

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2017-014717</b>	
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	If Weapon Seized Enter Type <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)			
Date of Arrest <b>10/26/2017</b>	Time of Arrest <b>22:18</b>	Booking Date <b>10/26/2017</b>	Booking Time <b>22:28</b>	Jail Date <b>10/27/2017</b>	Jail Time <b>00:00</b>	Location of Vehicle <b>NO VEHICLE</b>

Name (Last, First, Middle) <b>ANDRIOFF, CARL J</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>10/24/1950</b>	Height <b>5'10</b>	Weight <b>235</b>	Eye Color <b>GREEN</b>	Hair Color <b>WHITE</b>	Complexion <b>LIGHT</b>	Build <b>Stocky</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>	Religion <b>PROTESTANT</b>	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>6116 NW 4TH AVE, BOCA RATON, FL 33487</b>				Phone <b>(561) 414-4446</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>		
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>6116 NW 4TH AVE, BOCA RATON, FL 33487</b>				Phone <b>(561) 414-4446</b>		Address Source <b>FL DL</b>		
Business Address (Name, Street) (City) (State) (Zip) <b>ROCKET EXPRESS, 6116 NW 4 AVE</b>				Phone <b>(561) 883-0381</b>		Occupation <b>Owner</b>		
D/L Number, State <b>A536130503840 / FL</b>	Soc. Sec. Number	INS Number		Place of Birth (City, State) <b>COLUMBIS, OH,</b>		Citizenship <b>US</b>		

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)			Residence Phone		
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone		
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated			
Released To: (Name)	Relationship	Date	Time	VICTIM NOTIFICATION REQUIRED		
The above address was 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's Office (Phone 355-2526) informed of any change of address.				School Attended	Grade	
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No.		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. Disperses/ 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
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Charge Description <b>BATTERY ON ELDERL</b>						Statute Violation Number <b>784.08(2C)</b>	Violation of ORD #
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense # <b>2017-014717</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description						Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description						Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

Health / Apparent Physical Condition of Defendant <b>GOOD</b>				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By <b>D. GRAHAM</b>		Released By <b>D. GRAHAM</b>	
Transported By				Date Transported <b>10/27/2017</b>	Time Transported <b>00:00</b>	Released To <b>TOT CJ</b>	

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>	
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time	
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 COMTEMPT 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	Signature of Arresting Officer	Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) <b>GRAHAM, DALE L.</b>	ID # <b>773</b>	(PRINT)
Intake Deputy <b>Spann Biv</b>	Pouch #	Transporting Officer <b>Alvarez</b>	ID # <b>769</b> Agency <b>BRPD</b>
Witness here if subject signed with an "X"			PAGE <b>1 OF 1</b>

J# 0492854

20 OCT 27 2017

2017 OCT 27 AM 5:38

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>10/26/2017 22:18</b>	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-014717</b>	
	Name (Last, First, Middle) <b>ANDRIOFF, CARL J</b>				Alias	Race <b>W</b>
D E F	Charge Description <b>784.08(2C) BATTERY ON ELDERL</b>					
	Victim's Name (Last, First, Middle)				Race <b>W</b>	Sex <b>F</b>
C R I M	Business Address (Name, Street) (City) (State) (Zip)				Phone	Address Source <b>FL DL</b>
	Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation

V I C T I M	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):  <b>BRUISED</b>
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>	
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]		

A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	CALLER: [REDACTED]
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TYPE:
	WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	(If YES, attach witness list)
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	PARAMEDICS: <b>2017014610</b>
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAMES/AGES:
H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CASE #:	
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

On 10/26/17 at approximately 2122 hours, I responded to the single family residence of [REDACTED] in reference to a domestic disturbance.

Upon arrival, I met with [REDACTED] who advised that she called 9-1-1 after [REDACTED] Carl Andrioff, picked

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, IS personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] #773  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 27 day of October, 2017.

GRAHAM KEITH T #7u  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>10/26/2017 22:18</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-014717</b>
	Agency ORI Number <b>FL 0500200</b>		

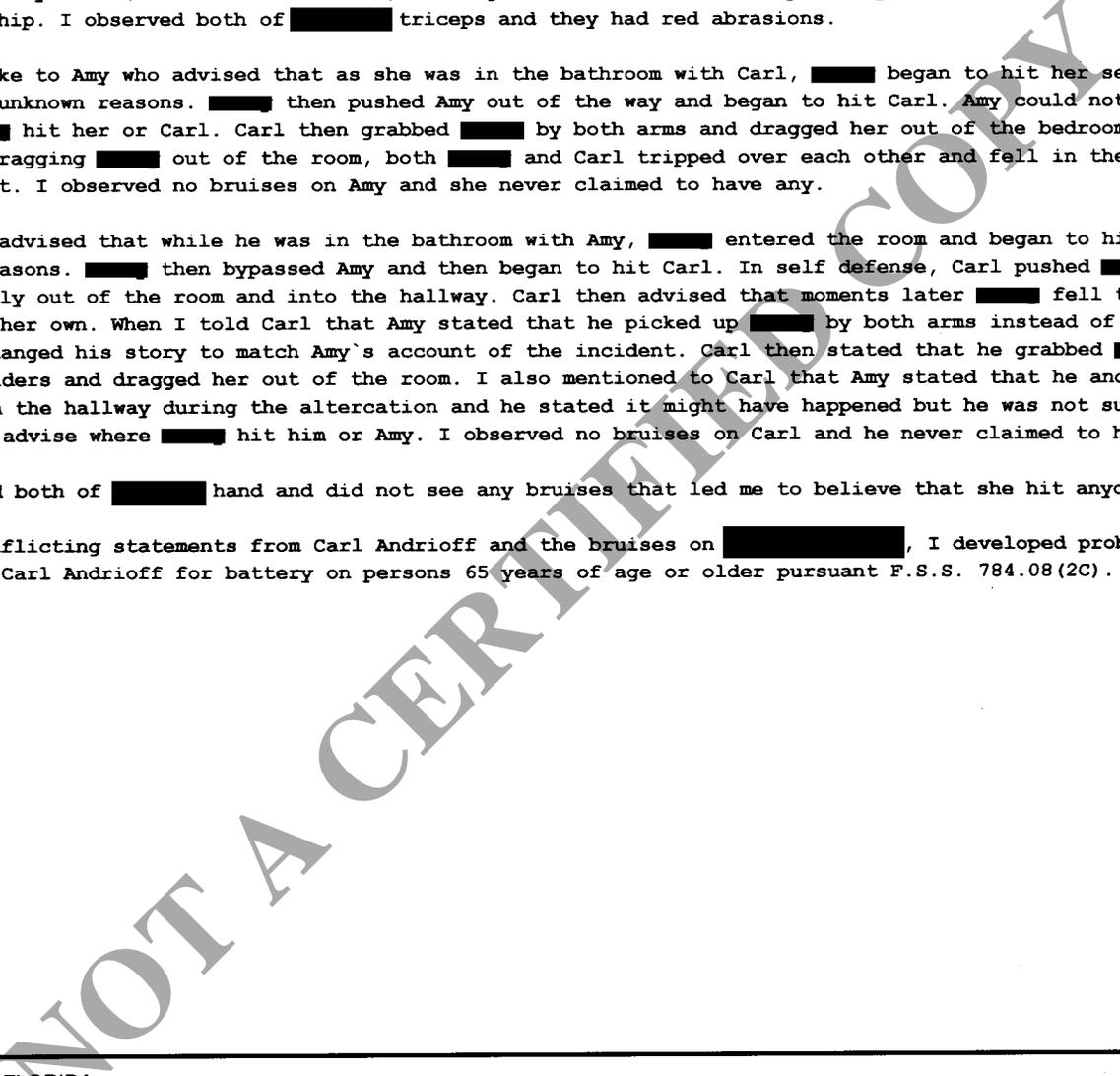
her up and pushed her to the ground. [REDACTED] was limping when she walked up to speak to me. [REDACTED] advised that she has informed Carl several times in the past to not invite his Fiancée, Amy Blazitz, over to the house. Carl had Amy over the home tonight which aggravated [REDACTED]. [REDACTED] entered into Carl's room to speak to the both of them. Both Carl and Amy were in the bathroom located in Carl's room. While Carl was inside of the bathroom Amy stood right outside of the bathroom in between Carl and [REDACTED]. [REDACTED] approached Amy and told her to leave the home. Carl then grabbed [REDACTED] by both arms, picked her up, walked her towards his bedroom door and threw her on the hallway floor outside of his bedroom door. [REDACTED] then called 9-1-1. [REDACTED] refused to be seen or transported by BRFR (Run Number 17-14610), although she advised that she possibly had internal bleeding from her right hip. I observed both of [REDACTED] triceps and they had red abrasions.

I then spoke to Amy who advised that as she was in the bathroom with Carl, [REDACTED] began to hit her several times for unknown reasons. [REDACTED] then pushed Amy out of the way and began to hit Carl. Amy could not advise where [REDACTED] hit her or Carl. Carl then grabbed [REDACTED] by both arms and dragged her out of the bedroom. While Carl was dragging [REDACTED] out of the room, both [REDACTED] and Carl tripped over each other and fell in the hallway by accident. I observed no bruises on Amy and she never claimed to have any.

Carl then advised that while he was in the bathroom with Amy, [REDACTED] entered the room and began to hit Amy for unknown reasons. [REDACTED] then bypassed Amy and then began to hit Carl. In self defense, Carl pushed [REDACTED] periodically out of the room and into the hallway. Carl then advised that moments later [REDACTED] fell to the ground on her own. When I told Carl that Amy stated that he picked up [REDACTED] by both arms instead of pushing her, he changed his story to match Amy's account of the incident. Carl then stated that he grabbed [REDACTED] by both shoulders and dragged her out of the room. I also mentioned to Carl that Amy stated that he and [REDACTED] tripped in the hallway during the altercation and he stated it might have happened but he was not sure. Carl could not advise where [REDACTED] hit him or Amy. I observed no bruises on Carl and he never claimed to have any.

I observed both of [REDACTED] hand and did not see any bruises that led me to believe that she hit anyone.

Due to conflicting statements from Carl Andrioff and the bruises on [REDACTED], I developed probable cause to arrest Carl Andrioff for battery on persons 65 years of age or older pursuant F.S.S. 784.08(2C).



STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, JS personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] #713  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 27 day of October, 2017.

GRAHAM, KEITH T #74  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

# VICTIM NOTIFICATION FORM

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

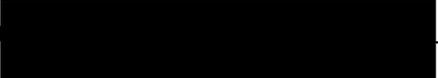
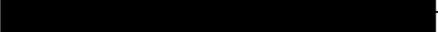
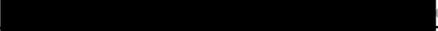
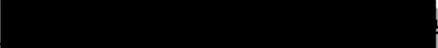
- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - ( This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense 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#: 2017-14717 Agency: BRPD  
Offense: DDM  
Suspect/Offender: Anthony Carl Andrioff  
D.O.B. 10-24-50 Race: W Sex: M

2. Warrant#(s): \_\_\_\_\_

3.a. Victim's  D.O.B. 12-26-32 Race: W Sex: F  
Address:   
City:  State:   
Home#:  Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
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:** Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).  
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: D. Graham I.D.# 773 Date: 10-27-17 2017

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

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: \_\_\_\_\_

SCANNED