

JIC# 0429087

21mm 4977 # 2226

OBS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-083867							
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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) 11294 HAWK HOLLOW Lake Worth, FL. 33449				Location of Offense (Business Name, Address) 11294 HAWK HOLLOW Lake Worth, FL. 33449							
Date of Arrest 07/08/2021		Time of Arrest 19:50		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) IZOTOV		YAKUB		Alias (Name, DOB, Soc. Sec. #, Etc.) ALEX							
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 11/16/1996		Height 5-11		Weight 200		Eye Color BROWN	
Hair Color BROWN		Complexion LIGHT		Build MEDIUM							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single		Religion JEWISH		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 11294 HAWK HOLLOW				(City) Lake Worth, FL.		(Zip) 33449		Phone (561) 814-9860		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) Same				(City) ()		(State) ()		(Zip) ()		Address Source FL. DL.	
Business Address (Name, Street) ()				(City) ()		(State) ()		(Zip) ()		Occupation PROPERTY MANAGER	
D/L Number, State I231961964160, FL				INS Number ()		Place of Birth (City, State) ST. PETERSBURG, RUSSIA		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:				Name (Last)		(First)		(Middle)		Residence Phone ()	
Address (Street, Apt. Number)				(City)		(State)		(Zip)		Business Phone ()	
Notified by: (Name)				Date 07/08/2021		Time		Juvenile Detention 1. Handcuffed 2. T.O.T. HRS / DYS 3. TOT HRS / DYS 4. TOT HRS / DYS 5. TOT HRS / DYS 6. TOT HRS / DYS 7. TOT HRS / DYS 8. TOT HRS / DYS 9. TOT HRS / DYS 10. TOT HRS / DYS 11. TOT HRS / DYS 12. TOT HRS / DYS 13. TOT HRS / DYS 14. TOT HRS / DYS 15. TOT HRS / DYS 16. TOT HRS / DYS 17. TOT HRS / DYS 18. TOT HRS / DYS 19. TOT HRS / DYS 20. TOT HRS / DYS 21. TOT HRS / DYS 22. TOT HRS / DYS 23. TOT HRS / DYS 24. TOT HRS / DYS 25. TOT HRS / DYS 26. TOT HRS / DYS 27. TOT HRS / DYS 28. TOT HRS / DYS 29. TOT HRS / DYS 30. TOT HRS / DYS 31. TOT HRS / DYS 32. TOT HRS / DYS 33. TOT HRS / DYS 34. TOT HRS / DYS 35. TOT HRS / DYS 36. TOT HRS / DYS 37. TOT HRS / DYS 38. TOT HRS / DYS 39. TOT HRS / DYS 40. TOT HRS / DYS 41. TOT HRS / DYS 42. TOT HRS / DYS 43. TOT HRS / DYS 44. TOT HRS / DYS 45. TOT HRS / DYS 46. TOT HRS / DYS 47. TOT HRS / DYS 48. TOT HRS / DYS 49. TOT HRS / DYS 50. TOT HRS / DYS 51. TOT HRS / DYS 52. TOT HRS / DYS 53. TOT HRS / DYS 54. TOT HRS / DYS 55. TOT HRS / DYS 56. TOT HRS / DYS 57. TOT HRS / DYS 58. TOT HRS / DYS 59. TOT HRS / DYS 60. TOT HRS / DYS 61. TOT HRS / DYS 62. TOT HRS / DYS 63. TOT HRS / DYS 64. TOT HRS / DYS 65. TOT HRS / DYS 66. TOT HRS / DYS 67. TOT HRS / DYS 68. TOT HRS / DYS 69. TOT HRS / DYS 70. TOT HRS / DYS 71. TOT HRS / DYS 72. TOT HRS / DYS 73. TOT HRS / DYS 74. TOT HRS / DYS 75. TOT HRS / DYS 76. TOT HRS / DYS 77. TOT HRS / DYS 78. TOT HRS / DYS 79. TOT HRS / DYS 80. TOT HRS / DYS 81. TOT HRS / DYS 82. TOT HRS / DYS 83. TOT HRS / DYS 84. TOT HRS / DYS 85. TOT HRS / DYS 86. TOT HRS / DYS 87. TOT HRS / DYS 88. TOT HRS / DYS 89. TOT HRS / DYS 90. TOT HRS / DYS 91. TOT HRS / DYS 92. TOT HRS / DYS 93. TOT HRS / DYS 94. TOT HRS / DYS 95. TOT HRS / DYS 96. TOT HRS / DYS 97. TOT HRS / DYS 98. TOT HRS / DYS 99. TOT HRS / DYS 100. TOT HRS / DYS		Grade	
Released To: (Name)				Relationship		Date		Time		NOTIFICATION REQUIRED	
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/ Disinfect		M. Manufacture/ Produce/ Cultivate		Z. Other	
Charge Description Battery		Counts 1		Domestic Violence <input checked="" 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 # 21-083867		Warrant / Capias Number		Bond	
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	
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	
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)											
Court Date and Time Month Day Year 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											
Signature of Defendant (or Juvenile and Parent / Custodian)											
Date Signed											
HOLD for other Agency Name:				Signature of Arresting Officer D. Martinez				Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake #				Name of Arresting Officer (Print) D/S.D. Martinez				(PRINT)			
ID # 36836				Transporting Officer D. Martinez				ID # 36836			
Witness here if subject signed with an "X"										PAGE 1 OF 1	

JUL 09 2021

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 Juvenile		
ADMIN	OBTS Number			Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-083867		
	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:		
CHARGES	Name (Last, First, Middle)	IZOTOV YAKUB		Alias ALEX		Race W	Sex M	Date of Birth 11/16/1996		
	Charge Description	Battery 784.03(1)(a)(1)		Charge Description						
VICTIM	Name (Last, First, Middle)	TIMPY YULIA L		Race W	Sex F	Date of Birth 01/27/68				
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source				
	11294 HAWK HOLLOW	LAKE WORTH,	FL.	33449	(561) 827-3624	FL DL				
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation				
						Unknown				
<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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 8TH day of JULY 20 21 at 19:50 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>ON JULY 08, 2021 AT APPROXIMATELY 19:50 HOURS, I WAS RESPONDED TO 11294 HAWK HOLLOW, LAKE WORTH, FL. 33449, IN REFERENCE TO A DOMESTIC BATTERY.</p> <p>UPON MY ARRIVAL, I MET WITH THE VICTIM, YULIA TIMPY, WHO REPORTED HER SON, YAKUB IZOTOV, GRABBED HER FROM BEHIND BY THE WAIST AND BY THE FACE WITH HIS HANDS AND THREW HER TO THE GROUND. ONCE SHE WAS ON THE GROUND, YULIA STATED YAKUB TOLD HER THAT HE DID NOT WANT TO HAVE TO KILL HER. THE INCIDENT STARTED AFTER YULIA TOLD YAKUB THAT HE HAS TO LEAVE THE HOUSE. YAKUB BECAME IRATE AND AGGRESSIVE SHOUTING AT YULIA. WHEN YULIA TOLD HIM TO STOP AND LEAVE THE HOUSE, THAT IS WHEN YAKUB GRABBED HER FROM BEHIND AND THREW HER TO THE GROUND. YAKUB HELD HER TO THE GROUND UNTIL SHE STATED SHE WAS CALLING FOR POLICE. YAKUB RELEASED HER AND YULIA LEFT THE HOUSE IN A PANIC AND WAITED AT THE ENTRANCE GATE TO THE COMMUNITY UNTIL LAW ENFORCEMENT ARRIVED. YULIA LEFT THE RESIDENCE, DUE TO SHE WAS IN FEAR BECAUSE YAKUB IS A TRAINED MMA FIGHTER. YULIA SUSTAINED SCRAPES TO HER LEFT KNEE FROM WHEN SHE HIT THE GROUND.</p> <p>YAKUB WAS APPREHENDED IN HIS VEHICLE AT LAKE WORTH ROAD WEST OF 120TH AVE SOUTH WITH NO FURTHER INCIDENT.</p> <p>BASED ON THE ABOVE FACTS AND MY INVESTIGATION, PROBABLE CAUSE EXISTS FOR YULIA IZOTOV IN VIOLATION OF F.S.S 784.03 (1) (A)(1) - DOMESTIC BATTERY. YAKUB IZOTOV WAS PLACED UNDER ARREST, HANDCUFFED BEHIND HIS BACK USING TWO PAIRS OF HANDCUFFS FOR SHOULDER WIDTH, HANDCUFFS WERE CHECKED FOR FIT AND DOUBLE LOCKED. HOGNESS WAS TRANSPORTED TO THE COUNTY JAIL WITH NO FURTHER INCIDENT.</p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S D. Martinez (Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this		8TH		day of JULY		20 21		by D/S D. Martinez 36836	
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known LEO									
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										

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

Suspect: IZOTOV, YAKUB DOB: 11/16/76 Case #: 21-083867

Victim: TIMPY, YULIA DOB: 1/1/78 Race: W Sex: F
Relationship between Victim and Defendant: PARENT OF DEFENDANT

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

911 Call: ☒ Yes ☐ No Caller: YULIA TIMPY

Weapon Used: ☐ Yes ☒ No Type: _____

Witness: ☐ Yes ☒ No Name: _____

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

Injuries: ☒ Yes ☐ No Description: SCRAPES ON LEFT KNEE

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: _____

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: _____

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 _____

Victim Contact Information:

Local Address: 11294 HAWK HOLLOW

LAKE WORTH, FL 33449

Phone: Home () - _____ Work () - _____ Cell 361 327-3624

Employer: _____

Name of Relative: TONY CABALLO Phone (361) 968-4433

Address: 173 N. CLEAR ROAD, WPB

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.**

1. Incident Report #: 21-083867 Agency: PBSO
Offense: DOMESTIC BATTERY
Suspect/Offender: IZOTOV, YAKUB
D.O.B. 11/16/96 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: TIMPY, YULIA D.O.B. 11/17/68 Race: W Sex: F
Address: 11294 HAWK HOLLOW
City: LAKE WORTH FL. 33447
Home #- 0 Work #: 0 Other: 361-827-3624

b. Victim's next of kin, friend or neighbor: TONY CABALLO
Address: 173 N. CLEARY ROAD
City: WPB
Home #: _____ Work #: _____ Other: 361-8762-4433

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: ,,

Deputy's Name: D/S D. MARTINEZ

I.D.# 36836

Date: 07/28/21

White/Corrections or State Attorney (Warrant Application)
PBSO 00029A REV. 4199

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER: IZOTOV, YAKUB

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

09 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: 2021016851	Date: 7/9/2021
	Specialist Name/ID: T Howard/7185

SCANNED
JUL 09 2021