

JKT # 0347047		ARREST / NOTICE TO APPEAR Juvenile Referral Report		17mm Supp 2017	
OBS Number		Agency ORI Number		Agency Name	
FLO 5 0 0 2 0 0		BOCA RATON POLICE SERVICES DEPT.		Agency Report Number (N.T.A.'s only)	
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor	
5. Ordinance 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)		799 Berkeley Street		Location of Offense (Business Name, Address)	
799 Berkeley Street		799 Berkeley Street			
Date of arrest		Time of Arrest		Booking Date	
01.2.2.17		21.3.9		01/22/17	
Booking Time		Jail Date		Jail Time	
2200					
Location of Vehicle		N/A			
Name (Last, First, Middle)		Mariano Walter Suvar		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race		Sex		Date of Birth	
W - White B - Black		M		1.1.3.0.6.3	
Height		Weight		Eye Color	
6'01"		225		BRN	
Hair Color		Complexion		Build	
BLK		LGT		Lrg	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion	
Vetto Arm eagle		S		Catholic	
Indication of: Alcohol Influence Drug Influence		Y N Unk.			
Local Address (Street, Apt. Number)		(City)		(State)	
799 Berkeley Street		Boca Raton FL		33487	
Phone		Residence Type:		1. City 2. County 3. Florida 4. Out of State	
(813) 770-6122		1			
Permanent Address (Street, Apt. Number)		(City)		(State)	
Business Address (Name, Street)		(City)		(State)	
Crazy Cadets					
Phone		Occupation			
		Woodworking			
D/I Number, State		INS Number		Place of Birth (City, State)	
MG50910634300				New York	
Citizenship					
US					
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Parent Legal Custodian Other:		Name (Last)		(First)	
Address (Street, Apt. Number)		(City)		(State)	
Notified by: (Name)		Date		Time	
Released To: (Name)		Relationship		Date	
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2529) informed of any change of address.		School Attended		Grade	
Yes, by: (Name)		No: (Reason)			
Property Crime?		Description of Property		Value of Property	
Yes No					
Drug Activity		S. Sell N. N/A P. Possess		R. Smuggle D. Deliver T. Traffic	
K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type		B. Barbiturate N. N/A A. Amphetamine		C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description		Counts		Domestic Violence DY CN	
Domestic Battery		1		CN	
Statute Violation Number		Violation of ORD #			
7.8.9.10.3		11.1.2.1.1			
Warrant / Capias Number		Bond			
1		N/A			
Charge Description		Counts		Domestic Violence DY CN	
Statute Violation Number		Violation of ORD #			
Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence DY CN	
Statute Violation Number		Violation of ORD #			
Warrant / Capias Number		Bond			
Health/Apparent Physical Condition of Defendant		Property - Rec'd. By		Released By	
Good		N/A		N/A	
Any knowledge of the following, place an "X" and explain: Mental; Escape Risk; Medication; Deformities; Injuries		Released To			
Explain:					
Check which applies: Released O.R.; Posted Bond; Released to Parent/Guardian; S. County Mental Health; T.O.T. County Jail					
Transported By: Date Time Other					
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)			
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time			
		Month Day Year Time A.M. P.M.			
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 Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
		X		729	
Dangerous Suicidal Resisted Arrest Other:		Name of Arresting Officer (Print)		(PRINT) MAURER, S 728	
		Maurer, S			
Intake Deputy		Transporting Officer		Agency	
W6/802		28		GRAD	
I.D. #		I.D. #		PAGE	
				OF	
Witness here if subject signed with an "X".					
DISTRIBUTION: WHITE - JUVENILE COPY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT (N.T.A.'s ONLY)					

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMINISTRATIVE	Date / Time 01/22/2017 21:39		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-001071	
	Name (Last, First, Middle) MARANO, WALTER JUNIOR						Race W	Sex M
CRIMINAL	Charge Description 784.03(1A1)							
	Victim's Name (Last, First, Middle) [REDACTED]						Race W	Sex F
VICTIM	(Zip)						Phone [REDACTED]	
	Business Address (Name, Street) (City) (State) (Zip)						Address Source [REDACTED]	
ADDITIONAL INFORMATION	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET					
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>							
ADDITIONAL INFORMATION	RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]							
	PHOTOGRAPHS: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Victim: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 911 CALL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CALLER: TYPE: WEAPON USED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If YES, attach witness list) WITNESSES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> INJURIES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEDICAL TREATMENT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> AT: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PARAMEDICS: Hospital: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:							
	ACT COMMITTED IN PRESENCE OF MINOR(S): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NAMES/AGES:							
	H. R. S. NOTIFIED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
	VICTIM PREGNANT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
	VIOLATION OF RESTRAINING ORDER: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CASE #:							
	PRIOR HISTORY OF DOMESTIC VIOLENCE: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
	ALCOHOL OR DRUGS INVOLVED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
	On 01/22/2017 at approximately 2035 hours, I responded to 799 Berkeley Street, in reference to a domestic altercation.							
	Upon arrival I made contact with a w/f later identified as, [REDACTED] and her [REDACTED], a w/m later							
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	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 22 day of January , 2017 . HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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	01/22/2017 21:39	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2017-001071

complete a witness statement. [REDACTED] was given a domestic rights pamphlet. DCF was notified.

NOT A CERTIFIED COPY

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 22 day of January, 2017.

HARDING, BRANDON BLAZE
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

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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.

1. Incident Report#: 17-1071 Agency: BRPD
Offense: AAB Simple domestic Battery
Suspect/Offender: Walter Merano
D.O.B. 11/30/63 Race: W Sex: M
2. Warrant#(s): N/A
- 3.a. Victim's Address: [REDACTED] City: [REDACTED] Home#: [REDACTED] : F
- b. Victim's next of kin, friend or neighbor: N/A
Address: _____
City: _____ State: _____ Zip: _____
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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: _____ I.D.# _____ Date: _____

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

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____