

## ARREST / NOTICE TO APPEAR

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

1 JUVENILE

A	OBTS Number	ARREST / NOTICE TO APPEAR											
D	Agency ORI Number	Agency Name		3 1 2   2017-007759									
M	0500200	Boca Raton Police Department		Agency Report Number (N.T.A.'s only)									
I	Charge Type:	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized								
N	Check as many as apply:	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Enter Type								
S	Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)											
T	5150 TOWN CENTER CIR	5150 TOWN CENTER CIR, BOCA RATON, FL 33486											
R	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
A	05/28/2017	23:23	05/28/2017	23:33									
T	Name (Last, First, Middle)												
I	DICHIARA, JAMI ANN												
O	Alias:												
N	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build				
D	W - White	1 - American Indian	W	09/16/1979	5'07	155	BLUE	BLONDE	LIGHT				
E	B - Black	0 - Oriental/Asian							Medium				
F	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of:					
N						M	CHRISTIAN	Alcohol Influence	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Unk
D								Drug Influence	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
A	Local Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone	Residence Type:			
N	9480 SW NUOVA WAY, PORT ST LUCIE, FL 34986								(770) 990-6553	1. City	3. Florida		
T									Phone	2. County	4. Out of State		
D	Permanent Address (Street, Apt. Number)					(City)	(State)	(Zip)	(770) 990-6553	Address Source			
A	9480 SW NUOVA WAY, PORT ST LUCIE, FL 34986								DEFENDANT				
N	Business Address (Name, Street)					(City)	(State)	(Zip)	Phone	Occupation			
T	ALL SOUTH CLEANING & RESTORATI, 456 WARREN ROAD,								(770) 990-6553	Self Employeed			
D	D/L Number, State		Soc. Sec. Number	INS Number			Place of Birth (City, State)	Citizenship					
L	S260421798360 / FL						ATLANTA, GA, United	US					
O	Co-Defendant Name (Last, First, Middle)												
D													
F	Race Sex Date of Birth												
J	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												
U	<input type="checkbox"/> Legal Custodian												
E	Residence Phone												
N	Address (Street, Apt. Number)												
E	(City) (State) (Zip) Business Phone												
N	Notified by: (Name)												
L	Date Time JUVENILE DISPOSITION												
I	1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated												
E	Released To: (Name) Relationship Date Time												
R	School Attended Grade												
E	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.												
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:													
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property													
C	Drug Activity	S. Sell	R. Smuggle	K. Dispenses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown		
O	N. N/A	B. Buy	D. Deliver			N. N/A	C. Cocaine	M. Marijuana	O. Opium/Deriv.	S. Synthetic	Z. Other		
D	P. Possess	T. Traffic	E. Use			A. Amphetamine	E. Heroin						
E	Charge Description							Statute Violation Number			Violation of ORD #		
BATTERY / DOMESTIC BATTERY							784.03(1)(1)						
C	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond			
H	N	/	2017-007759	1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N								
A	Charge Description							Statute Violation Number			Violation of ORD #		
R	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond			
E		/				<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
C	Charge Description							Statute Violation Number			Violation of ORD #		
H	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond			
A		/				<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
R	Health / Apparent Physical Condition of Defendant							Any knowledge of the following:			Violation of ORD #		
E	GOOD							<input type="checkbox"/> Mental	<input type="checkbox"/> Escape Risk	<input type="checkbox"/> Medication	<input type="checkbox"/> Deformities	<input type="checkbox"/> Injuries	
Check which applies:							Explain:						
I	<input type="checkbox"/> Released O.R.	<input type="checkbox"/> Released to Parent/Guardian	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By			Released By	Released To	2017 MAY 30				
T	<input type="checkbox"/> Posted Bond	<input type="checkbox"/> South County Mental Health	BACHAR			BACHAR		BACHAR					
A	Transported By							Date Transported	Time Transported	Other			
K	BACHAR							//	:				
E													
INSTRUCTION NO. 1 - Mandatory appearance in court							Location (Court, Room)				30		
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							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.											11:00 AM		
Signature of Defendant (or Juvenile and Parent/Custodian)											Date Signed		
Signature of Arresting Officer				Name Verification (Printed by Arrestee)									
BACHAR, BRIAN				MAY 29 AM 6:16									
BACHAR, BRIAN				(PRINT)									
BACHAR, BRIAN				PAGE 1 OF 1									
BACHAR, BRIAN				Witness here if subject signed with him/her									
SCANNED													

0488417

3691 3180  
175112

MAY 29 2017

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>05/29/2017 02:28</b>	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Alias	Agency Report Number <b>3   2   2017-007759</b>	
D E F	Name (Last, First, Middle) <b>DI CHIARA, JAMI ANN</b>			Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/16/1979</b>
C H R G	Charge Description <b>784.03(1) BATTERY / DOMESTIC BATTERY</b>					
<p>DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>INJURED</b></p>						
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>MARRIED</b>						
A D D I T I O N A L I N F O R M A T I O N	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: <b>LOUIS DAVILA</b></p> <p>WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: <b>HANDS</b></p> <p>WITNESSES: <input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</p>					
N A R R	<p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/></p>					
<p>On 05/28/2017 at approximately 2248 hours, I responded to 5150 Town Center Circle (Marriott) in reference to a domestic disturbance.</p> <p>Upon arrival I met with [REDACTED] outside his hotel room (1118). [REDACTED] had a small laceration on</p>						
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> 793</p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>29</u> day of <u>May</u>, <u>2017</u></p> <p><b>DUBINSKY, SETH W</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 111.19)</p>						

SCANNED

COURT

STATE ATTORNEY

CENTRAL RECORDS

MAY 20 2017 PRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time <b>05/29/2017 02:28</b>	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-007759</b>
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N the tip of his nose and blood on his shirt. He stated he arrived at his hotel room at approximately 2145 hours. Shortly after, [REDACTED] Jami Di Chiara arrived at the hotel room intoxicated. [REDACTED] stated he was laying down on the bed when [REDACTED] came in the room. He stated that she came in the room and began acting belligerent and asking him to have sex with her. When [REDACTED] declined, Jami called him an "asshole". [REDACTED] then told Jami that he [REDACTED] because of her ongoing drinking habits. [REDACTED] stated Jami then struck him in the face and genitals multiple times with her fists. In an attempt to get away from Jami, [REDACTED] took Jami's glasses off her face to prevent her from seeing. [REDACTED] stated she sees very poorly without her glasses and removing her glasses would be the best way for him to get away from her without any issues. During the altercation, Jami's glasses broke. [REDACTED] then placed his personal belongings into the pillow case so he could leave the room. As [REDACTED] attempted to leave the room through the door, Jami prevented him from leaving by blocking the door and pulling him away from it. At that time, front desk manger of the Marriott, Louis Davila arrived at the room because he received a call of a disturbance coming from room 1118. [REDACTED] advised that once the manger arrived, Jami let him leave the room. [REDACTED] also stated he never touched Jami during the incident. [REDACTED] was offered medical treatment but refused.

I then met with Jami Di Chiara who was inside of the hotel room. Jami appeared to be intoxicated and was very confused on why the police were there. After explaining to her why the police were there, she stated she never hit [REDACTED]. When asked why [REDACTED] had marks on his face she stated he did it to himself. I then asked Jami what happened to her glasses as she attempted to hold them to her face. She stated that [REDACTED] broke the glasses when they were lying in bed together for no apparent reason. Jami could not give an answer to how her glasses broke. Jami admitted she could not see without her glasses, however she stated she saw [REDACTED] pack his personal belongings in the pillow case and attempted to leave, which was inconsistent to her statement regarding her vision. Jami also stated she never attempted to stop [REDACTED] from leaving the room.

I then met with the front desk manger, Louis Davila. Davila stated when he arrived at the 11th floor he could hear a loud argument. When he reached the room (1118), he witnessed Jami trying to pull [REDACTED] away from the door as the door opened. Davila stated Jami let [REDACTED] leave the room once she saw him.

Based on [REDACTED] statement and visible injuries, and the inconsistent statements provided by Jami, I developed probable cause to arrest Jami Di Chiara for Domestic Battery pursuant to F.S.S. 784.03(1) due to the fact she punched [REDACTED] multiple times in the face and genitals during an argument.

Written statements were provided by [REDACTED] and Louis Davila and were later submitted into evidence.

Officer McCabe took photos of [REDACTED] injuries and placed them into evidence.

Michael was issued a domestic violence rights and remedies pamphlet. The signed receipt was submitted to the front desk.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

 743

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 29 day of May, 2017

  
**DUBINSKY, SETH W.**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
MAY 20 2017