

0494128

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORJ Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 4 18-001424	
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		If Weapon Seized Enter Type HAND/FEET/FIST	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) 200 S WATERWAY DR #103, LANTANA, FL 33462			Location of Offense (Business Name, Address) 200 S WATERWAY DR 103, LANTANA, FL 33462			
Date of Arrest 06/18/2018	Time of Arrest 04:43	Booking Date 06/18/2018	Booking Time 04:43	Jail Date 06/18/2018	Jail Time 06:16	Location of Vehicle
Alias (Name, DOB, Soc. Sec. #, Etc.) RAMIREZ, RICHARD EDUARDO						
Name (Last, First, Middle) RAMIREZ, RICHARD EDUARDO		Alias		Eye Color HAZEL	Hair Color BLACK	Complexion LIGHT
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 02/06/1970	Height 5'11	Weight 170	Build Medium
Local Address (Street, Apt. Number) 200 S WATERWAY DR 103, LANTANA, FL 33462			(City) LANTANA	(State) FL	(Zip) 33462	Phone
Permanent Address (Street, Apt. Number) 200 S WATERWAY DR 103, LANTANA, FL 33462			(City) LANTANA	(State) FL	(Zip) 33462	Phone
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone
D/L Number, State R562745700460 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) VENEZUELA,		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		Name (Last, First, Middle)		(State)	(Zip)	Residence Phone
Address (Street, Apt. Number)		Name (Last, First, Middle)		(State)	(Zip)	Business Phone
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT JAC 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 355-2526) informed of any change of address.		School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperses/ 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 BATTERY - SIMPLE TOUCH / STRIKE					Statute Violation Number 784.03(1a)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense # 18-001424	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description					Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description					Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant					Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T: County Jail		PROPERTY - Received By
Transported By		Date Transported	Time Transported	Other		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		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.					No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
HOLD for Other Agency		Signature of Arresting Officer SCHORR, JARED N.		Name Verification (Printed by Arrestee) 891		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT) 891		
Intake, Deputy 53 Welch	ID # 6015	Pouch #	Transporting Officer SCHORR, JARED N.	ID # 891	Agency	Witness here if subject signed with an "X"

NO BOND DOMESTIC

JUN 18 2018

JUN 19 2018 AM 5:25

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. DEFENDANT

SCANNED JUN 19 2018

**DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT**

Palm Beach County

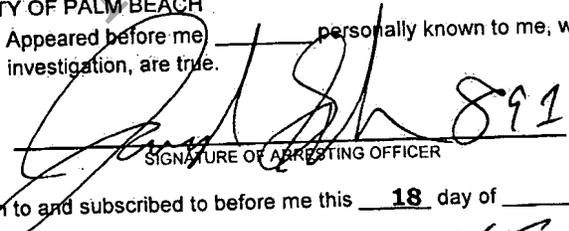
A D M I N	Date / Time 06/18/2018 04:54		Agency Report Number 6 4 18-001424		
	Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT		
D E M O	Name (Last, First, Middle) RAMIREZ, RICHARD EDUARDO		Race W	Sex M	Date of Birth 02/06/1970
	Charge Description 784.03 BATTERY - SIMPLE TOUCH / STRIKE (191)				
V I C T I M	Victim's Name (Last, First, Middle) MALTESE, MARIA		Race W	Sex F	Date of Birth 06/15/1980
	Local Address (Street, Apt. Number) (City) (State) (Zip) 200 S WATERWAY DR 103, LANTANA, FL 33462		Phone	Address Source PASSPORT	
Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation		

DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):
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RELATIONSHIP BETWEEN VICTIM & SUSPECT
BOYFRIEND/GIRLF

PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: MARIA MALTESE WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: HANDS/FEET/FIST WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/> AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: 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 checked="" type="checkbox"/> <input type="checkbox"/>	
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On June 18th at 0417hrs, I Ofc. J Schorr (ID891), was dispatched to 200 S Waterway Dr #103, Lantana, FL 33462 in reference to a battery.
 Upon arrival, Ofc. Vallis (ID878) made contact with the caller H/F Maria Maltese (DOB 06/15/80). Ofc. Vallis

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 18 day of June, 2018.

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

SCANNED

JUN 19 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 06/18/2018 04:54	Agency OR# Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 18-001424
	N A R R A T I V E			

told this officer that Maltese stated to him that her ex boyfriend who lives with her punched her in the face. Ofc. Vallis stated to this officer that he made contact with a H/M inside the residence, who was positively identified by his Florida Driver's License as H/M Richard Ramirez (DOB 02/06/1970). Ofc. Vallis stated the H/F had a visible mark on her lip.

Ofc. Vallis detained Ramirez and read him his Miranda Rights from an LPD issued Miranda Warnings card. Ramirez was placed in handcuffs, double locked and checked for tightness.

This officer made contact with Maltese and immediately noticed a small red laceration on her bottom lip. Maltese stated that her and Ramirez had a verbal argument. Maltese states that the verbal argument escalated and Ramirez, with a closed fist, punched Maltese in the face, causing a red bump on her bottom lip. Maltese also told this officer that Ramirez kicked her in the front just below her chest; she also stated Ramirez grabbed onto her right arm very tight. Maltese told this officer she did try to defend herself.

This officer also made contact with Ramirez who stated he was defending himself from Maltese attacking him. Ramirez stated Maltese scratched him and attempted to punch him. It should be noted that no scratches, cuts, bruises, or any other wounds were observed on Ramirez. This officer also noted the smell of alcohol coming from Ramirez's breath as he spoke. Ramirez states he had approximately 3 drinks prior to this officer's arrival.

Based on this officer's investigation, it was determined that Ramirez was the primary aggressor and was subsequently arrested. Ramirez was placed inside my marked patrol vehicle and transported to LPD Holding cells.

Ramirez was then transported to PBC CJ and TOT'ed to jail staff.

Photos were taken on Maltese's injuries and submitted as evidence.

No independent witnesses.

Maltese completed and sworn written statement, an LPD Domestic Violence Diagram, and Victim Notification Form. Maltese was given a victim's rights brochure.

A request for a copy of the 911 call was given to dispatch. Once received, a supplement will be completed and the 911 call will be entered into evidence.

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]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 18 day of June, 2018.

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

SCANNED
JUN 19 2018

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#: 18-001424 Agency: Lantana Police Department
 Offense: Domestic Simple Battery
 Suspect/Offender: Richard Ramirez
 D.O.B. 02-06-70 Race: W Sex: M

2. Warrant # (s): _____

3. Complete one (1) of the following:

a. Victim's name: MARIA GRAZIA MAHESE
 Address: 200 S WILLOWAY DR Apt. # 103
 City: Lantana State: FL Zip: 33462
 Home #: (727) 302-5658 Work #: _____ Other#: _____

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

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other#: _____

4. Relevant identification or case numbers assigned to the case (please specify):
LDD case # 18-001424

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: _____

I.D. 891

Date: 6/18/18

White-Warrants Division

Yellow-Corrections or State Attorney (Warrant Application)

Pink - Central Record

SUSPECT/OFFENDER: Richard Ramirez (02-06-70)
 COURT CASE/WARRANT #: _____
 (FOR WARRANT USE ONLY)

SCANNED

JUN 19 2018



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: 2018020199	Date: 06/13/2018
	Specialist Name/ID: Drucker/9206

SCANNED
JUN 19 2018