

0511073

NK

peh 3725

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 FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 19116503	
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 1. Yes 2. No		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 1190 OAKWATER DR., ROYAL PALM BEACH FL 33411			Location of Offense (Business Name, Address) 1190 OAKWATER DR., ROYAL PALM BEACH FL 33411			
Date of Arrest 09/18/2019	Time of Arrest 1430	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A

Name (Last, First, Middle) **Mariani, Scott, Micheal** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White 1 - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 10/17/1989	Height 5'10	Weight 160	Eye Color BLUE	Hair Color BLK	Complexion LIGHT	Build SMALL
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Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)
WRIST (LEFT) BACK

Marital Status **Single** Religion **CATHOLIC**

Local Address (Street, Apt. Number) (City) (State) (Zip) 1190 Oakwater Dr, Royal Palm Beach, FL 33411	Phone (607) 7656388	Residence Type: 1. City 2. County 3. Florida 4. Out of State 02
Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source VERBAL
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation RETAIL

D/L Number, State M650793893770, FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) ENDICOTT, NY	Citizenship USA
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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:

Address (Street, Apt. Number) (City) (State) (Zip)

Residence Phone () ()
Business Phone () ()

Notified by: (Name) Date Time

Juvenile Disposition
1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address provided by defendant and / or defendant's parents the child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address.
 Yes, by: (Name) No: (Reason)

School Attended Grade

Property Crime? Yes No Description of Property Value of Property

Drug Activity N. N/A P. Possess	S. Sell 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
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Charge Description AGG ASAULT WITH A DEADLY WEAPON	Counts 01	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.021(1)(a)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense # 19116503	Warrant / Capias Number

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 #	Warrant / Capias Number

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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court, Room Number, Address)

Court Date and Time
Month Day Year Time AM PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED TO BY ME AND THAT SHOULD I 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

09/18/2019 **SCANNED**

Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed

HOLD for other Agency Name:	Signature of Arresting Officer X DISKCE 7577	Name Verification (Printed by Arrestee) SLM	PAGE 1 OF 1
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) D/S K CHAIKIN	I.D. # 7577	
Intake Deputy 8535	Transporting Officer D/S K CHAIKIN	ID # 7577	Agency PBSO

Witness here if subject signed with an -X-

ADMIN Agency ORI Number **FLO 500000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06-19116503**
 Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other Special Notes:

DEF Name (Last, First, Middle) **Mariani, Scott, Micheal** Alias _____ Race **W** Sex **M** Date of Birth **10/17/1989**

CHARGES Charge Description **AGG ASSAULT** *w/ Deadly Weapon* Charge Description **784.021(1)(a)** Charge Description _____
 Charge Description _____ Charge Description _____

VICTIM Victim's Name (Last, First, Middle) **Giambrone, Jennifer, Lynn** Race **W** Sex **F** Date of Birth **01/24/1989**
 Local Address (Street, Apt. Number) **1190 Oakwater Dr, Royal Palm Beach, FL 33411** (City) _____ (State) _____ (zip) _____ Phone **(561) 370-5899** Address Source **FL DL**
 Business Address (Name, Street) _____ (City) _____ (State) _____ (zip) _____ Phone _____ Occupation **RETAIL**

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 _____
 confessed to _____ that he/she saw the arrested person commit the below acts,
 admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **18** day of **SEPT** 20**19** at **1430** A.M. P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT
 On 09/18/2019 at 1415 hours I responded to 1190 OAKWATER DR in the city ROYAL PALM BEACH, Palm Beach County Florida in reference to a call of aggravated assault. Upon arrival I spoke with Jennifer Giambrone who told me that the father of her two children and her live in boyfriend Scott Mariani had been upset that she wanted to leave with their daughters. According to Jennifer she was extremely afraid of what Scott would do after he stated that he would "blow her head off", Jennifer was shaking and her pallor was drained of all color. I had to tell Jennifer to take several deep breaths to calm down so that she could stop crying and control her voice enough to tell me what had occurred.
 Jennifer told me that Scott and her had argued the previous night due to the fact that she did not feel safe in the home due to the fact that the hurricane shutters where still up. As a result of the dispute she spent the night at her mother's house with her two daughters.
 Upon returning home on 09/18/19at approximately 1400 hours she and Scott argued about her being gone all night with the children. Jenifer claims that Scott became enraged and told her that he was leaving with the children, and if she attempted to stop him he would "Blow her head off", Jennifer further stated that Scott has anger issues and she is in constant fear that Scott will hurt her and or the children. Jennifer also said that Scott always carries a knife on him and that she saw it in his right front pocket during the dispute. (It should be noted that a pocket knife was clipped and removed from his right front pocket upon making contact with him). Jennifer and Scott told me that he has two firearms in the house. Both Scott and Jennifer stated that the firearms are kept locked up upstairs.
 Jennifer claimed that out of fear of what Scott would do to her and the children texted her Parents to call Law Enforcement because of Scott and that he had threatened her that he would "blow her head off" I saw those texts on Jennifer's mother's phone. I spoke with Scott he stated that he was upset that Jennifer had left overnight with their children but that he never threatened to "blow Jennifer's head off". Jennifer wrote a sworn statement and gave a taped statement that she was afraid of Scott for her and her daughters because of Scott's statement that he told her he would "blow her head off" Jennifer told me she was afraid of what Scott would do because of his violent temper and furthermore Jennifer on a taped sworn statement stated that after Scott had threatened to "blow her head off" he (Scott) had gone upstairs where the guns are kept with the ammo.
 Jennifer stated that she felt that Scott could carry out his threat, she was also afraid because he always is armed with a knife. Deputies recovered two rifles and ammo upstairs in the home consistent with Jennifer's statements.
 Due to my investigation and the sworn statements Scott Mariani was arrested and charged with Aggravated Assault with a deadly weapon. Pursuant to F.S.S. 784.021(1)(a) Scott was handcuffed checked for proper fit and transported to Palm Beach County Criminal Justice Center without incident. Scott's firearms were taken into custody and placed into PBSO's evidence, a call to DCF was made regarding the children being present. A level 2 call was made via PBSO dispatch and a 911 recording request was made.
 A copy of the log entry was sent to the Violent Crimes division.

ADMINISTRATIVE STATE OF FLORIDA COUNTY OF PALM BEACH
 Signature of Arresting/Investigative Officer: *D/S K C H 702* **D/S K CHAIKIN**
 The foregoing instrument was sworn to or affirmed and subscribed before me this **18** day of **SETEMBER** 20 **19** by **D/S FLORES 8478**
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced **KNOWN**
 Signature: *D/S C. Flores # 8478*
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Mariani, Scott, Micheal DOB: 10/17/1989 Case #: 19116503

Victim: Giambrone, Jennifer, Lynn DOB: 01/24/1989 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Giambrone, CYNTHIA

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: _____

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: MARIANI AYRIANA DOB: 09/32018

Name: MARIANI AUDRINA DOB: 07/27/2016

Name: _____ DOB: / /

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: THEY ATTACKED ME

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: I'M SO SCARED

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: GIMBRONE CYNTHIA phone (561) 671 - 9032

Observations of Victim (Physical & Emotional): FRIGHTENED

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 1190 Oakwater Dr, Royal Palm Beach, FL 33411

Phone: Home (561) 370-5899 Work () - - Cell () - -

Employer: _____

Name of Relative: GIMBRONE, CYNTHIA Phone (561) 671 - 9032

Address: _____

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

Mariani, Scott, Micheal

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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.**

1. Incident Report #: 19116503 Agency: PBSO
Offense: AGG ASSAULT
Suspect/Offender: Mariani, Scott, Micheal
D.O.B. 10/17/1989 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Giambrone, Jennifer, Lynn D.O.B. 01/24/1989 Race: W Sex: F
Address: 1190 Oakwater Dr
City: Royal Palm Beach, FL 33411
Home #- (561) 370-5899 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: 561 671 9032 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: Giambrone, Jennifer, Lynn

Deputy's Name: D/S FLORES 8478 I.D.# 7577 Date: 09/18/2019



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 informaton.	
	<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"/>	(vii) 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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019030507 WDC	Date: 09/19/2019
	Specialist Name/ID: howardt/7185