

0510616

19mm 10069
ARREST / NOTICE TO APPEAR

1944

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 19-013873		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE							
	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 Hands/fist/feet/teeth		Multiple Clearance Indicator		1											
	Location of Arrest (Including Name of Business) 1000 E ATLANTIC AVE, DELRAY BEACH, FL						Location of Offense (Business Name, Address) 1000 E ATLANTIC AVE, DELRAY BEACH, FL 33483											
D E F E N D A N T	Date of Arrest 09/01/2019		Time of Arrest 00:35		Booking Date 09/01/2019		Booking Time 00:45		Jail Date 09/01/2019		Jail Time 00:39							
	Name (Last, First, Middle) ORAPELLO-SAUER, THERESA J																	
	Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: SAUER, THERESA J																	
C O D E F	Race W - White B - Black I - American Indian O - Oriental/Asian W		Sex F		Date of Birth 05/28/1972		Height 5'02		Weight 100		Eye Color BROWN		Hair Color BROWN		Complexion MEDIUM		Build MEDIUM	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 3505 OAKS WAY 403, POMPANO BEACH, FL 33069						Phone (954) 240-7275											
J U V E N I L E	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 3505 OAKS WAY 403, POMPANO BEACH, FL 33069						Phone (954) 240-7275											
	Business Address (Name, Street) (City) (State) (Zip)						Phone											
	D/L Number, State 0614810726880 / FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) HOBOKOENN, NJ		Citizenship							
C O D E F	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							
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian																	
	Name (Last, First, Middle)																	
	Address (Street, Apt. Number) (City) (State) (Zip)																	
C O D E F	Notified by: (Name) _____ Date _____ Time _____																	
	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. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____																	
C H A R G E	Drug Activity: <input type="checkbox"/> N. N/A <input type="checkbox"/> S. Sell <input type="checkbox"/> R. Seize <input type="checkbox"/> K. Dispense/Distribute <input type="checkbox"/> M. Manufacture/Produce/Cultivate <input type="checkbox"/> Z. Other Drug Type: <input type="checkbox"/> N. N/A <input type="checkbox"/> A. Amphetamine <input type="checkbox"/> B. Barbiturate <input type="checkbox"/> C. Cocaine <input type="checkbox"/> E. Heroin <input type="checkbox"/> H. Hallucinogen <input type="checkbox"/> M. Marijuana <input type="checkbox"/> O. Opium/Deriv. <input type="checkbox"/> P. Paraphernalia/Equipment <input type="checkbox"/> S. Synthetic <input type="checkbox"/> U. Unknown <input type="checkbox"/> Z. Other																	
	Charge Description: SIMPLE BATTERY (TOUCH OR STRIKE) Statute Violation Number: 784.03(1A1) Violation of ORD #: _____																	
	Drug Activity: _____ Drug Type: N Amount / Unit: _____ Offense #: _____ Counts: 1 Domestic Violence: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number: _____ Bond: NONE																	
I N T A R K 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: _____ Bond: _____																	
	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: _____ Bond: _____																	
	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"/> Injury Explain: _____																	
N O T I C E T O A P P E A R	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"/> PROPERTY - Received By _____ Released By _____ Released To _____ <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health																	
	Transported By: _____ Date Transported: _____ Time Transported: _____ Other: _____																	
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" 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 33444 Court Date and Time: _____																	
A D M I N I S T R A T I O N	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 _____																	
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____						Signature of Arresting Officer: _____ I.D.# 1175 Name of Arresting Officer (Print): WILDER, VINCENT T Name of Reporting Officer: WILDER I.D.# 1175 Agency: DBPD											
Name Verification (Printed by Arrestee) _____ (PRINT) PAGE 1 OF 1 Witness here if subject signed with an "X": _____																		

VICTIM NOTIFICATION REQUIRED

No Photo Available

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

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/01/2019 00:40	Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 19-013873	
	Agency ORI Number FL 0500400				

D E F E N D A N T	Name (Last, First, Middle) ORAPELLO-SAUER, THERESA J	Alias SAUER, THERESA J	Race W	Sex F	Date of Birth 05/28/1972
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Charge Description
784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)

V I C T I M	Victim's Name (Last, First, Middle) MILANESE, JEFFREY MARTIN	Race W	Sex M	Date of Birth 10/29/1971
	Local Address (Street, Apt. Number) (City) (State) (Zip) 6430 HUDSON BAY LANE, LAKE WORTH, FL 33467	Phone (561) 429-3490	Address Source	
	Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

DEFENDANT'S STATEMENTS: Written Taped Oral


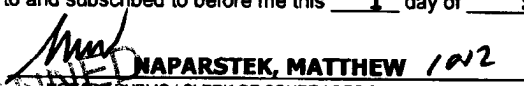
VICTIM'S STATEMENTS: Written Taped Oral

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):
SCRATCHES

RELATIONSHIP BETWEEN VICTIM & SUSPECT
BOYFRIEND

A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Victim: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	911 CALL: <input type="checkbox"/> CALLER: YES <input checked="" type="checkbox"/>	
	WEAPON USED: <input type="checkbox"/> TYPE: YES <input checked="" type="checkbox"/>	
	WITNESSES: <input type="checkbox"/> (If YES, attach witness list) YES <input checked="" type="checkbox"/>	
	INJURIES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/>	
	AT: Scene: <input type="checkbox"/> PARAMEDICS: <input type="checkbox"/>	
	Hospital: <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/>	
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> NAMES/AGES: YES <input checked="" type="checkbox"/>	
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/>	
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/>	
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> CASE #: YES <input checked="" type="checkbox"/>	
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/>	
	ALCOHOL OR DRUGS INVOLVED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

The following incident occurred within the City of Delray Beach, Palm Beach, County, FL.
On 09/01/2019 at approximately 0020 hours, Sgt. Naparstek observed the victim, Jeffrey Milanese, and the defendant, Theresa Orapello-Sauer, involved in a physical altercation in the 1000 blk of E Atlantic Ave. Upon

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 1 day of September, 2019.

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

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 09/01/2019 00:40	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 19-013873
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arrival on the scene, the victim had his hands out in a manner of avoiding touching the defendant. I observed the defendant pulling and pushing the victim away from Sgt. Naparstek as he was trying to speak to the victim.

As I got closer to the victim, I could see he had several scratch marks on his face and arms. When I asked the victim how he got the scratch marks he pointed to the defendant and stated she just drank too much and lost it on him.

I spoke to the defendant, who stated she normally does not drink that much, and she just lost it on the victim. The defendant stated she doesn't remember what they were fighting over. I asked her why the victim had scratch marks on his face and arms, she replied that she did it to him.

It should be noted that the victim and the defendant have been in a relationship for three years.

Based on the above stated facts, probable cause exists to charge the defendant, Theresa Orapello-Sauer with violation of F.S.S. 784.03(1A1) SIMPLE BATTERY (TOUCH OR STRIKE).

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.

 1175
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 1 day of September, 2019.


NAPARSTEK, MATTHEW 1012
NOTARY 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)
- Attempted Murder
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 19-013873 Agency: DBPD
 Offense: Battery
 Suspect/Offender: Theresa Giapello Saver
 D.O.B. 5/28/72 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Jeffrey M. Ianese
 Address: 6430 Hudson Bay Ln.
 City: Lake Worth State: FL Zip: 33467
 Home #: 561-429-3490 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):

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 : Wilder I.D.: 1175 Date: 9/1/19

SUSPECT/OFFENDER: Theresa Giapello Saver COURT CASE/WARRANT #: _____
 (FOR WARRANTS USE ONLY)



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019028575	Date: 09/01/2019
	Specialist Name/ID: M. Tooks #8557