

JFF 0358294

18MM 2001 MB
P# 3261 DTD

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N		
ADMINISTRATION	OBTS Number					Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-011296		
	Charge Type:	<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		Multiple Clearance Indicator		
	Location of Arrest (Including Name of Business) 800 Newlake Drive, Boynton Beach, Florida 33426					Location of Offense (Business Name, Address) 800 Newlake Drive, Boynton Beach, Florida 33426						
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) Szasz, Elizabeth, Sarah		Alias (Name, DOB, Soc. Sec. #, Etc)									
	W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex F	Date of Birth 08/18/1986	Height 5'4"	Weight 200	Eye Color Hazel	Hair Color Purple	Complexion Fair	Build Heavy	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Leg, Arm, Shoulder tattoo's						Marital Status Single	Religion Unk	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
	Local Address (Street, Apt. Number) 1015 Newlake Drive		(City) Boynton Beach	(State) Florida	(Zip) 33426	Phone (561) 294-1756		Residence Type 1. City 3. Florida 2. County 4. Out of State		1		
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source Verbal				
	Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Occupation Personal Asst.				
	D/L Number, State S200-237-86-798-0, FI		Soc. Sec. Number		INS Number		Place of Birth New Jersey		Citizenship USA			
	CO-DEF	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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
		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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other		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 <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 change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)					School Attended		Grade				
CODE	Property Crime?	Description of Property		Value of Property								
	Yes <input type="checkbox"/> No <input type="checkbox"/>											
CHARGE	Drug Activity	S. Sell N. N/A P. Possess	R. Smuggle B. Buy D. Deliver T. Traffic	E. Use	K. Dispense/ Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description Simple Battery (Domestic)	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number 784.03(1)(a)(1)		Violation of ORD#						
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
	N	N	N/A	18-011296								
CHARGE	Charge Description	Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#						
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond		FEB 24 AM 4:00			
CHARGE	Charge Description	Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#						
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
CHARGE	Charge Description	Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#						
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month Day Year 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed						
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer <i>Ofc. Moccia #985</i>			Name Verification (Printed by Arrestee) (PRINT)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Moccia			I.D. # 985		BU# 110652				
	Intake Deputy <i>STAN 8101</i>		Pouch #		Transporting Officer Moccia			I.D. # 985		Agency BBPD		
Witness here is subject Signed with an "X".						Page 1 OF 1						

No Bond

VICTIM NOTIFICATION REQUIRED

2018 FEB 24 AM 5:41
PALM BEACH COUNTY
SOUTH COUNTY BRANCH



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**



On the 24th day of February 2018 at 0138
 Subject: Szasz, Elizabeth, Sarah DOB: 08/18/1986 Case #: 18-011296
 Charge Description: Simple Battery (Domestic) Statute #: 784.03(1)(a)(1)
 Victim: Torrentes Zamora, Yeltsin DOB: 11-24-1991 Race: H Sex: M
 Local Address: 1741 3rd Avenue #1 , Lake Worth , FL , 33460
 Personal Contact: 561-907-0644

Narrative:

On Friday, February, 24th, 2018, at approximately 0138 hours, I responded to the area of 800 Newlake Drive (The Cove), Boynton Beach, Palm Beach County, Florida 33426 in reference to a possible domestic battery.

Upon arrival, I made contact with Elizabeth Szasz, who advised that she and her ex-boyfriend of one (7) years (have resided together as a single family unit in the past), Yeltsin Torrentes Zamora, had gotten into a physical altercation. Elizabeth advised that she and Yeltsin got into a verbal altercation because he would not exit her vehicle upon her request. Due to the fact that Yeltsin did not exit her vehicle, Elizabeth advised that she pushed him out of the vehicle and a "tussle" ensued causing the vehicle's passenger door to strike Yeltsin in the face. A visual inspection of Elizabeth's face yielded no swelling, discoloration, scratches, or lacerations; however, it did possess small traces of Yeltsin's dried blood. I captured photographs of Elizabeth's person which were subsequently submitted to Digital Acquire. Elizabeth completed an audio statement with the use of my department issued body worn camera detailing the incident. Additionally, Elizabeth declined medical treatment on scene.

I then made contact with Yeltsin who advised that he did not wish to exit Elizabeth's vehicle because earlier in the evening she refused to take him to his residence. According to Yeltsin, Elizabeth pushed his person in order to encourage his exit from the vehicle; however, she was unsuccessful. Elizabeth then exited the vehicle, approached the vehicle's passenger door, and began striking Yeltsin with closed and open fists and pulling his hair in order to pull him from the vehicle. As Yeltsin's body was partially out of the vehicle (in door frame), Elizabeth closed the door striking Yeltsin in the face. A visual inspection of Yeltsin revealed a swollen, bloody lip; however, he declined medical attention on scene. Yeltsin signed an Exemption From Public Records Disclosure form and was provided with a Domestic Violence Victim's Pamphlet and case card for future reference. I captured photographs of Yeltsin's injuries which were subsequently submitted to Digital Acquire. An FCIC/NCIC records check for outstanding warrants was conducted on the aforementioned parties, yielding negative results. Master Recording requested in reference to this incident.

Based upon the above facts and investigation, I have Probable Cause to arrest and charge Elizabeth Sarah Szasz with 1M count of Domestic Battery as she intentionally struck her boyfriend, Yeltsin Torrentes Zamora, against his will, pursuant to Florida State Statute 784.03(1)(a)(1). Elizabeth was placed into handcuffs, checked for tightness and double-locked, and transported to BBPD for processing before later being turned over to the care, custody, and control of the Palm Beach County Jail.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Physically injured and emotionally upset.

Relationship Between Victim and Suspect:

Boyfriend and girlfriend.

Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: Elizabeth Szasz
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

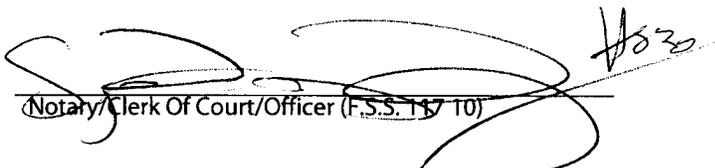
Phone Home: 561-907-0644 Work: _____
 Employer: Top Notch Pools
 Relative Name: _____ Phone: _____
 Address: 1741 3rd Avenue #1
 City/State: Lake Worth, FL, 33460

State Of Florida
 County Of Palm Beach

Appeared before me, Moccia, (print name) 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 me before this 24th day of Feb., 2018


 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

VICTIM NOTIFICATION FORM

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

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-011296 Agency: Boynton Beach Police Department
Offense: Simple Battery (Domestic)
Suspect/Offender: Szasz, Elizabeth, Sarah
DOB: 08/18/1986 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

A. Victim's Name: Torrentes Zamora, Yeltsin
Address: 1741 3rd Avenue #1
City: Lake Worth State: FL Zip: 33460
Home #: 561-907-0644 Work #: _____ Other: _____

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.

Signature of Victim: _____

Printed Name of Victim: Torrentes Zamora, Yeltsin

Officer's Name: Moccia I.D.# 985 Date: 02/24/2018

SUSPECT/OFFENDER:

Szasz, Elizabeth, Sarah

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