


50-2021-CF-001830-AMB
 0521709 1364

ARREST / NOTICE TO APPEAR
 Juvenile Referral Report

1. Arrest 3. Request for Warrant
 2. N.T.A. 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) 06-21-040386	
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	
Location of Arrest (Including Name of Business) 8176 Thames Blvd. Apt. A Boca Raton, FL 33433		Location of Offense (Business Name, Address) 8176 Thames Blvd. #A, Boca Raton, FL 33433			
Date of Arrest 03/01/2021	Time of Arrest 01:00	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) Billante, Tammy, Ann					
Race W - White I - American Indian B - Black O - Oriental/Asian W					
Sex F					
Date of Birth 3/3/1962					
Height 5'03					
Weight 167					
Eye Color Brown					
Hair Color Blonde					
Complexion Light					
Build Medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None					
Marital Status Single					
Religion CATHOLIC					
Indication of Alcohol Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/>					
Indication of Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/>					
Local Address (Street, Apt. Number) (City) (State) (Zip) 8176 Thames Blvd Apt A, Boca Raton, FL 33433					
Phone (561) 901-3570					
Residence Type: 1. City 2. County 3. Florida 4. Out of State 3					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone FL DL					
Business Address (Name, Street) (City) (State) (Zip) Phone Occupation Unemployed					
DL Number, State B453801625830, FL		Soc. Sec. Number		INS Number	
Place of Birth (City, State) Pittsburgh, PA		Citizenship USA			
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) Residence Phone <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other					
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 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/Product/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 Counts Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Statute Violation Number Violation of ORD # Battery (Over 65) 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N 784.08(2c)					
Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond N N 21-040386					
Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Statute Violation Number Violation of ORD #					
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Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input checked="" 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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996					
Court Date and Time Month Day Year Time AM PM 03/01/2021 6:00 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 03/01/2021					
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed	
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer Michael D'Avanzo		Name Verification (Printed by Arrestee) MAR 3 2021	
Intake Deputy Dunn 690		Name of Arresting Officer (Print) Michael D'Avanzo		I.D. # 29008	
I.D. # 690		Transporting Officer M. D'Avanzo		I.D. # 29008	
Pouch #		Agency PBSO		Witness here if subject signed with an -X" 1	

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-040386
ADMIN	Charge Type: Check as many as apply.		Special Notes:		
	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance		
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other		
IDEE	Name (Last, First, Middle) Billante, Tammy, Ann		Alias	Race W	Sex F
				Date of Birth 3/3/1962	
CHARGES	Charge Description Battery (Over 65)		Charge Description 784.08(2c)		
	Charge Description		Charge Description		
VICTIM	Victim's Name (Last, First, Middle) Walsh, Robin, Gail		Race W	Sex F	Date of Birth 08/02/1951
	Local Address (Street, Apt. Number) 8176 Thames Blvd. Apt. A, Boca Raton, FL 33433		(City)	(State)	(zip)
	Business Address (Name, Street)		(City)	(State)	(zip)
	Phone (561) 888-5553		Address Source		
	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 type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 28 day of February 2021 at 23:30 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>					
<p>On February 28, 2021 I responded to 8176 Thames Blvd. Apt A. Boca Raton, FL 33433 in reference to an apparent battery which just occurred. Upon my arrival I made contact with white female Tammy Billante who was standing in the parking lot near the above stated address. Tammy was bleeding from the top right side of her head and she stated her live in roommate Robin Walsh hit her in the head with a ceramic statute that was inside of the home. I attempted to get information from Tammy about the incident but she was being uncooperative at the time being.</p> <p>I went to the apartment and made contact with Robin who was sitting inside, I asked robin what occurred in the residence and why Tammy was bleeding from the top of her head. Robin stated she was out shopping and she returned home around 23:30 hours. When she entered the patio of the residence Tammy was standing in the door way of the home and would not let Robin inside of the house. Robin attempted to maneuver past Tammy to enter the residence but Tammy grabbed the bags she was carrying and threw them on the floor. Tammy was still preventing Robin from entering the home and at this point Robin stated Tamm began to hit her on the arms and started pulling her hair. Robin was able to gain entry into the home and made her way into the dining area of the home. Robin stated at this point Tammy was following Robin around the home and telling her she was going to hit her if she didn't leave the home. Robin stated she grabbed her mother's urn and threatened to throw it on the ground if she didn't leave her alone. Robin stated Tammy grabbed her by the hair again and started to hit her on the arm. While this was happening Robin stated she grabbed a small ceramic statue on the table and hit Tammy over the head with it in self-defense to get her away and off of her.</p> <p>There were scratch marks on both of Robin's arms and I saw patches of hair on the ground of the home where Robin stated the incident occurred. Robin filled out a sworn written statement of the incident.</p> <p>I returned to Tammy and asked her what occurred, she stated Robin got home and threw her shopping bags on her and then for no reason at all started attacking her and hit her over the head with a statue on the table. Tammy refused to fill out a sworn written statement of the incident.</p> <p>Based on my investigation and the information I have gathered I have found Tammy Billante has violated one count F.S.S. 784.08(2c) Battery on 65 years or older. Tammy was treated at West Boca medical center for her head injury and cleared by medical staff.</p>					
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p> Michael D'Avanzo Signature of Arresting/Investigative Officer</p>				
ADMINISTRATIVE	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>1</u> day of <u>March</u> 20<u>21</u> by <u>Michael D'Avanzo</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known LEO</u></p> <p><u>Sa. [Signature]</u> 7916 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>				
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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: 2021005076	Date: 03/01/2021
	Specialist Name/ID: T Howard/7185