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7MM 010673 1241
ARREST / NOTICE TO APPEAR

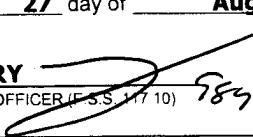
O.R.T.S Number			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias			1	JUVENILE
Agency ORI Number 0500400		Agency Name Delray Beach Police Department			Agency Report Number (N.T.A.'s only) 4 0 17-013549		
Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony		<input checked="" 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 Hands/fist/feet/teeth		
Location of Arrest (Including Name of Business) 1539 FENTON DR DELRAY BEACH FL 33445		Location of Offense (Business Name, Address) 1539 FENTON DR, DELRAY BEACH, FL 33445			Multiple Clearance Indicator 1		
Date of Arrest 08/27/2017	Time of Arrest 05:40	Booking Date 08/27/2017	Booking Time 05:50	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) SIMONELLI, SCOTT BENJAMIN				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
Race W - White B - Black		Sex W M	Date of Birth 12/18/1972	Height 5'04	Weight 140	Eye Color BROWN	Hair Color BALD
Sears, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion JEWISH	Complexion FAIR	
Local Address (Street, Apt. Number) 61 1/2 SE 4TH AVE, DELRAY BEACH, FL 33483				(City) (State) (Zip)		Phone (954) 646-7464	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk.
Permanent Address (Street, Apt. Number) 61 1/2 SE 4TH AVE, DELRAY BEACH, FL 33483				(City) (State) (Zip)		Phone (954) 646-7464	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1
Business Address (Name, Street)				(City) (State) (Zip)		Phone	Address Source
D/L Number, State S554782724580 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) NASHVILLE, TN,	Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____				Name (Last, First, Middle)			
<input type="checkbox"/> Legal Custodian				Residence Phone			
Address (Street, Apt. Number)				(City) (State) (Zip)	Business Phone		
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION	
Released To: (Name)				Relationship	Date	Time	1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
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
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver E. Use P. Possess T. Traffic				Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ N. N/A C. Cocaine M. Marijuana O. Opium/Deriv. A. Amphetamine E. Heroin S. Synthetic		U. Unknown Other	
C H A R G E Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)				Statute Violation Number 784.03(1A1)		Violation of ORD #	
Drug Activity Drug Type Amount / Unit Offense # N / 17-013549				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
C H A R G E 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	
C H A R G E 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	
I N F A K E Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: 2			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By	Released To
Transported By				Date Transported / / : :	Time Transported	Other	
N O T I C E <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) South County 200 W Atlantic Ave Delray Beach, FL 33446		Court Date and Time	
T O A P P E A R 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.				Date Signed 11/28/2017		No Photo Available	
Signature of Defendant (or Juvenile and Parent Custodian)				Date Signed 11/28/2017			
A D D Y HOD for Other Agency		Signature of Arresting Officer Scoti		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Stolen <input type="checkbox"/> Other		Name of Arresting Officer (Print) SAINT MARTIN, NORMILE		I.D. # 1103	(PRINT)		PAGE 1 OF 1
Intake Dept 809		Pouch # 1	Transporting Officer Patel, Rasal	I.D. # 1103	Agency DBPD	Witness here if subject signed with an "X"	

11/28/2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 08/27/2017 06:04	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-013549	
D E H I N G	Name (Last, First, Middle) SIMONELLI, SCOTT BENJAMIN	Alias	Race W Sex M Date of Birth 12/18/1972	
Charge Description 784.03(1a1) SIMPLE BATTERY(TOUCH OR STRIKE)				
V I C T I M	Victim's Name (Last, First, Middle) ROWLAND, TRICIA LYNN	Race W Sex F Date of Birth 12/11/1968		
Local Address (Street, Apt. Number) (City) (State) (Zip) 1539 FENTON DR, DELRAY BEACH, FL 33445		Phone (561) 789-0774	Address Source	
Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	
Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/> DEFENDANT'S STATEMENTS: <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SHAKING, SWEATING, CRYING		
VICTIM'S STATEMENTS: <input checked="" type="checkbox"/>				
RELATIONSHIP BETWEEN VICTIM & SUSPECT SISTER				
A D D I T I O N A L I N F O R M A T I O N	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	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: VICTIM	
	WEAPON USED: <input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:	
	WITNESSES: <input type="checkbox"/>	<input 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 type="checkbox"/>				
VICTIM PREGNANT: <input type="checkbox"/> <input 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				
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 <u>27</u> day of <u>August</u> , <u>2017</u> .				
FERRERI, GARY NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S. 17-10) 				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
CRIME ANALYSIS
AUG 28 2017

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 08/27/2017 06:04	Palm Beach County Narrative Continuation
Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-013549

N
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The following incident occurred in the City of Delray Beach, Palm Beach County, FL.

On 8/27/17 at approximately 0410 hours I responded to 1539 Fenton Dr in reference to a Domestic Dispute. Upon arrival I made contact with Tricia Rowland. Rowland was standing in the middle of the street in front of her residence waiting for officers because she was in fear for her life. Rowland was visibly shaken. She was shaking, sweating, and crying. Rowland advised me that her brother, Scott Simonelli, battered her. Rowland stated that Simonelli grabbed her by the neck and choked her. Rowland also stated that Simonelli threw her to the ground on her bathroom floor. Rowland stated that while she was on the ground, Simonelli continued to choked her and bang her head on the bathroom floor. Rowland stated that she broke free and ran. Rowland then stated that she went to the kitchen and grabbed a kitchen knife to defend herself. There appeared to be redness and marks around Rowland's neck.

I made contact with Simonelli and he stated Rowland attacked him with a kitchen knife. He stated that he defended himself by subduing Rowland. Simonelli stated that he did not choke or hit his sister. He simply defended himself. I did not observe any injuries on Simonelli.

Based on the above stated facts probable cause exist to charge Scott Simonelli with Domestic Simple Battery pursuant to F.S.S 784.03 (1a1)

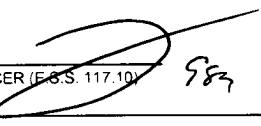
STATE OF FLORIDA
COUNTY OF PALM BEACH

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 27 day of August, 2017.

FERRERI, GARY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (E.S. 117.10)


SCANNED
AUG 28 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.