

0330518 / 2416

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number (N.T.A.'s only) <b>06- 18104144</b>
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	Weapon Seized / Type 2 1. Yes 2. No
Location of Arrest (Including Name of Business) <b>1700 S FEDERAL HWY LAKE WORTH 33460</b>		Location of Arrest (Business Name, Address) <b>1700 S FEDERAL HWY LAKE WORTH 33460</b>		
Date of Arrest <b>08/02/18</b>	Time of Arrest <b>0440</b>	Booking Date	Booking Time	Jail Date

Name (Last, First, Middle) <b>Passerelli Ronald</b>	Alias (Name, DOB, Soc. Sec. #, Etc.) <b>Richard</b>							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>09/12/1986</b>	Height <b>5'11</b>	Weight <b>170</b>	Eve Color <b>BRO</b>	Hair Color <b>BRO</b>	Complexion <b>FAIR</b>	Build <b>SMALL</b>

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status <b>Single</b>	Religion	Indication of: Alcohol Influence Drug Influence
Local Address (Street, Apt. Number) <b>1958 Church St</b>	(City) <b>West Palm Beach, FL 33409</b>	(State)	(Zip)
Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)
D/L Number, State <b>P264736863320, FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>Norfolk, NY</b>

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)
Notified by: (Name)				Date
Released To: (Name)				Relationship

The above address 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 (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 checked="" type="checkbox"/> No	Description of Property	Value of Property

Drug Activity S. Sell 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. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment	S. Synthetics	U. Unknown Z. Other
Charge Description <b>Battery (domestic)</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1a1)</b>	Violation of ORD #							

Drug Activity <b>Y</b>	Drug Type <b>CRACK</b>	Amount / Unit	Offense # <b>18104144</b>	Warrant / Capias Number	Bond
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense # <b>18104144</b>	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense # <b>18104144</b>	Warrant / Capias Number	Bond
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense # <b>18104144</b>	Warrant / Capias Number	Bond

Location (Court, Room Number, Address)	Court Date and Time Month Day Year Time AM
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.	
Signature of Defendant (or Juvenile and Parent /Custodian)	Date Signed <b>08/02/18</b>

HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Signature of Arresting Officer <b>D/S N. VALENTIN 31847</b>	Name Verification (Printed by Arrestee) (PRINT)
Intake Deputy <b>Spencer B...</b>	Transporting Officer <b>D/S BREEN</b>	Agency <b>PBSO</b>
I.D. #	Pouch #	Witness here if subject signed with an "X"

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 18104144</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>Passerelli Ronald Richard</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/12/1986</b>
Charge Description <b>Battery (domestic)</b>	Charge Description <b>784.03(1a1)</b>			

Victim's Name (Last, First, Middle) <b>Stokes Jeline-Linda</b>	<b>Anglina Missouri</b>	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/19/1992</b>
Local Address (Street, Apt. Number)	(City) (State) (zip)	Phone <b>( ) 561 2944108</b>	Address Source <b>VERBAL</b>	
Business Address (Name, Street)	(City) (State) (zip)	Phone <b>( )</b>	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

committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the **2ND** day of **AUGUST** 20 **18** at **0440**  A. M.  P.M. (Specifically include facts constituting cause for arrest.)

On Thursday, August 2, 2018 at approximately 0417 hours, I was dispatched to the \_\_\_\_\_ (Bates Motel) Lake Worth FL 33460 in reference to a domestic disturbance. Once I arrived on scene I noticed that the front door was ajar and the hinges were broken off. When I entered apartment 17 I observe broken glass all over the floor and the hotel room was disarray (clothing, shattered glass food and pieces of the door were displaced throughout). I immediately removed the male from the residence and detained him outside. The male was identified as Richard Ronald Passerelli.

I made contact with Jeline-Linda Anglina Missouri Stokes W/F DOB 12-19-92 (Victim). Jeline who was identified by her Florida Driver's License (S322-421-92-959-0). She advised me of following: That all the marks/cuts and bruises were from cutting grass earlier. She advised me that she was 3 months pregnant and Richard Ronald Passerelli (Suspect) was the father. Jeline had an obvious baby bump and Richard was aware she was pregnant. I could smell a strong odor of alcohol coming from her breath. She refused to tell me what occurred in the hotel room and why there was broken glass everywhere. She told me that she has been dating Richard for 6 months and they argue like any other couple. She had obvious contusion to her forehead, scratches and red marks around her neck, and she was sweating heavily (indicating the injuries she had sustained were recent). She was unwilling to write a sworn witness testament on what occurred or let me take photos of her injuries. It should be noted though that after continued questioning such as "has Richard put hands on you before"; Jeline made strong eye contact and then looked down into her lap stating she had no further comment on the topic.

I made contact with Richard Ronald Passerelli W/M DOB 9-12-86 (Suspect) who was identified by his Florida Driver's License (P-264-736-86-332-0). He wouldn't speak to me about anything that occurred in the hotel room. He refused to write and witness statement or let me take photos of his hands. I could smell a strong odor of alcohol coming from his breath. Once i advised that he was being placed under arrest, he began to advise me that she abuses drugs and alcohol during her pregnancy. After the investigation was coming to a close Richard was informed that he was being placed under arrest for domestic battery to which he responded "well if I'm going to jail she needs to also" indicating that there had been a physical altercation that had taken place in the apartment.

I provided Ms. Stokes with the domestic violence victim's right pamphlet. Victim's advocate was contacted and so was DCF. She refused to be examined by Fire Rescue. Due to the information above and my investigation, I found probable cause to charge Richard Ronald Passerelli with Battery (Domestic) (FSS 784.03 (1A1)). Mr. Richard Ronald Passerelli was handcuffed behind his back. The handcuffs were checked for proper fit and were double locked. I placed Mr. Passerelli in my marked patrol vehicle and transported him to Palm Beach County Jail.

This case was cleared by arrest.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]*  
(Signature of Arresting/Investigative Officer) **D/S N. VALENTIN**

The foregoing instrument was sworn to or affirmed and subscribed before me this **2nd** day of **AUG** 20 **18** by **D/S N. VALENTIN 31847**

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced **KNOWN**

Notary Public, Clerk of Court, Officer (F.S. 117.10) *[Signature]* **16737**

PAGE **1** OF **1**

# 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.**

SUSPECT/OFFENDER: **Passerelli Ronald Richard** COURT CASE/WARRANT# \_\_\_\_\_  
(FOR WARRANTS USE ONLY)

1. Incident Report #: 18104144 Agency: PBSO  
Offense: Battery (domestic)  
Suspect/Offender: Passerelli Ronald Richard  
D.O.B. 09/12/1986 Race: W Sex: M

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: Stokes Jeline-Linda Anglina Missouri D.O.B. 12/19/1992 Race: W Sex: F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #- 561 2944108 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: Stokes Jeline-Linda Anglina Missouri

Deputy's Name: N.VALENTIN 31847 I.D.# 31847 Date: 08/02/18

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/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 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.	3, 4
	<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: 2018025621	Date: 8/3/2018
	Specialist Name/ID: L ROGERS 25042