

50-2020-CF-010439-AMB

ARREST / NOTICE TO APPEAR

1 Arrest (No Warrant) 3 Request for Warrant
6 Arrest (Warrant) 4 Request for Capias
2 N.T.A 5 Juvenile Referral

1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2020-014590			
Charge Type Check as many: <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	If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator 1					
Location of Arrest (Including Name of Business) 5250 TOWN CENTER CIR			Location of Offense (Business Name, Address) 5250 TOWN CENTER CIR, BOCA RATON, FL 33486					
Date of Arrest 12/27/2020	Time of Arrest 21:22	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) MAZZELLA, LIANNA TARYNN			Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	Sex F	Date of Birth 03/22/1998	Height 5'04	Weight 130	Eye Color HAZEL	Hair Color BLONDE	Complexion MEDIUM	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R FINGER / CROSS; TATT BACK NECK / GABRELLA ELISE			Marital Status S	Religion CATHOLIC	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) 1500 SW 15TH ST, BOCA RATON, FL 33486			Phone (561) 767-1483		Residence Type 1 City 3 Florida 2 County 4 Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1500 SW 15TH ST, BOCA RATON, FL 33486			Phone (561) 767-1483		Address Source DEFENDANT			
Business Address (Name, Street) (City) (State) (Zip) BURT AND MAXS, DELRAY BEACH			Phone (561) -		Occupation Server			
D/L Number, State M240538986020 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) BRONX, NY, United	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	
Name (Last, First, Middle)						Residence Phone		
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone		
Notified by: (Name)						JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT / AC 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		
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property		
Drug Activity N N/A P Possess						Drug Type N N/A A Amphetamine		
S Sell B Buy T Traffic						B. Barbiturate C Cocaine E Heroin		
R. Smuggle D. Deliver E. Use						H. Hallucinogen M. Marijuana O. Opium/Deriv.		
K. Dispense/Distribute						P. Paraphernalia/Equipment S. Synthetic		
M. Manufacture/Produce/Cultivate						U. Unknown Z. Other		
Z. Other								
Charge Description BATTERY ON A LAW ENFORCEMENT OFFICER						Statute Violation Number 784.07(2B)	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond	
Charge Description Resisting w/ violence						Statute Violation Number 843.01	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 OR <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By	Released By	
Transported By						Date Transported	Time Transported	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED						No Photo Available		
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed		
HOLD for Other Agency						Name Verification (Printed Name) DEC 27 PM 10:42		
Name of Arresting Officer (Print) CASTELLANOS, M. D.						I.D. # 597		
Transmitting Officer Wilson 8241						I.D. # 837		
Pouch #						Agency 804		
Witness here if subject signed with an 'X'						PAGE 1 OF 1		

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

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PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 N/A 4 Request for Capias

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JUVENILE

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-014590
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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:
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Name (Last, First, Middle) MAZZELLA, LIANNA TARYNN	Alias	Race W	Sex F	Date of Birth 03/22/1998
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Charge Description 784.07(2B) BATTERY ON A LAW ENFORCEMENT OFFICER	Charge Description
Charge Description 843.01 Resisting w/ violence (w/)	Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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

- committed the below acts in my presence.
- was observed by _____ who told _____ that he/she saw the arrested person commit the below acts
- confessed to _____
- was found to have committed the below acts, resulting from my (described) investigation admitting to the below facts.

On the 27 day of December, 2020 at 18:24 (Specifically include facts constituting cause for arrest.)

On 12/27/20 at 6:24 PM I responded to a report of a fight in progress at Rocco's Tacos restaurant, located in the Boca Center shopping plaza at 5250 Town Center Road. Before I arrived, an update said that a male was unconscious. Sergeant Peter Augello and I detained Joseph Chapdelaine when he failed to obey my commands. I also detained Lianna Mazzella after she struck me.

Upon my arrival in the shopping plaza, pedestrians pointed frantically toward Chapdelaine and Mazzella; the couple walking away from us in the parking lot. I turned and saw the couple as they approached a parked car. The collar of Chapdelaine's black t-shirt seemed to be torn. Believing they had some involvement in a crime involving serious injuries, I stood out of my car and detained them by ordering them both to sit on the ground. After some protests, they both complied.

I asked about injuries and Chapdelaine said "I don't know. I got hit by a car." As I started a radio request for paramedics, he stood, and walked away from me. I took hold of his right arm twice. Chapdelaine pulled his arm away from me twice. Then Sgt Augello assisted in detaining him.

Mazzella ran up behind us. Fearing that she would attack Sgt Augello, I ordered her back. She slapped me on the chest as she stepped away, making a phone call. I ordered her to sit on the ground repeatedly and she disobeyed my orders. When I moved to take hold of her left arm, she pulled away and sat, shouting "I'm on the ground, you piece of shit!" As I called for more officers, Mazzella disobeyed me by standing again. I took hold of her left arm, telling her to sit. But she pulled away, shouted, "My dad's a cop," and struck me again, high on my chest. Holding her left wrist and pressing behind her right shoulder, I pushed her to the ground and applied handcuffs. Investigator Christo Rucco assisted me in this. I adjusted the handcuffs as best I could with her squirming and double-locked them. Mazzella pulled and squirmed until

SWORN AND SUBSCRIBED BEFORE ME

CARUSO, MARK RICHARD

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

12/27/2020

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASTELLANOS, MARTIN DANIEL (597)

NAME OF OFFICER (PLEASE PRINT)

12/27/2020

DATE

PAGE

1 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

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JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-014590
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Charge Type Check as many as apply.	<input checked="" type="checkbox"/> 1 Felony	<input type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance	Special Notes
	<input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 6 Other	

Name (Last, First, Middle) MAZZELLA, LIANNA TARYNN	Alias	Race W	Sex F	Date of Birth 03/22/1998
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other officers arrived and assisted.

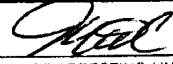

Because Lianna Mazzella actually and intentionally struck me, a uniformed police officer who arrived in a marked patrol car with emergency lights activated, and because she did so against my will as I was engaged in the lawful performance of my duty, all while Lianna Mazzella knew that I was a law enforcement officer; I had probable cause to believe that she committed Battery on a Law Enforcement Officer, as defined by Florida State Statute 784.07(2)(b), a third degree felony.

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NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	CARUSO, MARK RICHARD		CASTELLANOS, MARTIN DANIEL (597)
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)
	12/27/2020	12/27/2020	DATE
	DATE		



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: 2020030292	Date: 12/28/2020
	Specialist Name/ID: C. Anastasi/#21908