

18mm5437

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		18-072609	
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	
Location of Arrest (Including Name of Business) <b>637 Sun Ray Court</b>		Boynton Beach FL 33436		Location of Offense (Including Name of Business) <b>637 Sun Ray Court</b>		Boynton Beach, FL 33436			
Date of Arrest <b>05/10/2018</b>		Time of Arrest <b>0445</b>		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle) <b>Zayas</b>		<b>Caz</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black O - Oriental/Asian		Sex <b>W M</b>		Date of Birth <b>09/04/1980</b>		Height <b>6'01</b>		Weight <b>225</b>	
Eye Color <b>Hazel</b>		Hair Color <b>Bald</b>		Complexion <b>Light</b>		Build <b>MEDIUM</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Coy Fish tattoo on Right Arm, 3 Skull tattoos on Left Arm</b>				Marital Status <b>Single</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>637 Sun Ray Court</b>		City <b>Boynton Beach</b>		State Zip <b>FL 33436</b>		Phone <b>216-280-7566</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)		City		State Zip		Phone		Address Source <b>DL</b>	
Business Address (Street, Apt. Number)		City		State Zip		Phone		Occupation <b>Maintenance Manager</b>	
DL Number, State <b>Z200-101-80-324-0</b>		Social Security Number		INS Number		Place of Birth <b>Bronx, NY</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>	
<input type="checkbox"/> Parent Name (Last, First, Middle)		City		State		Zip		Phone	
<input type="checkbox"/> Legal Guardian		City		State		Zip		Business Phone	
<input type="checkbox"/> Other		City		State		Zip		Business Phone	
Address (Street, Apt. No.)		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 <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 561 355-2526) informed of any address change		<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/ Distribute		M. Manufacture/ Produce Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		P. Paraphernalia/ Equipment	
U. Unknown Z. Other		Charge Description <b>Battery(Domestic Related)</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03.1a1</b>	
Violation or ORD. #		Drug Activity		Drug Type		Amount/Unit		Offense # <b>18-072609</b>	
Warrant/Capias Number		Bond		Charge Description		Counts		Domestic Violence	
Violation or ORD. #		Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Charge Description		Counts		Domestic Violence	
Violation or ORD. #		Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Charge Description		Counts		Domestic Violence	
Violation or ORD. #		Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Location (Court, Address, Room Number)					
Court Date and Time		Month		Day		Year		Time	
AM <input type="checkbox"/> PM <input type="checkbox"/>		I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 <i>B. Black 20407</i>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer <b>Black</b>		ID # <b>20407</b>		(PRINT)	
Intake Deputy		ID #   Pouch #		Transporting Officer <i>B. Black 20407</i>		ID #		Agency <b>PB50</b>	
Witness here if subject signed with an "X"		Page <b>1 of 1</b>							

NOTICE TO APPEAR  
MAY 10 8:23 AM  
P.B. COUNTY SHERIFF'S OFFICE

SCANNED  
MAY 10 2018

OETS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile
Agency ORI Number <b>FLO 5 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>	<b>18-072609</b>			
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes			
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other				
Defendant Name (Last, First, Middle) <b>Zayas Caz</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/04/1980</b>	
Charge <b>Battery(Domestic Related)</b>			Charge					
Charge			Charge					
Victim Name (Last, First, Middle) <b>Zayas Casimiro</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/09/1951</b>	
Local Address (Street, Apt. Number) <b>627 Sun Ray Court</b>		City <b>Boynton Beach</b>	State <b>FL</b>	Zip <b>33436</b>	Phone <b>216-544-0084</b>	Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
<p>The undersign 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...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <u>10</u> day of <u>May</u> 20<u>18</u> at <u>0445</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>								

On May 10, 2018 at approximately 0415 hours I responded to 627 Sun Ray Court Boynton Beach, Florida in reference to a domestic dispute. Upon arriving on scene I made contact with victim, Casimiro Zayas .

Casimiro advised the defendant entered his bedroom and began yelling at him. When Casimiro attempted to close the door to his bedroom, the defendant pushed through the door and shoved Casimiro with both hands into the wall. It was at that time, Casimiro pushed the defendant out of his room as he called 911. I observed a hole behind the bedroom door where Casimiro advised he was shoved into the wall. I also observed several dark scratches and what appeared to be fresh bruising on Casimiro's right forearm. He advised the injuries were from being shoved into the wall. Casimiro was out of breath as I spoke to him but refused medical attention.

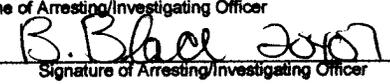
When I made contact with the defendant, he confirmed Casimiro's story stating, " I did what he said." I observed several small scratches on his back which he refused to tell me how he obtained them.

Casimiro and the defendant currently live in the home together as a family.

Casimiro refused to give a written statement or have photographs taken of his injuries. The defendant was transported to JFK Medical Center for medical clearance. The defendant was medically cleared to be transported to the Palm Beach County Jail.

Based on the above stated information I have reason to believe and do believe the defendant, Caz Zayas, violated F.S.S. 784.03(1a1); Battery(Domestic Related).

**SCANNED**  
**MAY 10 2018**

The foregoing instrument was sworn to and affirmed before me this <u>10</u> day of <u>May</u> 20 <u>18</u> , by:	
<u>D/S Swiger 26679</u>	<u>Black 20407</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
	Page <b>1</b> of <b>1</b>

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

Defendant: Zayas Caz DOB: 09/04/1980 Case #: 18-072609  
 Victim: Zayas Casimiro DOB: 12/09/1951 Race: W Sex: M  
 Relationship between Victim and Defendant: Father and Son

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No  
 911 Call:  Yes  No Caller: VICTIM  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witness:  Yes  No Name: \_\_\_\_\_  
 Victim Pregnant:  Yes  No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months  
 Injuries:  Yes  No Description: Injury to left forearm  
 Medical Treatment:  Yes  No  
 At Scene:  Yes  No Paramedics: \_\_\_\_\_  
 At Hospital:  Yes  No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are children living in the 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: HE EXPLAINED THAT THEY WERE ARGUING OVER THE CAR KEY

Victim's statements  Yes  No If yes,  written  recorded  oral  
 First words Victim said when you responded to scene: He came into my room and shoved me into the wall

Did the Victim contact anyone other than the 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 Out of breath

Victim contact information:  
 Local Address: 627 Sun Ray Court  
Boynton Beach FL 33436  
 Phone: Home: 216-544-0084 Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Employer: Broward County  
 Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

**SCANNED**  
**MAY 10 2019**

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
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Defendant: Zayas Caz DOB: 09/04/1980 Case #: 18-072609

Victim: Zayas Casimiro DOB: 12/09/1951 Race: W Sex: M

Relationship between Victim and Defendant: Father and Son

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: VICTIM

Weapon Used:  Yes  No Type: \_\_\_\_\_

Witness:  Yes  No Name: \_\_\_\_\_

Victim Pregnant:  Yes  No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries:  Yes  No Description: Injury to left forearm

Medical Treatment:  Yes  No

At Scene:  Yes  No Paramedics: \_\_\_\_\_

At Hospital:  Yes  No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are children living in the 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: HE EXPLAINED THAT THEY WERE ARGUING OVER THE CAR KEY

Victim's statements  Yes  No If yes,  written  recorded  oral

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

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Observations of Victim (Physical & Emotional): \_\_\_\_\_

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other Out of breath

Victim contact information:

Local Address: 627 Sun Ray Court

Boynton Beach FL 33436

Phone: Home: 216-544-0084 Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: Broward County

Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_