24mm 1390MB JH 0547139

☒ Marsy's Law CVI FL. Const. Art.1 § 16(b)

PP 143

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06-24035298

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type

Multiple Clearance Indicator: 1

Location of Arrest (including Name of Business): [redacted]

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Jail Date	Jail Time	Location of Vehicle
02/16/24	22:54			

DEFENDANT

Name (Last, First, Middle): **Esposito Fabbizzio**

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/21/1972	5'07"	170	BROWN	BLACK	FAIR	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **No Tattoos**

Marital Status: **Married** Religion: **Catholic**

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address: [redacted] (City) (State) (Zip)

Mobile Phone: **561-670-6084**

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address: [redacted] (City) (State) (Zip)

Phone:

Address Source: **VERBAL**

Business Address (Name, Street): (City) (State) (Zip)

Phone:

Occupation: **Banker**

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
E212240721010, FL	[redacted]		Brooklyn, NY	USA

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone ( )

(NO BOND)

Notified by: (Name) Date Time Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. To DJJ/HRS/DJS 3. Incarcerated

NOTIFICATION REQUIRED

Released To: (Name) Relationship Date Time

The above address was provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.

☐ Yes, by: (Name) ☐ No (Reason)

School Attended Grade

Property Crime? ☐ Yes ☐ No Description of Property Value of Property

CODE

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. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Denv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Simple Battery (Domestic)	1	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		24035298		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

FILED PBSO CLERK FEB 17 AM 7:01

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time

Month Day Year Time A.M. ☐ P.M. ☐

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. 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

02/16/24

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

SCANNED

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #: 07 HO NEAL 7206

Signature of Arresting Officer: X

Name of Arresting Officer (Print) I.D. #: D/S Ortiz 35718

Transporting Officer I.D. # Agency: D/S Ortiz 35718 PBSO

Name Verification (Printed by Arrestee) (PRINT)

FEB 17 2024

Witness here if subject signed with an "X"

PAGE 1 OF

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ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 24035298

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Esposito	Fabbizzio	W	M	03/21/1972

CHARGES

Simple Battery (Domestic) 784.03(1a1)	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Esposito Ellen	W	F	[redacted]

Local Address (Street, Apt. Number) [redacted] (State) (zip) Phone [redacted] Address Source: VERBAL

Business Address (Name, Street) (City) (State) (zip) Phone Occupation: Teacher

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

On the 16 day of October 2024 at 09:22 ☐ A. M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

☒ **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

On Friday, February 16, 2024, at approximately, I responded at [redacted] Palm Beach County, FL [redacted] in reference to a domestic.

Upon arrival, I met with the victim, later identified as Ellen Esposito, who stated that her husband, later identified as Fabbizzio Esposito, hit her. Ellen stated that at approximately at 07:30 hours, she returned home, located at [redacted] Palm Beach County, FL, from dropping two of her kids to school. After she arrived, she entered her house, and there, they started a verbal argument. At one point, Fabbizzio took Ellen's key from her. Then, Ellen left the house to go to the street, and Fabbizzio followed her. Outside in the street, the verbal argument between Ellen and Fabbizzio continued to a point that escalated into a physical altercation. Fabbizzio threw the keys that he grabbed from Ellen approximately seven times, causing injuries to her left arm and left leg. During that event, Ellen kept walking back away from Fabbizzio. However, Fabbizzio walked towards her. Ellen stated that she had not returned to the house after the incident because she feared Fabbizzio.

A couple of minutes later, Ellen went to the MD Now Clinic at 6699 Boynton Beach Blvd, Boynton Beach, FL 33437. to treat her injuries. The MD Now advised him that she had swelling and bruising from the arm and the leg where she claimed Fabbizzio hit her. Also, While interacting with Ellen, I observed bruises on her left wrist and swelling in her left hand, matching her account of the incident. Also, Ellen was crying, upset, and fearful while explaining her account of the incident.

Ellen provided a sworn recorded statement of her account of the incident.

I met with one of Ellen and heated Fabbizzio's [redacted], later identified as Lizzette Milan, who lives at [redacted] Lizzette stated that she heard the verbal argument between Ellen and Fabizzio. Then, she reviewed the video surveillance that she had outside of her house and discovered that Fabbizzio had hit Ellen several times with an object.

I reviewed the video surveillance provided by Lizzette, and I observed Ellen Fabbizzio having a verbal argument in the street that escalated into a physical altercation. I observed Fabbizzio throwing an object, appearing to be keys, several times at Ellen. I also observed that Ellen and Fabbizzio's daughter, later identified as Gabriella Esposito, observed the whole argument.

I met with Gabriella, who confirmed that Ellen and Fabbizzio had had a verbal argument outside of the house and that Fabbizzio had hit Ellen several times with a key to the point that the key had been damaged.

I met with Fabbizzio, who spontaneously confessed [redacted]

Based on the above facts and statements, including Ellen's account of the incident, Gabriella's account of the incident, the video provided by Lizzette, and Fabizzio confessing hitting Ellen at her, I found probable cause to arrest Fabbizzio Esposito of Domestic Battery in violation of FSS 784.03(1a1).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Ortiz (ID #) 35718
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of February 20 24 by D/S Ortiz 35718

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

D/S Robbins #42588
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED
FEB 17 2024

PAGE 1 OF

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Esposito Fabbizzio **DOB:** 03/21/1972 **Case #:** 24035298

Name (Last, First)

Victim: Esposito Ellen **DOB:** [redacted] **Race:** W **Sex:** F

Relationship between Victim and Defendant: Spouse

Photographs: Scene Yes × No Victim × Yes No Defendant Yes × No

911 Call: × Yes No **Caller:**

Weapon Used: × Yes No **Type:** Keys

Witness: × Yes No **Name:** (Last) Milan (First) Lizzette (Middle)

Victim Pregnant: Yes × No **If yes,** weeks months

Injuries: × Yes No **Description:** Swelling and Bruises on left arm and left leg

Medical Treatment: × Yes No

At Scene: Yes × No **Paramedics:**

At Hospital: × Yes No **Hospital:** MD Now Clinic **Doctor:**

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

Name: Gabriella Esposito **DOB:** 10/04/2013

Name: Christian Esposito **DOB:** 10/07/2009

Name: Anthony Esposito **DOB:** 05/13/2006

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: I had a verbal argument with Ellen

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

First words Victim said when you responded to scene: Fabio hit me

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

× Yes No **If yes, name:** Lizzette Milan **phone:**

Observations of Victim (Physical & Emotional)

× Upset × Crying × Fearful × Hysterical × Afraid Calm Nervous

× Complained of pain Other

Victim Contact Information: (Last) Esposito (first) Ellen

Local Address:

Phone: [redacted]

Employer: (Name) Teacher (Employer Address)

Name of Relative: (Last) (First) **Phone:**

Address:

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SCANNED
FEB 17 2024

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **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.**
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: **24035298** Agency: **PBSO**
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: Name (Last) **Esposito** (First) **Fabbizzio** (Middle)
   D.O.B. **03/21/1972** Race: **W** Sex: **M**

2. Warrant #(s): _____
   Name (Last, First)

3.a. Victim's name: **Esposito** **Ellen** D.O.B. [redacted] Race [redacted]
   Address [redacted]
   City: _____ State: _____ Zip: _____
   Home #: [redacted] Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
   Address: _____
   City: _____ State: _____ Zip: _____
   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: Name (Last, First) **Esposito** **Ellen**

Deputy's Name: **D/S Ortiz** I.D. # **35718** Date: **02/16/24**

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **Esposito** **Fabbizzio**

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #:

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SCANNED
FEB 17 2024

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☒	119.071(2)(e)	Confession	3
Public Info. Exemptions	☒	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	1-6
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☒	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	1-6
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024004426	**Date:** 2/17/2024
	Specialist Name/ID#: T.HOWARD/7185

SCANNED
FEB 17 2024