of arrest 09/18/17		Time of Arrest 11:07		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle N/A				
Name (Last, First, Middle) Scudero, Michael												Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black		Sex I - American Indian O - Oriental		Date of Birth 03/08/84		Height 5'05"		Weight 160		Eye Color Brown		Hair Color Bald				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Multiple						Marital Status Single		Religion Catholic		Indication of: Alcohol Influence Drug Influence						
Local Address (Street, Apt. Number) 11021 Legacy Ave #102 Palm Beach Gardens				(City) FL		(Zip) 33410		Phone (361) 574-6563		Residence Type: 1. City 2. County 3. Florida 4. Out of State						
Permanent Address (Street, Apt. Number) SAME				(City)		(State)		Phone ()		Address Source Self						
Business Address (Name, Street) 2154 2nd Floor PL STEARMINT RHINO West Palm Beach				(City) FL		(Zip) 33409		Phone ()		Occupation BAR BACK						
D/L Number, State S-360-540-84-048-0				Soc. Sec. Number		INS Number N/A		Place of Birth (City, State) Long Island, NY				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				
Parent Legal Custodian Other: Name (Last) (First)						(Middle)						Residence Phone ()				
Address (Street, Apt. Number) (City)						(State)						Business Phone ()				
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 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 parent. The child and parent was told to keep the Juvenile Court Clerk's Office (Phone 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										
CODE	S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other						
	Charge Description BATTERY (Domestic)				Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7 8 4 1 0 3		Violation of ORD #							
CHARGE	Drug Activity N Drug Type N	Amount / Unit	Offense # 1	Warrant / Capias Number										Bond		
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #							
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number										Bond	
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #							
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number										Bond	
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #							
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number										Bond	
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #							
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)										Date Signed			
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time		Month		Day		Year		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 I SHOULD I WILL FULLY 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 (Juvenile and Parent / Custodian)																
ADMIN.	HOLD for other Agency Name: DAS-1, BURNSIDE #5406			Signature of Arresting Officer X / J. Hennessy			Name Verification (Printed by Arrestee) 409 (PRINT)									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal Intake Deputy			Name of Arresting Officer (Print) J. Hennessy			I.D. # 409 Agency PBGPD									
Witness here if subject signed with an 'X' CO. 1 OF 1																

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/18/2017 10:09	AFFIDAVIT		
D E F	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 17-005506	
Name (Last, First, Middle) SCUDERO, MICHAEL		Alias	Race W	Sex M Date of Birth 02/08/1984
Charge Description 784.03(1) - SIMPLE BATTERY (DATING VIOLENCE)				
V I C T I M	Victim's Name (Last, First, Middle) [REDACTED]	Race B	Sex F	Date of Birth 06/28/1991
Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]		Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip) [REDACTED]		Phone	Occupation UNEMPLOYED	
Written Taped Oral DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SCARED, FEARFUL		
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	YES NO PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: MICHAEL SCUDERO WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: HANDS WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL TREATMENT: <input checked="" type="checkbox"/> <input type="checkbox"/> AT: Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> PARAMEDICS: PBG FIRE/RESCUE Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES: H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/> VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/>			
N A R R	On September 18, 2017 at 10:09am I was dispatched to [REDACTED] Palm Beach County, Florida, in reference to a battery that had just occurred. My body worn camera was utilized throughout the event. It should be noted that officers had responded to the same address at 8:27am on the same date in reference to a verbal argument (Event # 17-272975). The two had agreed to stay away from each other			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><i>[Signature]</i> #7409 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>18</u> day of <u>September</u>, <u>2017</u>.</p> <p><i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> SCANNED SEP 19 2017 NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)</p>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 09/18/2017 10:09	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 17-005506
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N until the female was picked up by her father.

R Upon arrival, I met with Michael Scudero who stated the following after being sworn in: he said that after officers had left the first time, he went into the attached garage where [REDACTED] was waiting for her [REDACTED] to pick her up, with the intention of giving her more of her property and water. [REDACTED] came back in the residence and sat on the couch in the living room. Scudero told her to get off the couch because it was his that his parents had purchased for him. Scudero advised that this upset [REDACTED] and she flipped over the recliner chair next to the couch and attacked him from behind, forcing him into the bedroom where she bit him in the back of the head and hit him repeatedly with her cell phone. He said was able to break free from her and call 911. Fire rescue responded and checked the injuries and Scudero declined further care. Scudero had one visible a bite mark on the back of his head, redness around the bite mark, and fresh blood from a small laceration from between the pinky and ring finger on the right hand that he said was a from being bit. I inspected Scudero's right hand where the blood was coming from and it appeared to be coming from an old wound that had been noticed in the previous incident and may have reopened. There were no bite marks on or around the wound.

I then met with [REDACTED] who stated that Scudero came into the garage and began to argue with her. He was trying to get her to come inside and began physically grabbing her arms trying to move her into the house. [REDACTED] stated Scudero then punched her in the left side of her face with a closed fist and tried to strangle her with his hands around her neck. [REDACTED] had a visible abrasion on the left side of her face with blood around it that appeared to have come from somewhere else, abrasion to the right side of her neck and a hematoma above her right eye. After being read her Miranda rights, Ashley declined further comment.

Both Scudero and [REDACTED] advised they have been in an ongoing adult relationship for the past 7 months and both are currently on the lease of the apartment.

Based on the above facts and the totality of the circumstances, I find that Scudero was the primary aggressor in this case and intentionally struck [REDACTED] which caused injury to her person. Scudero was placed under arrest for simple battery (dating violence) in violation of F.S.S. 784.03(1). Scudero was transported to the Palm Beach County Jail where he was booked under this charge.

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]
SCANNED
SEP 19 2017
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 18 day of September, 2017.

[Signature]
NOARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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 #: 17-00556 Agency: Palm Beach Gardens
Offense: Battery (Simple)
Suspect/Offender: Michael Scudero
D.O.B. 2-8-84 Race: W Sex: M
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
 - b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
4. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

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: J. Hennessy # 409 I.D.: 409 Date: 9-18-17

SUSPECT/OFFENDER: Scudero, Michael

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