24MM1440

799

0232563

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

☐ Check if Supplement is Attached

# ARREST / NOTICE TO APPEAR
## Juvenile Referral Report

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

1 | Juvenile: N

**ADMINISTRATIVE**

OBTS Number

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 - 24036063

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: 01

[redacted] of Business) [redacted] [redacted]

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 02/20/24 | 0028 | | | | | |

**DEFENDANT**

Name (Last, First, Middle): MANNINO JOSEPH

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 | 02/15/1970 | 5'10 | 190 | BROWN | BLACK | LGHT | LRG |

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: SINGLE — Religion: NONE — Indication of: Alcohol Influence ☐ Y ☐ N ☒ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address [redacted] — Mobile Phone: 561-667-3399 — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip) - - — Phone — Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip) - — Phone - — Occupation

D/L Number, State: M550493700550 — Soc. Sec. Number [redacted] — INS Number — Place of Birth (City, State): BROKLYNN, NY — Citizenship: U.S.A

**CO-DEF**

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

**JUVENILE**

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

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 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.

School Attended — Grade

☐ Yes, by: (Name) ☐ No (Reason)

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/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| DOMESTIC BATTERY | 01 | ☒ Y ☐ N | 784.03(1)(A)(1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | | 24036063 | | |

1

**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 |
|---|---|---|---|---|---|
| | | | | | |

**NOTICE TO APPEAR**

Location (Court, Room Number, Address)

FILED PBG - GUN CLUB--
'24 FEB 20 AM 6:41

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. 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: 02/20/24

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

**ADMIN**

HOLD for other agency

Signature of Arresting Officer: X

Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): PELAYO — I.D. #: 28996

Intake Deputy — I.D. # — Pouch # — Transporting Officer: PELAYO — I.D. #: 28996 — Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 01/23 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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# PROBABLE CAUSE AFFIDAVIT

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

**ADMIN**

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FLO 500000 | PALM BEACH COUNTY SHERIFF'S OFFICE | 06- 24036063 |

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

Special Notes:

**DEF**

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| MANNINO JOSEPH | | W | M | 02/15/1970 |

**CHARGES**

DOMESTIC BATTERY 784.03(1)(A)(1)

**VICTIM**

| Victim's Name (Last, First, Middle) | | | Race | Sex | Date of Birth |
|---|---|---|---|---|---|
| ZACCHINO | ANTHONY | S | W | M | [redacted] |

| Local Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Address |
|---|---|---|---|---|---|
| [redacted] | | | | [redacted] | VERBAL |

| Business Address (Name, Street) | (City) | (State) | (Zip) | Phone | Occupation |
|---|---|---|---|---|---|
| - | | | | - | |

**PROBABLE CAUSE STATEMENT**

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 20TH day of FEBRUARY 20 24 at 0100 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

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

**On 02/29/2024 at approximately 2212 hours, I was operating as a road patrol deputy sheriff employed by the Palm Beach County Sheriff's Office in the jurisdiction of north district three as unit/sector (3B13) driving a marked vehicle bearing asset #84162 when Palm Beach County Sheriff's Communications dispatched me the following call for service located at [redacted] Palm Beach County.**

**Complainant, "Anthony" advised he was battered by his uncle causing a dislocation to his shoulder. Anthony stated he wanted to meet with law enforcement at the Marathon Gas Station located at 4481 Northlake Blvd.**

**Upon arrival to the area at approximately 2251 hours I met with complainant/victim Anthony Zacchino (W/M Date of birth; [redacted] who stated that while at the residence, his uncle Joseph Mannino (W/M Date of birth; 02/15/1970) slapped him across the face. Zacchino stated that they got into a verbal argument while inside of the residence, which escalated. Zacchino swore that Joseph then used his open palmed hand to slap him in the face. Zacchino advised that afterwards he attempted to disengage from Joseph and he kept being aggressive towards him by yelling and walking up to him. Zacchino advised that he extended his arms to push Joseph away from him, and Joseph then grabbed his arm twisting it behind his back. Zacchino advised Joseph pinned him and then used physical force to uplift his arm towards the sky, causing his shoulder to dislocate. Zacchino stated that he received medical treatment at Palm Beach Gardens Hospital under physician [redacted] I observed Zacchino to have a small laceration scratch near the upper nose on his left hand side, coupled with slight discoloring of the skin and swelling on his eye socket. I also observed his arm to be in a sling, with a recent hospital bracelet. Zacchino confirmed that Joseph is his blood related uncle and they live together as a family under a single dwelling. He also confirmed that Joseph has raised him like a father for the entirely of his life. I attempted to contact the primary physician to discuss the extent of the dislocation and if it was complete or only strained, however they wouldn't release the records as the doctor was no longer at the hospital. Zacchino swore to and completed a familiarization photograph of Joseph which he correctly identified.**

**I then made contact with Joseph at the residence who stepped outside to conduct an interview. I spoke to him post Miranda warnings, where he admitted [redacted] Joseph confirmed [redacted] During the statement, Joseph made allegations that [redacted] Joseph then advised [redacted] I observed no signs of redness, swelling, or evidence of physical injury to his person.**

**Through my investigation, I was unable to determine any evidence, independent witnesses, or camera that could support a firearm being used in the incident. Due to the totality of circumstances, it was determined that Joseph was the primary aggressor in the incident, willfully grabbing and throwing Zacchino, causing an indirect injury to his shoulder.**

**I have probable cause against Joseph for violating Florida State Statute 784.03(1)(a)(1) Domestic Battery.**

**ADMINISTRATIVE**

STATE OF FLORIDA
COUNTY OF PALM BEACH
PELAYO (ID #) 28996
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of FEBRUARY 20 24 by PELAYO 28996

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

Notary Public, Clerk of Court, Officer (F.S. 117.10)

PAGE 1 OF 1

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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:** MANNINO JOSEPH **DOB:** 02/15/1970 **Case #:** 24036063

Name (Last, First)

**Victim:** ZACCHINO ANTHONY **DOB:** [redacted] **Race:** W **Sex:** M

**Relationship between Victim and Defendant:** UNCLE AND NEPHEW

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

**911 Call:** × Yes No **Caller:** MANNINO JOSEPH

**Weapon Used:** Yes × No **Type:**

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

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

**Injuries:** × Yes No **Description:** DISLOCATED SHOULDER

**Medical Treatment:** × Yes No

**At Scene:** Yes × No **Paramedics:**

**At Hospital:** Yes No **Hospital:** PALM BEACH GARDENS HOSPITAL **Doctor:** [redacted]

**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:** BODY CAM

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

**First words Victim said when you responded to scene:** BODY CAM

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

× Yes No **If yes, name:** THERESA MANNINO **phone:**

**Observations of Victim (Physical & Emotional)** CRYING

Upset ×Crying Fearful Hysterical Afraid Calm Nervous

×Complained of pain Other

**Victim Contact Information:** (Last) [redacted]

**Local Address:** [redacted]

**Phone** [redacted]

**Employer:** (Name) (Employer Address)

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

**Address:**

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**PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)**
CASE INFORMATION FORM

| Date: | Time: | Case #: |
|---|---|---|
| 02/19/24 | 2230 | 24036063 |

**CHECK ONE:** [X] PERSON CRIME [ ] PROPERTY CRIME [ ] NON-CRIME CASE

| Deputy: | ID#: | Dist. / Div. | Case Type/Offense/Crime (do not use signal code): |
|---|---|---|---|
| Peluso | 28996 | 31 RP | Domestic |

[X] Victim [ ] Witness • Name (Last, First, M.): Anthony Zacchino, S | Race: W | Sex: M | [redacted]

Victim/Witness Address: [redacted] | City/State/Zip

**DEPUTY: TO VERIFY AND CHECK APPLICABLE BOX(ES) - VICTIM/WITNESS TO INITIAL APPLICABLE SECTIONS - WRITE LEGIBLY**

**A [X] VICTIM / WITNESS RIGHTS BROCHURE – ACKNOWLEDGEMENT**

***BROCHURE TO BE PROVIDED TO ALL CRIME VICTIMS AND/OR WITNESSES*** **(PBSO #0147)**

I, [Initials ASZ], have received a copy of the Victim Rights Brochure and/or acknowledge I can view electronically via **www.pbso.org**.

**B [X] VICTIM NOTIFICATION (V.I.N.E.) – FOR CORRECTIONS TO CONTACT VICTIM UPON JAIL RELEASE**

***REQUIRED IF ARREST OR WARRANT FOR HOMICIDE, ATTEMPTED MURDER, SEXUAL OFFENSES, ATTEMPTED SEXUAL OFFENSES, STALKING, DOMESTIC/DATING VIOLENCE - TO INCLUDE ANY ASSAULT, AGG. ASSAULT, BATTERY, AGG. BATTERY, SEXUAL ASSAULT, SEXUAL BATTERY, STALKING, AGG. STALKING, VIOLATION OF NCO OR INJUNCTION, 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.***

| Suspect Name (Last, First, M.): | Race: | Sex: | D.O.B.: |
|---|---|---|---|
| | | | |

I understand that I may be notified when the arrestee is released from PBSO custody at the phone number I provided above.
I request the following person be notified if I was not contacted (optional):

Name: _____ Address: _____ Primary Phone: _____
*(Next of Kin/Neighbor/Friend/etc.)*

**(optional)** I choose **NOT** to be notified when the arrestee is released from custody. [Initial_____]

***Deputy to check one: ( ) ARREST or ( ) WARRANT #*** _____

**C [X] MARSY'S LAW – CONFIDENTIAL VICTIM INFORMATION – FL Constitution, Article 1, §16(b)**

***CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER***

I, [Initials ASZ] request confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:
As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number and work and business addresses of me and my family be redacted from my records indefinitely, if my records are requested pursuant to a public records request.

**D [X] CONFIDENTIAL VICTIM INFORMATION – FS 960 – ONLY APPLIES TO SPECIFIC CRIMES LISTED BELOW**

***CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER***

I, [Initials ASZ], as a victim (or spouse/former spouse) of **Harassment** (FSS 784.048(1)(a)), **Sexual Battery**, **Aggravated Child Abuse**, **Domestic Violence** (live together, lived together or have a child in common), **Aggravated Stalking** (FSS 784.048 (3)(4)), or **Aggravated Battery** (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

**E [ ] AUTHORIZED RECORD EXEMPTION(S) - PUBLIC RECORDS ACT - FS 119.071(4)(d) – VERIFY EMPLOYMENT**

***CRIME OR NON CRIME REPORT - MUST FIT THE CRITERIA DESCRIBED***

I, [Initials_____], attest that I am an individual exempt under FS 119.071(4)(d) (to include a spouse or child of), a current or former **Law Enforcement Officer, Firefighter, Justice or Judge, General Magistrate, Code Enforcement Officer, Child Enforcement Hearing Officer, State Attorney, Public Defender, U.S. Attorney, U.S. Judge, U.S. Magistrate**, or other authorized person and hereby request my information be redacted from public record.

CURRENT or FORMER exempt position: _____ Name of current or last agency: _____

***SIGN BELOW***

I have read and initialed the applicable section(s) and sign of my own free will (if a minor, a parent or guardian must sign):

**MY SIGNATURE: X** Anthony Zacchino Date: 02/19/24

Print Parent/Guardian/Next of Kin name (if applicable):

Deputy Signature: _____ ID#: 28996

▶ *If Criminal Case:*
Scanned to Victim Advocate by ID#: _____

WHITE – CENTRAL RECORDS YELLOW – CORRECTIONS PINK – VICTIM/WITNESS

PBSO#0028 REV.09/23

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# 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) | 1-5 |
| | ☐ | 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 | 1-5 |
| | ☐ | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses | |
| | ☐ | | | |
| | ☐ | | | |
| Other | ☐ | | | |
| | ☐ | | | |
| | ☒ | 395.3025(7)(a), 456.057(7)(a) | Medical information | 3-4 |
| | ☐ | | | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2024004627 | **Date:** 2/20/2024 |
| | **Specialist Name/ID#:** T.HOWARD/7185 |