

0387560

3618

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile n

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18104127	
	Charge Type: Check as many as apply. <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		Weapon Seized / Type 2 1. Yes 2. No	
	Location of Arrest (Including Name of Business) 218 ISLAND SHORES DR, Greenacres, FL 33413		Location of Offense (Business Name, Address) 218 ISLAND SHORES DR, Greenacres, FL 33413		Date of Arrest 08/02/18		Time of Arrest 0237	
	Booking Date		Booking Time		Jail Date		Jail Time	
DEFENDANT	Name (Last, First, Middle) Delligatti, Joseph, Michael		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M	
	Date of Birth 04/05/1990		Height 5'11		Weight 215		Eye Color Green	
	Hair Color Brown		Complexion Tan		Build Medium		Marital Status Single	
	Religion CHRISTIAN		Indication of Alcohol Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Burn marks on hands		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
CO-DEF	Local Address (Street, Apt. Number) 218 ISLAND SHORES DR, Greenacres, FL 33413		Phone (561) 231-1962		Permanent Address (Street, Apt. Number)		Address Source Verbal	
	Business Address (Name, Street)		Phone		Occupation Pizza Maker		D/L Number, State D423493901250, FL	
	Soc. Sec. Number		INS Number		Place of Birth (City, State) Deland, FL		Citizenship US	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
JUVENILE	Parent / Legal Custodian / Other		Name (Last)		First		Middle	
	Address (Street, Apt. Number)		City		State		Zip	
	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	
CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/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. Synthetics		U. Unknown Z. Other		Charge Description Domestic Battery	
	Counts 01		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1a1)		Violation of ORD #	
NOTICE TO APPEAR	Drug Activity		Drug Type		Amount / Unit		Offense # 18104127	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) SCANNED			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) VanCamp #29812			
Intake Deputy SPAWN BIV		I.D. #		Pouch #		Transporting Officer VanCamp		
ID #		Agency PBSO		Witness here if subject signed with an -X- 1 of 1				

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PROBABLE CAUSE AFFIDAVIT

1. Arrest
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1

Juvenile

ii

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 18104127
Charge Type: Check as many as apply:	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) Delligatti, Joseph, Michael	Alias	Race W	Sex M	Date of Birth 04/05/1990
Charge Description Domestic Battery	Charge Description 784.03(1a1)	Charge Description	Charge Description	Charge Description

Victim's Name (Last, First, Middle) Antonovs, Vitaly,	Race W	Sex M	Date of Birth 04/28/1988
Local Address (Street, Apt. Number) 218 ISLAND SHORES DR Rd, Greenacres, Fl 33413	(City)	(State)	(zip)
Business Address (Name, Street)	(City)	(State)	(zip)

The undersigned certifies and 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

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **02** day of **August** 20**18** at **0237** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On Thursday, August 02, 2018 I was dispatched to 218 ISLAND SHORES DR in the City of Greenacres, located in Palm Beach County, Fl 33413 in reference to a Domestic Dispute.

Upon arrival, I spoke with W/F Lauren M. Delligatti 12/08/1991 who advised that her brother W/M Joseph M. Delligatti 04/05/1990 and the Father of her child, W/M Vitaly Antonovs 04/28/1988, who all live together as a family unit, got into a physical altercation. Lauren advised that Joseph and Vitaly were arguing over a pair of flip flops that were missing, then Vitaly stood up and got into Joseph's face, then Joseph started swinging punches at Vitaly hitting him in the face. Joseph then proceeded to go out on the back porch, when Vitaly proceeded to follow behind him, attempting to shut the sliding behind Joseph, slamming Joseph's hand in the sliding glass door. Joseph stated 'this is my house, you can't lock me out.' Lauren advised Joseph went after Vitaly and started punching him hitting him in the face and neck, ripping his shirt. Lauren advised that when the altercation ensued she called the police.

Next, I spoke to Vitaly who advised that Joseph started a verbal altercation with Lauren when she arrived home this evening. Vitaly stated that when he advised Joseph to 'back off of Lauren' that he stepped in between Lauren and Joseph in order to separate them and started escorting Joseph out on the back porch in order to defuse the situation. Vitaly advised that he started to close the sliding glass door, and when Joseph realized that he was shutting the door, Joseph put his hand in the door to stop, therefore getting his hand shut in the door. Vitaly stated that when's Joseph attacked him, punching him in the face and neck, and ripping his shirt. Vitaly had a torn shirt and scratches on his neck and shoulder area.

Last I spoke to Joseph, who advised that he was folding his laundry, when he advised his sister that he would be "leaving peacefully in a week and not to touch my things." Joseph stated that Viatly tried to lock him out on the back porch, slamming his hand in the door. Joseph stated that he 'forced him away from him, giving him a warning.' Joseph had scratch marks on his hands.

Based on my investigation, I find Joseph M. Delligatti to be in violation of FSS. 784.03(1)(a)(1) because he actually and intentionally touched or struck Vitaly Antonovs against the will of Vitaly Antonovs or did intentionally cause bodily harm to Vitaly Antonovs and Vitaly Antonovs was a family or household member of Joseph M. Delligatti, contrary to Florida Statute 784.03(1)(a)(1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

VanCamp #29812
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **02** day of **August** 20 **18** by **VanCamp**

(Print name of Arresting/Investigative Officer), who is personally known to me and he produced identification. Type of identification produced _____

D/S. J. Falcom
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Delligatti, Joseph, Michael DOB: 04/05/1990 Case #: 18104127

Victim: Antonovs, Vitaly DOB: 04/28/1988 Race: W Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Delligatti, Lauren, Marie

Weapon Used: Yes No Type: hands/fists

Witness: Yes No Name: Delligatti, Lauren, Marie

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: scratches

Medical Treatment: Yes No

At Scene: Yes No Paramedics: Greenacres Fire/Rescue responded, but both parties denied medical treatment

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: _____

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone (____) ____ - ____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 218 ISLAND SHORES DR Rd, Greenacres, FL 33413

Phone: Home (561) 763-2364 Work (____) ____ - ____ Cell (____) ____ - ____

Employer: _____

Name of Relative: _____ Phone (____) ____ - ____

Address: _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- 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

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

1. Incident Report #: 18104127 Agency: PBSO
Offense: Domestic Battery
Suspect/Offender: Delligatti, Joseph, Michael
D.O.B. 04/05/1990 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Antonovs, Vitaly D.O.B. 04/28/1988 Race: W Sex: M
Address: 218 ISLAND SHORES DR Rd
City: Greenacres, Fl 33413
Home #- (561) 763-2364 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE 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: Antonovs, Vitaly

Deputy's Name: VanCamp ID.# 29812 Date: 08/02/2018

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: **Delligatti, Joseph, Michael** COURT CASE/WARRANT#: _____
(FOR WARRANTS USE ONLY)



PALM BEACH COUNTY SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018025610	Date: 8/2/2018
	Specialist Name/ID: M. Tooks #8557