

0515390

2020mm02726 AMP 2608

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) 06-20-047119					
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					Weapon Seized / Type 1. Yes 2. No 2		Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) 200 INLET WAY #6, Palm Beach Shores, FL 33404					Location of Offense (Business Name, Address) 200 INLET WAY #6, Palm Beach Shores, FL 33404					
Date of Arrest 03/08/2020		Time of Arrest 21:25	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) Mazzocco, Lisa, Marie										
Alias (Name, DOB, Soc. Sec. #, Etc.)										
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 09/15/1957		Height 5'04	Weight 135	Eye Color BRO	Hair Color BRO	Complexion Light	Build Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR BY EYBROW AND SCAR ON LEFT FOOT					Marital Status Divorced	Religion CHRISTIAN	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 200 INLET WAY APT 6, PALM BEACH SHORES, FL 33404				Phone (814) 933-6870		Residence Type: 1. City 2. County 3. Florida 4. Out of State 4				
Permanent Address (Street, Apt. Number) 2415 S Street RD, Warrington, PA 18976				Phone ()		Address Source				
Business Address (Name, Street) ()				Phone ()		Occupation				
D/L Number, State 17896280, PA		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) ALTOONAL, PA		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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Residence Phone ()							Business Phone ()		
Address (Street, Apt. Number) (City) (State) (Zip)										
Notified by: (Name)	Date	Time	Juv. 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. Amphetamines	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description SIMPLE BATTERY (DOMESTIC)			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(1)			Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-047119	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										
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 03/08/2020			
HOLD for other Agency Name:			Signature of Arresting Officer [Signature]			Name of Detention (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) [Signature]	I.D. # 36199	Name of Arresting Officer (Print) [Signature]	I.D. # 36199	Agency PBSO	PAGE 1			
Intake Deputy [Signature]	I.D. # 8101	Pouch #	Transporting Officer D/S BUMGARDNER	ID # 36199	Agency PBSO	Witness here if subject signed with an 'X' [Signature]				

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 20-047119				
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) Mazzocco, Lisa, Marie		Alias		Race W	Sex F	Date of Birth 09/15/1957		
Charge Description SIMPLE BATTERY (DOMESTIC)		784.03(1)(A)(1)		Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) Demarco, Lorie, Ann		Race W		Sex F	Date of Birth 02/19/1964			
Local Address (Street, Apt. Number) 200 INLET WAY APT 6, PALM BEACH SHORES, FL 33404		(City)	(State)	(zip)	Phone (717) 578-6543	Address Source		
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 checked="" type="checkbox"/> was observed by LORIE DEMARCO who told D/S BUMGARDNER</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts.</p> <p>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 8th day of March 2020 at 21:30 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On 03/08/2020 at approximately 9:15PM, D/S Sanchez (36150) and I responded to 200 Inlet Way Palm Beach Shores, FL 33404 in reference to a domestic in progress. Upon arrival we made contact with W/F Ashley Demarco who stated that her mother and aunt were fighting in the kitchen. She stated that she ran into the bathroom with her son and locked the door. Upon entering the kitchen, we came into contact with two W/Fs who were arguing. One female identified as Lorie Ann Demarco had bruising on her face and arm. The other female identified as Lisa Marie Mazzocco had no visible markings that I could see. Both parties were immediately separated. It should also be noted that the parents of both women were in the living room when we arrived. Mazzocco was placed in handcuffs, doubled locked and checked for space, and advised that she was being detained. I spoke with Lorie who stated that she and her sister had been arguing over who was going to take care of their elderly parents. That was when Lorie stated that she put her hands up against Mazzocco and then she was attacked. She stated that Mazzocco punched her with a closed fist and bit her. Upon surveying Lorie's injuries, I saw that she suffered a swollen upper right lip, and bite marks on her left fore arm, which drew a little blood. I spoke with Ashley, who stated that she did not see the whole altercation. She stated that she heard yelling and came into the kitchen to see what was going on. She stated that was when she saw her mother Lorie go down and her aunt hitting her. I took recorded statements from the victim and the witness. It should be noted that the elderly couple in the home stated that they did not see anything or who started it. I then spoke with Mazzocco, who was sitting in the backseat of my patrol vehicle. I advised her of her Miranda rights on the in-car camera recording system. She advised that she understood her rights and would provide me with a statement.</p> <p>Mazzocco stated that she and Lorie had been arguing over the care of their elderly parents. She stated that Lorie struck her first and tried to choke Mazzocco with her arm. That was when Mazzocco bit Lorie and then punched her. It should be noted that no one stated that they saw this occur. It should again be noted that I did not physically see any marking on Mazzocco. All injuries that were noticeable were on Lorie.</p> <p>Based on the information above and the fact that both women were sisters related by blood, I do believe probable cause exist to charge Lisa Marie Mazzocco with one count simple battery (domestic) per F.S.S. 784.03(1)(A)(1).</p>								
STATE OF FLORIDA COUNTY OF PALM BEACH <i>D/S D. Bumgardner 36199</i> (Signature of Arresting Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>8th</u> day of <u>MARCH</u> 20 <u>20</u> by <u>D/S D. Bumgardner</u> (Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>PERSONALLY KNOWN</u>								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <i>Delaney 28996</i>								
								PAGE 1 OF 1

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

Suspect: Mazzocco, Lisa, Marie DOB: 09/15/1957 Case #: 20-047119

Victim: Demarco, Lorie, Ann DOB: 02/19/1964 Race: W Sex: F

Relationship between Victim and Defendant: SISTERS

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: DEMARCO, ASHLEY

Weapon Used: Yes No Type: _____

Witness: Yes No Name: DEMARCO, ASHLEY

Victim Pregnant: Yes No If yes, ___ weeks ___ months

Injuries: Yes No Description: SWOLLEN UP RIGHT LIP, BITE MARK ON LEFT FORE ARM

Medical Treatment: Yes No

At Scene: Yes No Paramedics: RIVIERA BEACH FIRE RESCUE

At Hospital: Yes No Hospital: _____ Physician: _____

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

Name: _____ DOB: / /

Name: _____ DOB: / /

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: What did I do? What's going on?

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

First words Victim said when you responded to scene: What's going on?

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 _____

Victim Contact Information:

Local Address: 200 INLET WAY APT 6, PALM BEACH SHORES, FL 33404

Phone: Home (717) 578-6543 Work () - _____ Cell () - _____

Employer: _____

Name of Relative: DEMARCO, ASHLEY Phone (717) 517-2777

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: **Mazzocco, Lisa, Marie**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

1. Incident Report #: 20-047119 Agency: _____
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: Mazzocco, Lisa, Marie
D.O.B. 09/15/1957 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Demarco, Lorie, Ann D.O.B. 02/19/1964 Race: W Sex: F
Address: 200 INLET WAY APT 6
City: PALM BEACH SHORES, FL 33404
Home #- (717) 578-6543 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: DEMARCO, ASHLEY
Address: _____
City: _____
Home #: 717 517-2777 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: Demarco, Lorie, Ann

Deputy's Name: D/S D. Bumgardner I.D.# 36199 Date: 03/08/2020

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PALM BEACH CNTY SHERIFF'S OFFICE

Date: 03/09/2020
Time: 1:33 AM
Page: 1 of 1

VICTIM NOTIFICATION ENTRY

Defendant Name: MAZZOCCO, LISA MARIE

SSN: [REDACTED]

Book #: 2020007726

Victim First Name: LORIE

Victim Middle Name: ANN

Victim Last Name: DEMARCO

Victim Full Name: DEMARCO, LORIE ANN

Victim Minors Name:

Victim Address 1: 200 INLET WAY

Victim Address 2: APT 6

Victim City: PALM BEACH SHORES

Victim State/Zip: FL 33404

Minor Relationship:

Day Phone: (717) 578-6543

Night Phone:

Last 4 SSN:

Victim Type: DOMESTIC VIOLENCE

Victim Id: 169572

Book #: 2020007726

Entry By: 6199 Modified By: 6199

NOT A CERTIFIED COPY



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"/>	F.C. Art. 1, Sect 16	Other: Marsy's Law	
	<input type="checkbox"/>	119.071(2)(M)	Other: Personal identifying information of a witness to a murder.	

REVIEW COMPLETED BY

Booking Number: 2020007726	Date: 03/09/2020
	Specialist Name/ID: VARGO/6665