

U.S. 2021

ARREST / NOTICE TO APPEAR

FD 2402

50-2021-MM-004662-AMB

1. Arrest 2. N.T.A 3. Request for Warrant 4. Request for Capias

1 JUVENILE

A D M I N I S T R A T I O N	ORIS Number		Agency ORI Number 0502300		Agency Name North Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 7 / 0 21-000510			
	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 UNARMED		Multiple Clearance Indicator					
D E F E N D A N T	Location of Arrest (Including Name of Business) 327 SOUTHWIND DR #304 NPB, FL 33408, 327 SOUTHWIND DR				Location of Offense (Business Name, Address) 327 SOUTHWIND DR 304, NORTH PALM BEACH, FL 33408					
	Date of Arrest 09/11/2021	Time of Arrest 09:53	Booking Date 09/11/2021	Booking Time 10:03	Jail Date //	Jail Time	Location of Vehicle			
C O D E F	Name (Last, First, Middle) ZELUCK, CRISTIANE				Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White I - American Indian B - Black O - Oriental/Asian S - Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Sex F	Date of Birth 12/31/1976	Height 5'07	Weight 135	Eye Color BRO	Hair Color BLND	Complexion FAIR	Build M/D	
	Local Address (Street, Apt. Number) 327 SOUTHWIND DR 304, NORTH PALM BEACH, FL 33408		(City)	(State)	(Zip)	Phone (917) 392-0112		Indication of Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		
	Permanent Address (Street, Apt. Number) 327 SOUTHWIND DR 304, NORTH PALM BEACH, FL 33408		(City)	(State)	(Zip)	Phone (917) 392-0112		Residence Type: 1. City 3. Florida 2. County 4. Out of State		
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Address Source Occupation		
J U V E N I L E	DL Number, State Z420100769710 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) BRASIL			
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile			
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)				Residence Phone			
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)				Business Phone			
C H A R G E	Notified by (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated			
	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.				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		Value of Property			
	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	2. 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. Synthetic
Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)						Statute Violation Number 784.03(1)(A)(I)		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input checked="" 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		
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"/> Injuries Explain:				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		
Transported By		Date Transported		Time Transported		Other				
<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) North County PALM BEACH GARD		Court Date and Time 10/07/2021 08:30:00		
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)				
Signature of Arresting Officer						Name Verification (Printed by Arrestee)				
HOLD for Other Agency		Signature of Arresting Officer		Name of Arresting Officer (Print) HACHIGIAN, G.		ID # 9748		PAGE 1 OF 1		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer HERNANDEZ		ID # 9890		Agency NPBPD		
Witness here if subject signed with an "X"										

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

SEP 11 AM 10:51

NORTH PALM BEACH POLICE DEPARTMENT
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#: 21000510 Agency: N Palm Bch PD
Offense: Domestic Battery
Suspect/Offender: Christiane Zelluck
D.O.B. 12/31/1976 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Roy Zelluck
Address: 327 Southwind Dr #304 N Palm Bch, FL 33408
City: _____ State: _____ Zip: _____
Home #: 9178488838 Work#: _____ Other: _____

b. Victim's next of kin: N/A
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work#: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: N/A
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: D. Hachigian I.D.: 9748 Date: 09/11/2021


SUSPECT/OFFENDER: Christiane Zelluck

COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/11/2021 08:37		Agency ORI Number FL 0502300		Agency Name NORTH PALM BEACH POLICE		Agency Report Number 7 0 21-000510	
	Name (Last, First, Middle) ZELUCK, CRISTIANE						Race W	Sex F
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) ZELUCK, ROY SCOTT						Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 733 FAIRHAVEN PLACE, NORTH PALM BEACH, FL 33408				Phone (917) 848-8838		Address Source	
	Business Address (Name, Street) (City) (State) (Zip) RETIRED				Phone		Occupation	
	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM							
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>								
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>								
RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE								
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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: ARESTEE				
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:				
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)				
	INJURIES:	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>						
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #: 21000235					
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
N A R R	On 09/11/2021 at approximately 0810 hours, I responded to 327 Southwind Drive #304, in the city limits of North Palm Beach, Palm Beach County, for a domestic call for service. North Regional Police Communications advised it was an argument, and the female, identified as Christiane Zelluck 12/31/1976, would be waiting outside. On arrival, contact was made with Christiane.							
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>personally known to me</u> , 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>11</u> day of <u>September</u> , <u>2021</u>								
HERNANDEZ, NICHOLAS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

CERTIFIED COPY

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 09/11/2021 08:37	Agency ORI Number FL 0502300	Agency Name NORTH PALM BEACH POLICE	Agency Report Number 7 0 21-000510
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Christiane stated that she was in an argument with her husband, W/M Roy Zelluck 08/23/1952. At the time of the argument, Roy was inside of the kitchen, eating at a table. While eating, Christiane took coffee and threw it directly on him.

Contact was made with Roy. Roy stated he was eating, and an argument had ensued. During the argument, Christiane picked up a glass of coffee and threw the coffee in his direction. The coffee-soaked his shirt he was wearing was on the floor and the surrounding wall. Roy thought she was also going to throw the glass at him, but, "Thank God she didn't." Roy signed and completed a North Palm Beach Police Department Affidavit of Prosecution.

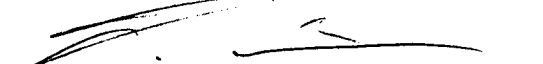
Christiane was placed under arrest, handcuffed, and secured in the rear of the North Palm Beach Patrol vehicle. Christiane was wearing a white robe and red sleep-type pajama pants. Christiane was transported to Palm Beach County Jail.

End of report.

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 11 day of September, 2021

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



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

REVIEW COMPLETED BY

Booking Number: 2021022718

Date: 9/12/2021

Specialist Name/ID: M. Tooks #8557