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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number 15036220		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1 n						
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-036263						
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type		Multiple Clearance Indicator 0 1				
Location of Arrest (Including Name of Business) 11701 LAKE VICTORIA AVE PBG FL												
Date of Arrest Feb 6, 2017	Time of Arrest 1413	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
Name (Last, First, Middle) ZELENKO ELLIOTT ROBERT						Alias (Name, DOB, Soc. Sec. #. Etc.)						
Race W- White I- American Indian B- Black O- Oriental/Asian	Sex W M	Date of Birth 11/10/82	Height 6-00	Weight 185	Eye Color BRO	Hair Color BRO	Complexion MED	Build MED				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE KNOWN					Marital Status S	Religion UK	Indication of: Y N Unk Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>					
Local Address (Street, Apt. Number) 3753 GULL RD			City PBG	State FL	Zip 33410	Phone	UK	Residence Type 1. City 3. Florida 2. County 4. Out of State 2				
Permanent Address (Street, Apt. Number)			City	State	Zip	Phone		Address Source				
Business Address (Street, Apt. Number) TOOJAY'S DELI 11701 LAKE VICTORIA AVE			City PBG	State FL	Zip 33410	Phone 561-622-8131		Occupation				
D/L Number, State Z452-216-82-410-0		Social Security Number		INS Number		Place of Birth PITTSBURGH PA	Citizenship US					
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 checked="" 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 checked="" type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone						
Address (Street, Apt. No.)					City	State	FEB 6 2017					
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							
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property				
Drug Activity N. NA P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute Produce Cultivate	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. NA A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other	
Charge Description AGG BATTERY			Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 784.045(1)(a)1			Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense # 17-036263		Warrant/Capias Number			Bond				
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number			Bond				
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number			Bond				
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number			Bond				
Location (Court, Address, Room Number)												
Court Date and Time									AM <input type="checkbox"/>	PM <input type="checkbox"/>		
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			Signature of Arresting Officer 6792			Name Verification (Printed by Arrestee)						
Name			Name of Arresting Officer			(PRINT)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			ID # 6792						
Initials/Signature D/S J. BENNETT #8349			Transporting Officer ID # J WILLIAMS 6792			Agency PBSO						
Witness here if subject signed with a mark												

SCANNED
FEB 07 2017

1 of 1

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile n

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17-036263		
Charge Type: Check as many as apply 1. Felony <input checked="" 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 _____	Special Notes				
Defendant Name (Last, First, Middle) ZELENKO	ELLIOU	ROBERT	Race W	Sex M	Date of Birth 11/10/82
Charge AGG BATTERY	Charge				
Charge	Charge				
Victim Name (Last, First, Middle)	Race W	Sex F	Date of Birth 08/10/84		
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
<p>The undersigned 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>5</u> day of <u>FEBUARY</u> 20 <u>17</u> at <u>1:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>					

Defendant Zelenko and victim [REDACTED] got into verbal argument because Zelenko's girlfriend called [REDACTED] trying to get into contact with Zelenko. [REDACTED] called the girlfriend a drug addict and started throwing clothes at Zelenko. Zelenko then threw [REDACTED] to the ground and began slamming her face on the ground, and stomped on [REDACTED] chest. [REDACTED] then slammed her to the ground with all his body weight.

On 02/05/17, at approximately 3:21 PM [REDACTED] went to Palms West Hospital and was treated Dr. Joseph L. Andris and diagnosed with fractures to the right L-3, L-4, L-5 ribs.

By the above facts, defendant Elliott Zelenko did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED], and in doing so intentionally or knowingly caused great bodily harm, permanent disability, or permanent disfigurement to [REDACTED], contrary to Florida Statute 784.045(1)(a)1.

The foregoing instrument was sworn to and affirmed before me this D/S J. BENNETT #8349	6 day of February 20 17 , by: JAMES WILLIAMS 6792
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <i>[Signature]</i>	Name of Arresting/Investigating Officer <i>[Signature]</i>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <i>[Signature]</i>	Signature of Arresting/Investigating Officer <i>[Signature]</i>

VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- 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.)
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-036263 Agency: Palm Beach County Sheriff's Office
 Offense: AGG BATTERY

Suspect/Offender: ZELENKO ELLIOTT ROBERT
 DOB: 11/10/82 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: _____ DOB: 08/10/84 Race: W Sex: F
 Address: _____
 City: _____
 Home #: _____

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 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: **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: JAMES WILLIAMS ID #: 6792 Date: Feb 6, 2017

PALM BEACH COUNTY SHERIFF'S OFFICE - SWORN STATEMENT

12/10/19 43rd St. N.



Abatlae, FL 33410

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

 WITNESS VICTIM OTHER

CASE #:	17-036263	ZONE:	3-12	SUSPECT:	Zelentko Elliott Robert 11-10-8	DATE & TIME OF ORIGINAL EVENT/OFFENSE:			
EVENT TYPE:	AGG BATTERY			DEPUTY:	J. Williams	ID#:	6792		

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

MIDDLE INITIAL:	Z. H.	RACE:	W
SEX:	F		

DATE OF BIRTH:	(MM/DD/YYYY)
08/10/1984	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

I DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

I started to argue with [REDACTED] about his girlfriend texting me and calling me when she could not get hold of him. I told him with his girlfriend being an addict she is not to be around [REDACTED]. We continued to argue he pushed me when I was standing at the bathroom door. I stated throw things (his clothes) etc. he slammed my face onto the ground, and step on my chest. I sat back up still arguing and we continued to argue and throw things, then he threw me on the floor and put all his weight onto the right side of my ribs while I was facing the ground and hold him I couldnt breath and I felt my ribs breaking. he left right after that.

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE C

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 26/17 TIME: 1415
SIGNATURE: 

ID: 6792

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM WHERE I'M SITTING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT MY CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

DO NOT WISH TO PROSECUTE (INITIAL) **SCANNED FEB 07 2017**

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY