

0480434

ARREST / NOTICE TO APPEAR

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

1

3930

JUVENILE

Agency ORI Number: **050200** Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **3 | 2 | 2016-012240**

Charge Type:  1. Felony  3. Misdemeanor  5. Ordinance  2. Traffic Felony  4. Traffic Misdemeanor  6. Other

If Weapon Seized:  Enter Type: **OTHER WEAPON** Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): **5000 N FEDERAL HWY BOCA RATON FL** Location of Offense (Business Name, Address): **3000 N FEDERAL HWY, BOCA RATON, FL 33431**

Date of Arrest: **08/21/2016** Time of Arrest: **21:19** Booking Date: \_\_\_\_\_ Booking Time: \_\_\_\_\_ Jail Date: \_\_\_\_\_ Jail Time: \_\_\_\_\_ Location of Vehicle: \_\_\_\_\_

Name (Last, First, Middle): **ZAZZIRA, CHRISTINE** Alias: \_\_\_\_\_ Alias (Name, DOB, Soc. Sec. #, Etc.): \_\_\_\_\_

Race: **W - White** I - American Indian B - Black O - Oriental/Asian Sex: **F** Date of Birth: **12/25/1966** Height: **5'03** Weight: **125** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **LIGHT** Build: \_\_\_\_\_

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): \_\_\_\_\_ Marital Status: **D** Religion: \_\_\_\_\_ Indication of Alcohol Influence: Yes  No  Unk.  Drug Influence: Yes  No  Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): **700 GLOUCESTER STREET, BOCA RATON, FL 33487** Phone: **(561) 719-5146** Residence Type: 1. City 3. Florida 2. County 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): **700 GLOUCESTER STREET, BOCA RATON, FL 33487** Phone: **(561) 719-5146** Address Source: \_\_\_\_\_

Business Address (Name, Street) (City) (State) (Zip): \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

D/L Number, State: **Z260100669651 /** [Redacted] INS Number: \_\_\_\_\_ Place of Birth (City, State): **NEW YORK, NY** Citizenship: **US**

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

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

Parent  Other: \_\_\_\_\_ Name (Last, First, Middle): \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip): \_\_\_\_\_ Business Phone: \_\_\_\_\_

Notified by: (Name) \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Released To: (Name) \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

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 355-2526) informed of any change of address.

Yes, by: \_\_\_\_\_  No: \_\_\_\_\_

Property Crime?  Yes  No Description of Property: \_\_\_\_\_ Value of Property: \_\_\_\_\_

Drug Activity: N. N/A S. Sell R. Smuggle 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

Charge Description: **DOMESTIC BATTERY** Statute Violation Number: **741.20 784.03(1)(a)** Violation of ORD #: \_\_\_\_\_

Drug Activity: **N** Drug Type: **/** Amount / Unit: **/** Offense #: **2016-012240** Counts: **1** Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Charge Description: \_\_\_\_\_ Statute Violation Number: \_\_\_\_\_ Violation of ORD #: \_\_\_\_\_

Drug Activity: \_\_\_\_\_ Drug Type: \_\_\_\_\_ Amount / Unit: \_\_\_\_\_ Offense #: \_\_\_\_\_ Counts: \_\_\_\_\_ Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Charge Description: \_\_\_\_\_ Statute Violation Number: \_\_\_\_\_ Violation of ORD #: \_\_\_\_\_

Drug Activity: \_\_\_\_\_ Drug Type: \_\_\_\_\_ Amount / Unit: \_\_\_\_\_ Offense #: \_\_\_\_\_ Counts: \_\_\_\_\_ Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Health / Apparent Physical Condition of Defendant: \_\_\_\_\_ Any knowledge of the following:  Mental  Escape Risk  Medication  Deformities  Injuries Explain: \_\_\_\_\_

Check which applies:  Released O.R.  Released to Parent/Guardian  T.O.T. County Jail  Posted Bond  South County Mental Health

PROPERTY - Received By: \_\_\_\_\_ Released By: \_\_\_\_\_ Released To: **2016 AUG 22 AM 5:41**

Transported By: \_\_\_\_\_ Date Transported: \_\_\_\_\_ Time Transported: \_\_\_\_\_ Other: \_\_\_\_\_

INSTRUCTION NO. 1 - Mandatory appearance in court  INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **South County 200 W Atlantic Ave Delray Beach, FL 33444** 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): \_\_\_\_\_

Dangerous  Resisted Arrest  Suicidal  Other

Name of Arresting Officer (Print): **GREEN, KENNETH J.** I.D. #: **735** (PRINT)

Intake Deputy: **McCabe** I.D. #: **4716** Pouch #: \_\_\_\_\_ Transporting Officer: **McCabe** I.D. #: **752** Agency: \_\_\_\_\_

Witness here if subject signed with an "X": \_\_\_\_\_

No Photo Available


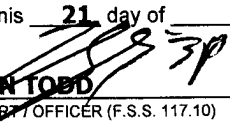
AUG 22 2016  
AUG 22 AM 1:57

SCANNED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>08/21/2016 21:19</b>		Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2016-012240</b>		
	Name (Last, First, Middle) <b>ZAZZIRA, CHRISTINE</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/25/1966</b>
Charge Description <b>741.29 DOMESTIC BATTERY</b>									
V I C T I M	Victim's Name (Last, First, Middle) <b>ZAMMATARO, PATRICIA</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/31/1969</b>
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2584 DEVON COURT, DELRAY BEACH, FL 33445</b>				Phone <b>(561) 865-5282</b>		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):						
VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>SISTER</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
	Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: <b>VICTIM</b>						
	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE: <b>GLASS</b>						
	WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(If YES, attach witness list)						
	INJURIES: <input type="checkbox"/> YES <input checked="" 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: <input checked="" type="checkbox"/>						
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL: <input checked="" type="checkbox"/>						
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAMES/AGES: <b>CHRISTINE ZAMMATARO 12</b>						
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 #: <input checked="" type="checkbox"/>							
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	At approximately 2037hrs on 08/21/16 I responded to the area of 3200 N Federal Hwy in reference to a domestic disturbance. Upon arrival I made contact with Patricia Zammataro who stated she was involved in an altercation with her sister, Christine Zazzira.								
	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.								
SIGNATURE OF ARRESTING OFFICER 									
Sworn to and subscribed to before me this <u>21</u> day of <u>August</u> , <u>2016</u> .									
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>MORAN, JOHN TODD</b> 									

SCANNED

AUG 22 2016

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>08/21/2016 21:19</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2016-012240</b>
	Agency ORI Number <b>FL 0500200</b>			


Patricia stated that her family went out to dinner this evening and Zazzira rode with Patricia and her daughter, Christine Zammataro. As the three were driving to drop Zazzira off at home after dinner she became upset about their father and the two began to argue. At this time Patricia was driving with Zazzira sitting in the front passenger seat and Christine in the back seat. Both Christine and Patricia stated that Zazzira became more agitated and started swearing at Patricia. Suddenly Zazzira throws a water glass at Patricia while she is driving North on Federal. The glass barely misses Patricia's face and strikes the driver side window shattering all over Patricia. When I made contact with Patricia myself and Ofc. Radford noticed that Patricia was covered with glass and there was glass on the driver side. Patricia was not hurt from any of the fragments. After the glass shattered Patricia stopped the car and ordered Zazzira to get out of the vehicle. This was roughly in the area of 3000 N Federal Hwy. Zazzira got out of the vehicle and was last seen heading north.

When I made contact with Zazzira she was walking North on Federal at about 5000 N Federal. I made contact with her and she identified herself by name. She appeared to be visibly upset and initially was not speaking with me. She eventually stated that she threw the glass at Patricia but was only trying to hit her with water and that the glass slipped out of her hand. Zazzira said she hated her sister and father and hopes they both die.

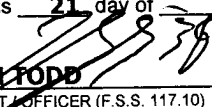
Zazzira was placed under arrest for domestic battery. She was transported to Boca PD holding facility where she was searched and placed into a cell. Witness statements were filled out by Patricia and Christine Zammataro and later submitted into evidence. Zazzira was transported to Palm Beach County Jail.

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.

  
 \_\_\_\_\_  
 SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 21 day of August, 2016.

  
 \_\_\_\_\_  
**MORAN, JOHN TODD**  
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)