

0493803

17 mm 14493 NH

218

ARREST / NOTICE TO APPEAR

ADMI STRAT TION	OBTS Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4, 0 17-018815</b>		1 Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE								
DEF END AN T	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		If Weapon Seized Enter Type: <b>Hands/fist/feet/teeth</b>		Multiple Clearance Indicator <b>1</b>												
	Location of Arrest (Including Name of Business) <b>104 NE 2ND AVE</b>				Location of Offense (Business Name, Address) <b>104 NE 2ND AVE, DELRAY BEACH, FL 33444</b>														
	Date of Arrest <b>12/02/2017</b>	Time of Arrest <b>03:18</b>	Booking Date <b>12/02/2017</b>	Booking Time <b>03:28</b>	Jail Date <b>12/02/2017</b>	Jail Time <b>03:55</b>	Location of Vehicle												
	Name (Last, First, Middle) <b>TEZLAF, CASEY M</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)														
D E F E N D A N T	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex <b>W</b>	F <b>F</b>	Date of Birth <b>10/24/1982</b>	Height <b>5'06</b>	Weight <b>110</b>	Eye Color <b>BROW</b>	Hair Color <b>BLOND OR</b>	Complexion <b>FAIR</b>	Build <b>THIN</b>								
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>M</b>	Religion <b>NON-DENOMI</b>	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>4</b>										
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>300 E 62ND ST 1701, NEW YORK, NY 10065</b>				Phone <b>(917) 930-7600</b>		Address Source <b>NY DL</b>		Occupation										
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>300 E 62ND ST 1701, NEW YORK, NY 10065</b>				Phone <b>(917) 930-7600</b>														
	Business Address (Name, Street) (City) (State) (Zip)				Phone														
	D/L Number, State <b>560403212 / NY</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>SOMERVILLE, NJ,</b>		Citizenship <b>US</b>										
C O D E F	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												
J U V E N I L E	<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. Detention 2. TQT JAC 3. Home Detention 4. Probation 5. Release														
	Released To: (Name)		Relationship	Date	Time	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
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.		Property Crime?		Description of Property		Value of Property													
C O D E	Drug Activity N. N/A P. Possess	S. Sell T. Traffic	R. Smuggle E. Use	K. Disperse/ 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 Description <b>BATTERY CAUSE BODILY HARM</b>						Statute Violation Number <b>784.03(1A2)</b>		Violation of ORD #										
	Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>17-018815</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		Warrant / Capias Number		Bond	
Charge Description						Statute Violation Number		Violation of ORD #											
Drug Activity						Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond	
I N T A K E	Health / Apparent Physical Condition of Defendant				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 Explain:														
	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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By		Released To										
	Transported By				Date Transported		Time Transported		Other										
N O T I C E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>				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.								No Photo Available										
A D M I N	Signature of Defendant (or Juvenile and Parent Custodian)				Date Signed				SCANNED										
	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print)		I.D. #		Agency		PAGE						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		<b>PETRICONE, MICHELLE</b> <b>1101</b>		<b>DEC 03 2017</b> <b>(PRINT)</b>		<b>PETRICONE</b> <b>1101</b>		<b>DBPD</b>		<b>1 OF 1</b>		Witness here if subject signed with an "X"						

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>12/02/2017 04:06</b>	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   17-018815</b>	
-----------------------	--	--	--	--	--	--

D E F E N D A N T	Name (Last, First, Middle) <b>TEZLAF, CASEY M</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/24/1982</b>
---	--	-------	------------------	-----------------	------------------------------------

C H A R G E	Charge Description <b>784.03(1A2) BATTERY CAUSE BODILY HARM</b>
----------------------------	--

V I C T I M	Victim's Name (Last, First, Middle) [REDACTED]	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/22/1969</b>
	Home Address (Name, Street, City, State, Zip) [REDACTED]	Phone	Address Source	
	Business Address (Name, Street, City, State, Zip) [REDACTED]	Phone	Occupation	

O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral	

RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>SPOUSE</b>
--

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

N A R R	
------------------	--

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

Michelle Retwicare  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 2 day of December, 2017.

PACHECO, ADAN  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
DEC 03 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>12/02/2017 04:06</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4   0   17-018815</b>
	Agency ORI Number <b>FL 0500400</b>			

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.

On December 2, 2017 at approximately 0257 hours, I responded to 104 NE 2nd Ave (Hyatt Hotel) in reference to a Domestic Battery.

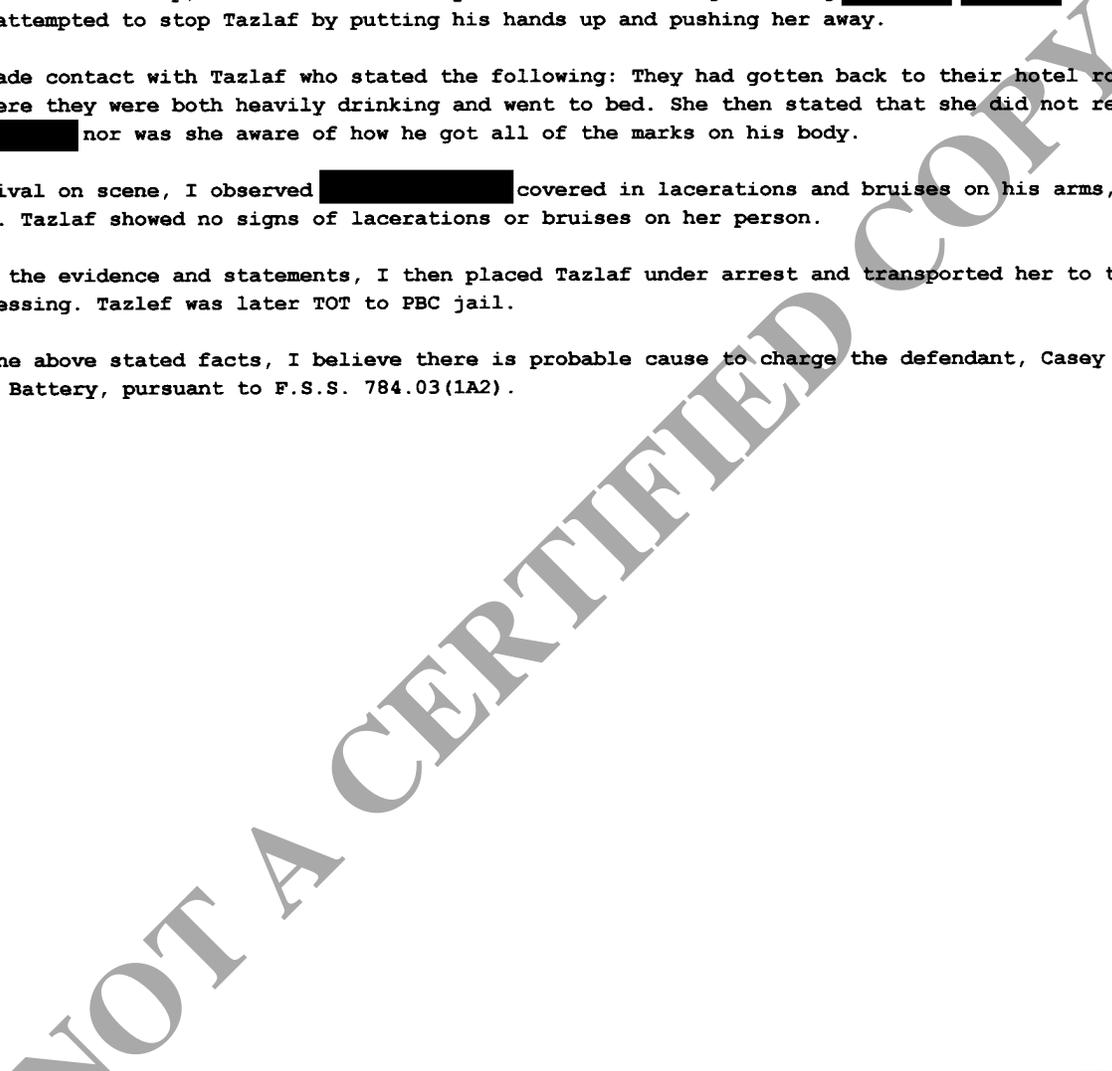
Upon my arrival, I made contact with the victim, [REDACTED] who stated the following: He and his wife (Casey Tazlaf) had returned to their hotel room from a party at Salt7 where they were both drinking heavily. They both went to sleep, when Tazlaf suddenly awoken and starting striking [REDACTED] [REDACTED] went on to state that he attempted to stop Tazlaf by putting his hands up and pushing her away.

I then made contact with Tazlaf who stated the following: They had gotten back to their hotel room after a party where they were both heavily drinking and went to bed. She then stated that she did not recall having struck [REDACTED] nor was she aware of how he got all of the marks on his body.

Upon arrival on scene, I observed [REDACTED] covered in lacerations and bruises on his arms, chest, face and back. Tazlaf showed no signs of lacerations or bruises on her person.

Based on the evidence and statements, I then placed Tazlaf under arrest and transported her to the DBPD THF for processing. Tazlaf was later TOT to PBC jail.

Due to the above stated facts, I believe there is probable cause to charge the defendant, Casey Tazlaf, with Domestic Battery, pursuant to F.S.S. 784.03(1A2).



STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

Michelle Petrucci  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 2 day of December, 2017.

PACHECO, ADAN  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**SCANNED**  
**DEC 03 2017**

**VICTIM NOTIFICATION FORM**

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 17-018815 Agency: DBPD  
 Offense: Domestic Battery  
 Suspect/Offender: Casey Tazlak  
 D.O.B. 10/24/82 Race: White Sex: Female

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

3. Complete one (1) of the following:

a. Victim's name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Home #: \_\_\_\_\_

b. Victim's next of kin: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify):  
 \_\_\_\_\_

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

**SCANNED**  
**DEC 03 2017**

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

Officer's Name : M. Petricone I.D.: 1101 Date: 12/2/17

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

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