

0375877 20mm 7873m 9/64

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 514 20-003400
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, Feet, Fist, Teeth
Location of Arrest (Including Name of Business) 300 VIA ROYALE #307 JUPITER FL, 33458		Location of Offense (Business Name, Address) 300 VIA ROYALE 307, JUPITER, FL 33458		
Date of Arrest 10/08/2020	Time of Arrest 21:21	Booking Date	Booking Time	Jail Date

Name (Last, First, Middle) EGITTO, DEBRA ANN		Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: EGITTO, DEBRA ANN		
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 04/10/1962	Height 5'04
Weight 130	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion Others	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) 300 VIA ROYALE 307, JUPITER, FL 33458		City	State	Zip
Permanent Address (Street, Apt. Number) 300 VIA ROYALE 307, JUPITER, FL 33458		City	State	Zip
Business Address (Name, Street)		City	State	Zip
D/L Number, State E230161626300 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) Havana FL	Citizenship

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"/> 1. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)	Residence Phone
Address (Street, Apt. Number)	(City)	(State)
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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
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. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamines	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)	Statute Violation Number 784.03(1)(A)(1)	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	

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> South County Mental Health
Transported By	Date Transported

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time
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	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Report	Pouch #	Witness here if subject signed with an "X".

STAY AWAY FROM CERTIFIED VICTIM NOTIFICATION

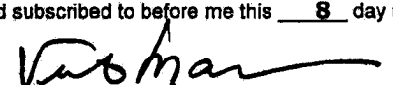
2020 OCT 9 AM 6:00

No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 10/08/2020 21:21		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-003400																																																																																																									
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N A R R	On 10/8/2020, at 2050 hours, I was dispatched to 300 Via Royale # 307, in reference to a domestic disturbance call. Upon arrival, I met with the caller, Debra A. Egitto (W/F, DOB 4/10/1962), and her live-in boyfriend, Chris J. Stamatakis, (W/M, DOB 2/6/1961).																																																																																																														
	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 <u>8</u> day of <u>October</u> , <u>2020</u> .																																																																																																															
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																																																																															

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number		
Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-003400
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	Special Notes:

Name (Last, First, Middle) EGITTO, DEBRA ANN	Alias EGITTO, DEBRA ANN	Race W	Sex F	Date of Birth 04/10/1962
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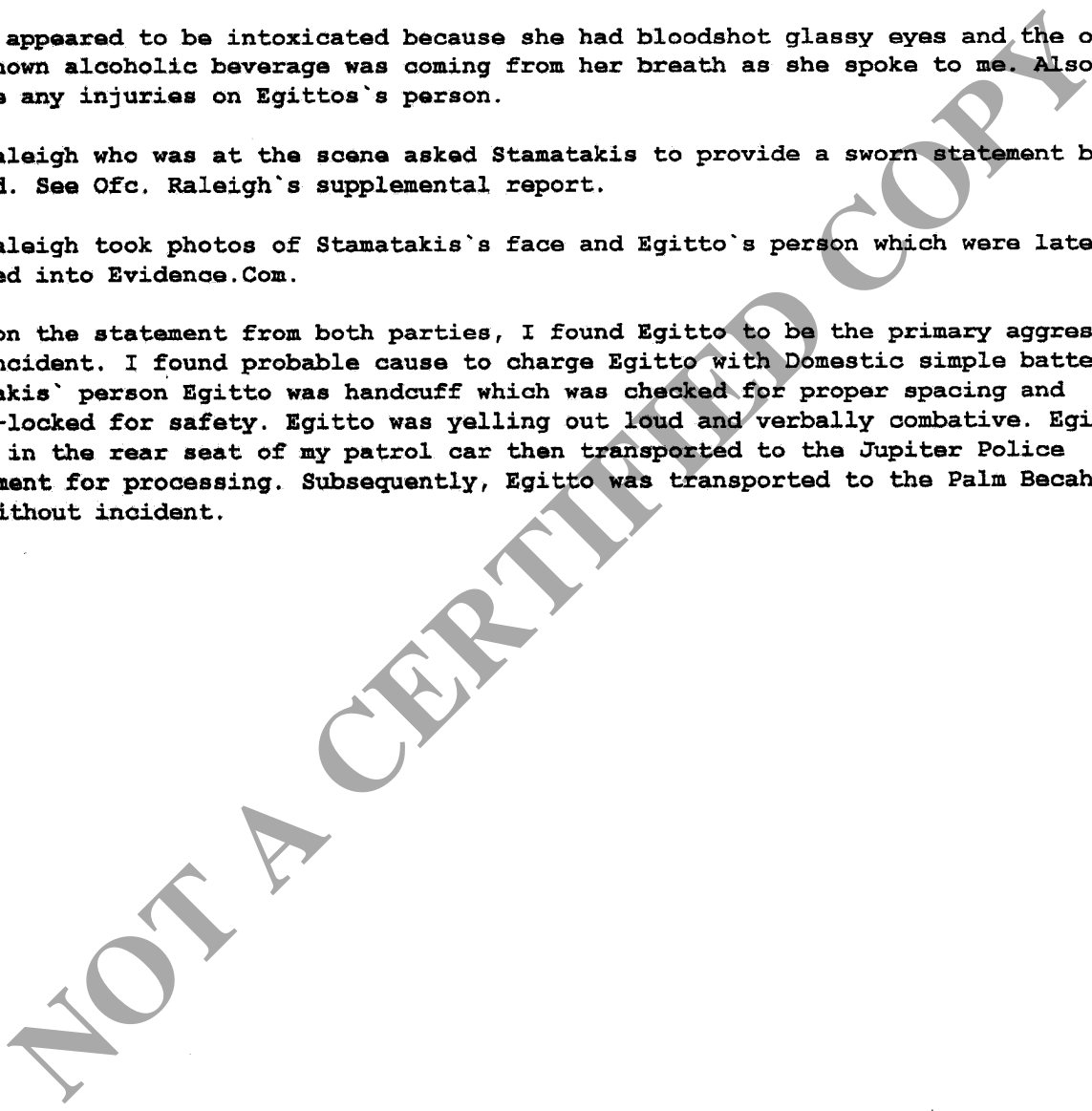
couch and she was on the other couch doing some paperwork; Stamatakis was sitting on the couch doing "Everything." and then he attacked her and she was in fear for her life. I asked Egitto to be more detailed over the physical altercation between her and Stamatakis and she said that she did not remember.


Egitto appeared to be intoxicated because she had bloodshot glassy eyes and the odor of an unknown alcoholic beverage was coming from her breath as she spoke to me. Also, I did not see any injuries on Egitto's person.

Ofc. Raleigh who was at the scene asked Stamatakis to provide a sworn statement but he refused. See Ofc. Raleigh's supplemental report.

Ofc. Raleigh took photos of Stamatakis's face and Egitto's person which were later uploaded into Evidence.Com.

Based on the statement from both parties, I found Egitto to be the primary aggressor in this incident. I found probable cause to charge Egitto with Domestic simple battery on Stamatakis' person Egitto was handcuff which was checked for proper spacing and double-locked for safety. Egitto was yelling out loud and verbally combative. Egitto was placed in the rear seat of my patrol car then transported to the Jupiter Police Department for processing. Subsequently, Egitto was transported to the Palm Beach County Jail without incident.



SWORN AND SUBSCRIBED BEFORE ME  _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 10/08/2020 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER _____ TAPPIN, KEVIN (1212) NAME OF OFFICER (PLEASE PRINT) _____ 10/08/2020 DATE	PAGE 2 OF 2
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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)
- Attempted Murder
- 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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

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

1. Incident Report #: 20003400 Agency: Jupiter Police Department
Offense: Domestic Battery Simple Strike or Touch
Suspect/Offender: Debra A. Egitto
D.O.B. 04/10/1961 Race: White Sex: Female

2. Warrant #(s): N/A

3a. Victim's Name: Chris Stamatakis D.O.B. 2/6/1961 Race: W Sex: M
Address: 300 Via Royale #307
City: Jupiter State: Florida ZIP: 33458
Home #: 480-5607429 Work #: _____ Other: _____

3b. Victim's Next of Kin, Friend or Neighbor: _____
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:** 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: _____

Officer's Name: K. Tappin I.D. # 367 Date: 10/8/2020

SUSPECT/OFFENDER: _____
COURT CASE/WARRANT #: _____
(FOR WARRANT 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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020023843	Date: 10/09/2020
	Specialist Name/ID: T Howard/7185