

21CF5812

J# 0524561

P# 923

OBTS Number		ARREST/NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number : 06-21085117					
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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 Pot		Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) 14596 Shadow Wood LN				Location of Offense (Business Name, Address) 14596 Shadow Wood LN				Delray Beach, FL 33484			
Date of Arrest 07/12/21	Time of Arrest 21:59	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last) Feldman		(First) Abby		(Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 11/15/1954	Height 5'08	Weight 135	Eye Color HAZEL	Hair Color BLONDE	Complexion FAIR	Build SMALL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Divorced		Religion Judaism		Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 14596 Shadow Wood Ln			(City) Delray Beach, FL 33484		(State) FL		(Zip) 33484		Phone 5615412006		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number)			(City)		(State)		(Zip)		Phone		Address Source
Business Address (Name, Street)			(City)		(State)		(Zip)		Phone		Occupation
DL Number, State F435000549150, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Brooklyn, NY		Citizenship USA			
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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other:		(Last)		(First)		(Middle)		Residence Phone			
Address (Street, Apt. Number)		(City)		(State)		(Zip)		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 <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 type="checkbox"/> No		Description of Property				Value of Property					
Drug Activity 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 Aggravated Battery		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.045(1a1)		Violation of ORD #					
Drug Activity NA		Drug Type NA	Amount / Unit	Offense # 21085117	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 #	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 #	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 #	Warrant / Capias Number		Bond				
Location (Court, Room Number, Address)											
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/>											
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. 07/12/21											
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed					
HOLD for other Agency Name:		Signature of Arresting Officer V. Lagrotteria				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Arresting Officer (Print) V. Lagrotteria		I.D. # 34273		(PRINT) SCANNED			
Intake Deputy [Signature]		I.D. # 678		Pouch #		Transporting Officer V. Lagrotteria		ID # 34273		Agency PBSO	
Witness here if subject signed with you											

JOSEPH ARRUZZO, CLERK
PALM BEACH COUNTY
GUN CLUB

FILED
JUL 13 2021
AM 6:10

SCANNED

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PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile NA
OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21085117
ADMIN	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other
CHARGES	Name (Last, First, Middle) Feldman Abby		Alias	Race W	Sex F
DEE	Date of Birth 11/15/1954		Special Notes:		
CHARGES	Aggravated Battery		784.043 (1a)		
VICTIM	Victim's Name (Last, First, Middle) Hoffman Marc		Race W	Sex M	Date of Birth 01/29/1950
VICTIM	Local Address (Street, Apt. Number) 14596 Shadow Wood LN		(City) Delray Beach, FL 33484	(State) (zip) 5615422607	Phone VERBAL
VICTIM	Business Address (Name, Street)		(City) (State) (zip)	Phone	Occupation
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12</u> day of <u>July</u> 20<u>21</u> at <u>2026</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On the above date and time, I responded to PBSO District 4's substation. Contact was made with a Marc Hoffman who appeared to have blood on his nose, shirt, and hands. Hoffman advised, he went home and wanted to make some food. Hoffman advised he couldn't find his cooking pot and asked Abby where it was. According to Hoffman, Abby became upset and got the cooking pot out of the dishwasher. Hoffman advised Abby got upset and came toward Hoffman and hit him in on the nose with the cooking pot. Hoffman advised, once he got hit with the cooking pot he punched Abby in reaction to being hit. Hoffman stated, he backed away and was pushed by Abby into the china set outside of his bedroom.</p> <p>I then went back to the residence located at 14596 Shadow LN Delray Beach, FL 33484. I walked inside the residence and noticed numerous spots of blood on the floor surrounding a cooking pot. I also noticed spots of blood on the carpet floor of Hoffmans' bedroom.</p> <p>Contact was made with Abby who advised, Hoffman knocked on her door and asked for a pot. According to Abby, she went and got the pot for Hoffman out of the dishwasher and gave it to him. Abby advised, nothing transpired after she handed Hoffman the pot.</p>					
NOT A COURT DOCUMENT					
STATE OF FLORIDA COUNTY OF PALM BEACH V. Lagrotteria (ID #) 34273 (Signature of Arresting/Investigative Officer)					
ADMINISTRATIVE	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>12</u> day of <u>July</u> 20 <u>21</u> by <u>V. Lagrotteria</u> <u>34273</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> DEPUTY SHERIFF				
ADMINISTRATIVE	<u>Philip 32910</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				

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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 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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021017240	Date: 7/13/21
	Specialist Name/ID: A. Pinkney/7796

SCANNED
JUL 13 2021