

0478963

714

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 16-016354		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE										
D E F E N D A N T	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		If Weapon Seized Enter Type: Hands/fist/feet/teeth		Multiple Clearance Indicator 1															
	Location of Arrest (Including Name of Business) 501 DOTTEREL RD #284				Location of Offense (Business Name, Address) 501 DOTTEREL RD 28A, DELRAY BEACH, FL 33444															
	Date of Arrest 10/24/2016	Time of Arrest 14:47	Booking Date 10/24/2016	Booking Time 15:30	Jail Date	Jail Time	Location of Vehicle N/A													
C O D E F	Name (Last, First, Middle) CONTI, MARIA RITA										Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White B - Black W		Sex M - Male F - Female F		Date of Birth 08/04/1965		Height 5'05		Weight 150		Eye Color BROWN		Hair Color RED OR		Complexion LIGHT		Build MEDIUM			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1			
	Local Address (Street, Apt. Number) 501 DOTTEREL RD 28A, DELRAY BEACH, FL 33444						(City) Delray Beach		(State) FL		(Zip) 33444		Phone (267) 283-5649		Address Source VERBAL					
	Permanent Address (Street, Apt. Number) 501 DOTTEREL RD 28A, DELRAY BEACH, FL 33444						(City) Delray Beach		(State) FL		(Zip) 33444		Phone (267) 283-5649		Occupation Unemployed					
	Business Address (Name, Street) 501 DOTTEREL RD 28A, DELRAY BEACH, FL 33444						(City) Delray Beach		(State) FL		(Zip) 33444		Phone (267) 283-5649		Citizenship US					
	D/L Number, State 21369402 / PA				Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) PHILADELPHIA, PA.				Citizenship US							
	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			
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)										Residence Phone								
<input type="checkbox"/> Legal Custodian										Business Phone										
Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____																				
Notified by: (Name) _____ Date _____ Time _____										JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated										
C O D E	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 355-2526) informed of any change of address.										School Attended _____ Grade _____									
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
	Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Snuggle D. Deliver E. Use K. Disperse/ 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. Synthetic U. Unknown Z. Other									
C H A R G E	Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)										Statute Violation Number 784.03(1A1)									
	Drug Activity N										Amount / Unit /									
	Offense # 16-016354										Counts 1									
C H A R G E	Charge Description										Statute Violation Number									
	Drug Activity										Amount / Unit									
	Offense #										Counts									
C H A R G E	Charge Description										Statute Violation Number									
	Drug Activity										Amount / Unit									
	Offense #										Counts									
I N T A K E	Health / Apparent Physical Condition of Defendant										Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries									
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By _____ Released By _____ Released To _____									
	Transported By _____										Date Transported _____ Time Transported _____ Other _____									
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) 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.										No Photo Available									
	Signature of Defendant (or Juvenile and Parent/Custodian) _____										Date Signed _____									
A D M I N I S T R A T I O N	HOLD for Other Agency										Signature of Arresting Officer Ferraiolo 1004									
	<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other										Name of Arresting Officer (Print) FERRAIOLO, DAMIEN I.D. # 1004									
	Intak. Deputy # _____ Pouch # _____										Transporting Officer FERRAIOLO I.D. # 1004 Agency DBPD									
Witness here if subject signed with an _____										Name Verification (Printed by Arrestee) (PRINT) _____										
PAGE 1 OF 1										PAGE 1 OF 1										

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☒ P.T.O. ☐ DEFENDANT

2016 OCT 25 AM 11:30
PALM BEACH COUNTY
CLERK OF COURT
JANET H. HARRIS

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 10/24/2016 15:03	Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 16-016354
	Agency ORI Number FL*0500400			
	The following incident occurred in the city of Delray Beach, Palm Beach County, FL.			

On 10/24/16 at 2:24 PM, I was dispatched to [REDACTED] in reference to a domestic assault. [REDACTED] called 911 and said [REDACTED] girlfriend Maria Conti was very intoxicated, being aggressive towards [REDACTED], and trying to get [REDACTED] to hit her. Upon officer arrival Conti walked out to our patrol cars in the parking lot. She was crying and visibly intoxicated. Conti said she was leaving [REDACTED] and wanted to go back to Philadelphia.

I then made contact with [REDACTED] who told me he didn't like Conti hitting [REDACTED] and "busting" [REDACTED] doors. [REDACTED] said Conti went to the pool and got intoxicated. [REDACTED] said when she arrived back at the apartment she started arguing with [REDACTED] saying "Fuck you, you fucking cock sucker". [REDACTED] tried to separate himself from Conti by locking himself in [REDACTED] bedroom. [REDACTED] said Conti then started, "whacking holes in my door", so [REDACTED] opened the door at which point she began hitting [REDACTED]. [REDACTED] said Conti was punching [REDACTED] in the chest. [REDACTED] told Conti he was going to call the police and she said go ahead, call the police, I'll blow them. I asked [REDACTED] to demonstrate on a door how hard Conti hit [REDACTED] but he said he didn't want to do it because he would damage the door. [REDACTED] appeared sober and calm while I was dealing with [REDACTED].

I went back outside to ask Conti if she hit [REDACTED]. I asked Conti why [REDACTED] called the police today and she told me, "Cause I want to fucking smack [REDACTED] over the head!". I told Conti that [REDACTED] claimed she hit [REDACTED] in the chest, she replied "If [REDACTED] said that, then I did". I asked her if she really did hit [REDACTED], and she said she didn't think so, but she did not remember. I asked Conti how much she drank today and she told me a pint of Vodka. Conti told me [REDACTED] did not hit her and said, "he would never physically hit me".

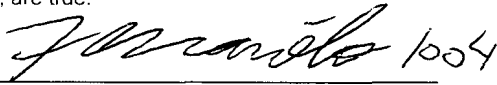
I went back into the residence and observed holes in the door which were allegedly caused by Conti prior to my arrival. Based on the evidence available Conti was deemed the primary aggressor and was placed into custody. Sgt. Reed responded to the scene and photographed [REDACTED] and the damage to the apartment. Conti was transported to DBPD then turned over to the PBC jail.

My body cam was utilized during this incident.

Based on the above, probable cause exists to charge Maria Conti with Simple Battery (Domestic) {FSS 784.03(1)}.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ 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 before me this 24 day of October, 2016.

REED, JUSTIN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

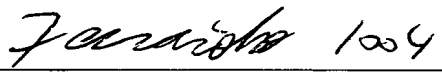
CRIME ANALYSIS

SCANNED
OCT 25 2016

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMINISTRATIVE	Date / Time 10/24/2016 15:03	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 16-016354		
	Name (Last, First, Middle) CONTI, MARIA RITA				Alias	Race W	Sex F
CRIMINAL	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)						
	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
VICTIM	[REDACTED]						
DEFENDANT'S STATEMENTS:	Written	Taped	Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPEARED SOBER AND CALM			
VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>							
RELATIONSHIP BETWEEN VICTIM & SUSPECT ENGAGED							
ADDITIONAL INFORMATION	PHOTOGRAPHS:		Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
			Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:		
	WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:		
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)		
	INJURIES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	AT: Scene:		<input type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:		
	Hospital:		<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:		
	H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #: 16-09995		
	PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
NOTAR	See next page...						
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ 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 before me this <u>24</u> day of <u>October</u> , <u>2016</u> . _____ REED, JUSTIN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS 25 2016 P. I. O.

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **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 single dwelling.)

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

1. Incident Report #: 16-016354 Agency: DBPD
Offense: Simple Battery (Domestic)
Suspect/Offender: Conti, Maria Rita
D.O.B. 8/4/65 Race: W Sex: F
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: _____
Address: _____
City: _____
Home #: _____
 - 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 person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: Ferraiolo I.D.: 1004 Date: 10/24/16

White-Warrants Division

Yellow-Corrections or State Attorney (Warrant Application)

Pink-Central Records

SUSPECT/OFFENDER: Conti, Maria Rita

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

SCANNED
OCT 25 2016