

0510524 19CF8193 730

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 19108933	
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input 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		If Weapon Seized Enter Type	
Multiple Clearance Indicator 01		Location of Arrest (Including Name of Business) 5839 LA GORCE CIR LAKE WORTH FL 33463		Location of Offense (Including Name of Business) 5839 LA GORCE CIR LAKE WORTH FL 33463		Location of Vehicle	
Date of Arrest 08/27/2019	Time of Arrest 2134	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) MAZZEO JOANN				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 05/03/1961	Height 5-03	Weight 140	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT
Build THIN		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Marital Status MARRIED	Religion N/A	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unit <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 5839 LA GORCE CIR LAKE WORTH FL 33463		City	State	Zip 33463	Phone 561-847-1579	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 5839 LA GORCE CIR LAKE WORTH FL 33463		City	State	Zip 33463	Phone 561-847-1579	Address Source FL DL	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
DL Number, State M200423616630		Social Security Number		INS Number	Place of Birth BROOKLYN, NY	Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)		City		State	Zip	Phone
Address (Street, Apt. No.)		City		State	Zip	Business Phone	
Notified By (Name)		Date	Time	Juvenile Disposition: 1. Held/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 561-355-2528) 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. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispose/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type N. MA A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin
H. Hallucinogen M. Marijuana	P. Paraphernalia/Equipment	U. Unknown Z. Other		Charge Description AGG ASSAULT			
Counts 01	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.021(1)(a)		Violation or ORD. #			
Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 19108933	Warrant/Capias Number		Bond NO BOND	
Charge Description BATTERY DOMESTIC RELATED		Counts 01	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)		Violation or ORD. #	
Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 19108933	Warrant/Capias Number		Bond NO BOND	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 Month Day Year Time AM <input type="checkbox"/> PM <input checked="" 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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer D/S D. CARBONE		Name Verification (Printed by Arrestee) (PRINT)		Page	
Initials PHMAS 7956		Transporting Officer ID # 01026 8057		Agency ID # 1301		Witness here if subject is aged 17 or younger AUG 28 2019	

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request For Warrant	1	Juvenile
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		19108933	
Charge Type: Check as many as apply		Special Notes		Race		Sex	
<input checked="" type="checkbox"/> 1. Felony <input 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				W		F	
Defendant Name (Last, First, Middle) MAZZEO JOANN				Race		Sex	
				W		F	
Date of Birth 05/03/1961				Race		Sex	
				W		M	
Date of Birth 06/07/60				Race		Sex	
				W		M	
Local Address (Street, Apt. Number) 5839 LA GORCE CIR		City LAKE WORTH		State Zip FL 33463		Phone 561-847-1698	
Business Address (Street, Apt. Number)		City		State Zip		Phone	
						Address Source FL DL	
						Occupation N/A	
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...							
<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.			
<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.			
On the 27TH day of AUG 20 19 at 9:03 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM							

On 08/27/2019, at approximately 2103 hours, I responded to 5839 La Gorce Cir, unincorporated area of Lake Worth, FL, 33463 in reference to a domestic related incident. PBSO Dispatch advised they had a male caller who stated his wife had a gun and the call hung up. After call back the male was able to leave the residence.

Upon my arrival, I spoke with the complainant/victim, Joseph Mazzeo, who told me the following. He was sitting on the couch with his wife, Joann Mazzeo, having several alcoholic beverages and discussing real estate. Joseph told Joann that a deal did not fall through and the potential buyer pulled out. Joann got upset blaming him for losing the deal and through the TV remote at him hitting him in the chest. Joseph took the remote and tossed it back in her direction hitting a glass cup in her hand causing it to break. She got even more upset and went into the garage grabbed her gun from her car and threatened him to leave the house. Joann had the gun by her side but did not point the gun at him. While he was on the phone with 911 she tried to grab the phone from his hands causing the call to hangup. While interviewing Joseph he appeared to be sober and I did not smell an alcohol coming from his breath.

Dispatch called Joann and advised her to come outside to meet the deputies. She refused to come outside but advised she would meet us at the front door. Joann had the strong odor of an unknown alcoholic beverage coming from her breath as she spoke to me. She confirmed the argument was over real estate but stated out no where her husband through a glass cup at her. The glass broke and the shards from the cup hit her in the face and went down her shirt. She went to the wine cooler where she keeps her gun and told Joe to leave the residence and locked the door behind him. When I asked her about the TV remote she stated she does not know exactly what he through and it may have been a beer bottle.

I observed the TV remote which had a small amount of fresh damage, and the glass cup was not completely shattered but the top of the glass was broken as if something hit it. I did not observe any beer bottles in the immediate area of the argument, kitchen or the trash can.

After conducting my investigation I have probable cause to charge Joann Mazzeo with Aggravated Assault per FSS 784.021(1)(a), and Domestic Battery per FSS 784.03(1)(a)(1).

SCANNED

AUG 28 2019

The foregoing instrument was sworn to and affirmed before me this 27th day of AUG 20 19 , by:	
<i>[Signature]</i> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	D/S D. CARBONE 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
	Page 1 of 1

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 #: 19108933 Agency: Palm Beach County Sheriff's Office
Offense: AGG ASSAULT
Suspect/Offender: MAZZEO JOANN
DOB: 05/03/1961 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: MAZZEO JOSEPH DOB: 06/07/60 Race: W Sex: M
Address: 5839 LA GORCE CIR
City: LAKE WORTH State: FL Zip: 33463
Home #: 561-847-1698 Work #: _____ Other #: _____

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: D/S D.CARBONE ID #: 24088 Date: SCA...

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

MAZZEO

JOANN

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

AUG 2 8 00

**PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER: 19108923

DEFENDANT'S NAME: Joann Muzzo

DEFENDANT'S STATEMENT: YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: cut of no where you throw a cup out her of
she get her gun + told him to get out.

VICTIM'S NAME: Joseph Muzzo

VICTIM'S STATEMENTS: YES NO (IF YES: WRITTEN TAPED ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Male adult she humiliated
him w/ a gun

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Husband + wife

PHOTOGRAPHS: SCENE: YES NO VICTIM(S): YES NO Reksal

911 CALL: YES NO WHO CALLED: Joseph Muzzo

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO Reksal.

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO
NAME: _____ DOB: _____
NAME: _____ DOB: _____
NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____
NAME: _____ DOB: _____
NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO
PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO
VICTIM PREGNANT: YES NO
ALCOHOL OR DRUGS INVOLVED: YES NO
VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)
RELATIVE/FRIEND NAME: _____ PHONE: 408 2 8 2018
RELATIVE/FRIEND ADDRESS: _____



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019028148	Date: 8/28/2019
	Specialist Name/ID: M. Tooks #8557

SOA
AUG 29 2019