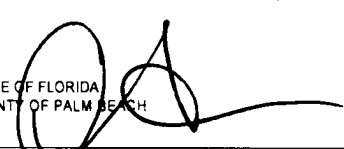
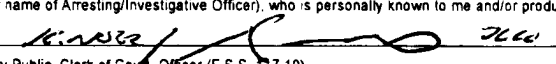


0336804

21CF 7168 AMB

3717

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		N											
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21-100974																	
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		Multiple Clearance Indicator		06																	
Location of Arrest (Including Name of Business) 1810 NW 21ST ST BOYNTON BEACH FL 33436						Location of Offense (Business Name, Address) 1810 NW 21st St Boynton Beach FL 33436																	
Date of Arrest 08/29/2021		Time of Arrest 0015		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
Name (Last, First, Middle) Andruzzi, Joseph, Henry												Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 11/08/1963		Height 5'09		Weight 219		Eye Color HAZEL		Hair Color GRAY		Complexion Dark		Build Large							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status Married		Religion Mrs.		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>					
Local Address (Street, Apt. Number) 1810 Nw 21st St, Boynton Beach, FL 33436						(City)		(State)		(Zip)		Phone (561) 777-4906		Residence Type 1. City 2. County 3. Florida 4. Out of State		3							
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone (561) 777-4906		Address Source FL DL									
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ()		Occupation CASHIER									
D/L Number, State A536488634080				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) BROOKLYN, NY				Citizenship US							
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									
Parent Name (Last, First, Middle)						Legal Custodian Name (Last, First, Middle)						Other Name (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 S. Sell 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 (deadly weapon) Domestic						Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.045(1)(a)2						Violation of ORD #							
Drug Activity N						Drug Type N		Amount / Unit		Offense # 21-100974		Warrant / Capias Number						Bond NONE					
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 NEGLECT OF ELDERLY PERSON/ DISABLED ADULT						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 825.102(3)(A)(1)(b)						Violation of ORD #							
Drug Activity N						Drug Type N		Amount / Unit		Offense # 1		Warrant / Capias Number						Bond 15,000					
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) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600												Court Date and Time Month 08 Day 29 Year 2021 Time AM				PM							
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.												08/29/2021				Date Signed							
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed											
HOLD for other Agency Name						Signature of Arresting Officer [Signature]						Name Verification (Printed by Arrestee) SCANNED											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other						Name of Arresting Officer (Print) D/S O. Allen						I.D. # 32402											
Intake Deputy [Signature]						Transporting Officer [Signature]						ID # 32402						Agency					
Witness here if subject signed with an "X"												AUG 30 2021				AUG 29 AM 4:43				PAGE			
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)																							

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N		
ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-100974					
	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		Special Notes			
DEF	Name (Last, First, Middle) Andruzzi, Joseph, Henry				Alias		Race W		Sex M		Date of Birth 11/08/1963	
CHARGES	Charge Description AGGRAVATED BATTERY (deadly weapon) Domestic				784.045(1)(a)2		Charge Description					
	Charge Description NEGLECT OF ELDERLY PERSON/ DISABLED ADULT				825.102(3)(A)(1)		Charge Description					
VICTIM	Victim's Name (Last, First, Middle) Larosa, Lisa, M				Race W		Sex F		Date of Birth 09/14/1960			
	Local Address (Street, Apt. Number) 1810 Nw 21st St, Boynton Beach, FL 33436				(City)		(State)		(zip)		Phone ()	
	Business Address (Name, Street)				(City)		(State)		(zip)		Phone ()	
<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. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>28</u> day of <u>August</u> 20<u>21</u> at <u>2:00</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 1810 NW 21st street located in unincorporated Boynton Beach, Florida, Palm Beach County in reference to a disturbance.</p> <p>Upon my arrival, I made contact with Kelley Andruzzi (04/24/67), who informed me that inside the residence was her sister-in-law Lisa M Larosa (09/14/60). Kelly stated that Lisa has been physically abused by her brother Joseph Andruzzi (11/08/63) for over the past few years. The most recent incident, being in her presence, which had been approximately two days ago included: Lisa being battered by an aluminum baseball bat, which Joseph had removed from behind the couch and stuck Lisa on left side of her head and or facial area for no apparent reason. Additional units and I therefore entered the residence to conduct a welfare check on Lisa. Lisa was located in a spare bedroom lying on the bed's wood frame and partially on the air mattress. Lisa's physical appearance was observed to be malnourished and physically injured with lack of body mass while wearing urinated and defecated adult diapers. Lisa's eyes sockets were visibly swollen and discolored to where Lisa's eyeball looked as if it had sunken in towards the orbital bone structure. Various parts of Lisa's head appeared to be purple with red discoloration as if being struck by a blunt object. Based on the observed mentioned observations, PBCFR 241 (Run #: 21097269) was requested to respond to the scene; Lisa was subsequently transported to Delray Medical Center for potential head related trauma and or additional medical concerns.</p> <p>To continue my investigation, I conducted a sworn recorded statement with Joseph. Joseph advised me of the following statement post, Miranda. Joseph stated that his sister Lisa's condition had gotten worse in the last couple of weeks. He has been unable to retrieve any identification information for her from New York state, and that nobody will accept her to seek proper medical attention. Joseph also said that the injuries present were from when Lisa fell. However, Joseph did not seek proper medical attention for Lisa over some time. Joseph stated that at no point in time, he has never abused his sister.</p> <p>After Lisa arrived at the local hospital, investigation revealed that the trauma ER doctor had concluded that Lisa was abused and malnourished. That Lisa had bruises that were days old, a scan of her body presented that she had an old rib and back fracture.</p> <p>Based on the above investigation and evidence present, I find probable cause exists to charge Joseph H Andruzzi (11/08/63) with violation of F.S.S 784.045(1)(a)2 Aggravated Domestic Battery and F.S.S 825.102(3)(A)(1) Neglect of an Elderly Person.</p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p> D/S O.Allen (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>29</u> day of <u>AUGUST</u> 20<u>21</u> by <u>D/S O.Allen</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u></p> <p> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>PAGE 1 OF 1</p>												

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Suspect: Andruzzi, Joseph, Henry DOB: 11/08/1963 Case #: 21-100974

Victim: Larosa, Lisa, M DOB: 09/14/1960 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene ☒ Yes ☐ No Victim ☐ Yes ☐ No Defendant ☐ Yes ☐ No

911 Call: ☒ Yes ☐ No Caller: _____

Weapon Used: ☒ Yes ☐ No Type: BASEBALL BAT

Witness: ☒ Yes ☐ No Name: Andruzzi, Kelley, Sue

Victim Pregnant: ☐ Yes ☒ No If yes, _____ weeks _____ months

Injuries: ☒ Yes ☐ No Description: BRUISING

Medical Treatment: ☒ Yes ☐ No

At Scene: ☐ Yes ☒ No Paramedics: _____

At Hospital: ☒ Yes ☐ No Hospital: DELRAY MEDICAL Physician: DR. HUE

Are Children Living in Home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No

Name: ANTHONY ANDRUZZI DOB: 02 / 17 / 2006

Name: ALISON ANDRUZZI DOB: 02 / 17 / 2006

Name: _____ DOB: / /

Injunction ☐ Yes ☒ No Case #: _____

No Contact Order ☐ Yes ☒ No Case #: _____

Alcohol or Drugs ☐ Yes ☒ No ☐ Unknown

Prior History of Domestic/Dating Violence ☐ Yes ☒ No

Defendant's Statements ☒ Yes ☐ No If yes, ☐ written ☒ recorded ☐ oral

First words Defendant said when you responded to scene: _____

Victim's Statements ☐ Yes ☒ No If yes, ☐ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☒ No If yes, name: _____ phone () - _____

Observations of Victim (Physical & Emotional): _____

☐ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☒ Other Unable to speak Malnourised and Abused

Victim Contact Information:

Local Address: 1810 Nw 21st St, Boynton Beach, FL 33436

Phone: Home () - _____ Work () - _____ Cell () - _____

Employer: _____

Name of Relative: _____ Phone () - _____

Address: _____

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.**

SUSPECT/OFFENDER:

Andruzzi, Joseph, Henry

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

1. Incident Report #: **21-100974** Agency: _____
Offense: **AGGRAVATED BATTERY (deadly weapon) Domestic**
Suspect/Offender: **Andruzzi, Joseph, Henry**
D.O.B. **11/08/1963** Race: **W** Sex: **M**

2. Warrant # (s): _____

3.a. Victim's name: **Larosa, Lisa, M** D.O.B. **09/14/1960** Race: **W** Sex: **F**
Address: **1810 Nw 21st St**
City: **Boynton Beach, FL 33436**
Home #- **0** Work #: **0** Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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: **Larosa, Lisa, M**

Deputy's Name: **D/S O.Allen** I.D.# **32402** Date: **08/29/2021**



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

REVIEW COMPLETED BY

Booking Number: 2021021507

Date: 8/29/21

Specialist Name/ID: A. Pinkney/7796