

0478963

## ARREST / NOTICE TO APPEAR

1. Arrest    3. Request for Warrant  
2. N.T.A.    4. Request for Capias714  
1

JUVENILE

OBTS Number

Agency ORI Number

0500400

Agency Name

Delray Beach Police Department

Agency Report Number (N.T.A.'s only)

4 0 16-016354

Charge Type:

Check as many as apply.

 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 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

In Date

Jail Time

Location of Vehicle

N/A

Name (Last, First, Middle)

CONTI, MARIA RITA

Race:

W - White

B - Black

I - American Indian

O - Oriental/Asian

W

F

Sex

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)

S

Marital Status

Religion

Indication of:

Alcohol Influence

Yes No Unk. 

Drug Influence

Local Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

(267) 283-5649

Permanent Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

(267) 283-5649

Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

D/L Number, State

Soc. Sec. Number

INS Number

Place of Birth (City, State)

PHILADELPHIA, PA.

Citizenship

US

Co-Defendant Name (Last, First, Middle)

Race

Sex

Date of Birth

1. Arrested

3. Felony

5. Juvenile

2. At Large

4. Misdemeanor

Co-Defendant Name (Last, First, Middle)

Race

Sex

Date of Birth

1. Arrested

3. Felony

5. Juvenile

2. At Large

4. Misdemeanor

Name (Last, First, Middle)

Name (Last, First, Middle)

Residence Phone

Legal Custodian

Address (Street, Apt. Number)

(City)

(State)

(Zip)

Business Phone

Notified by: (Name)

Date

Time

JUVENILE DISPOSITION

1. Handled/Processed within

Department and Released

2. TOT JAC

3. Incarcerated

Released To: (Name)

Relationship

Date

Time

The above address was provided by  defendant and/or  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.

 Yes, by:  No:

Property Crime?

 Yes  No

Description of Property

Value of Property

Drug Activity

Drug Type

Amount / Unit

Offense #

Counts

Domestic Violence

Warrant / Capias Number

Statute Violation Number

Violation of ORD #

S. Sell

R. Smuggle

K. Disperses/

M. Manufacture/

Z. Other

Drug Type

B. Barbiturate

H. Hallucinogen

N. N/A

C. Cocaine

P. Parapharm/

D. Deliver

E. Use

A. Amphetamine

F. Heroin

M. Marijuana

S. Opium/Deriv.

G. Synthetic

Drug Activity

Drug Type

Amount / Unit

Offense #

Counts

Domestic Violence

Warrant / Capias Number

Statute Violation Number

Violation of ORD #

N/A

/

16-016354

1

Y  N 

Charge Description

Statute Violation Number

784.03(LA1)

SIMPLE BATTERY(TOUCH OR STRIKE)

Drug Activity

Drug Type

Amount / Unit

Offense #

Counts

Domestic Violence

Warrant / Capias Number

Statute Violation Number

Violation of ORD #

N/A

/

16-016354

1

Y  N 

Charge Description

Statute Violation Number

Violation of ORD #

Drug Activity

Drug Type

Amount / Unit

Offense #

Counts

Domestic Violence

Warrant / Capias Number

Statute Violation Number

Violation of ORD #

N/A

/

16-016354

1

Y  N 

Charge Description

Statute Violation Number

Violation of ORD #

Drug Activity

Drug Type

Amount / Unit

Offense #

Counts

Domestic Violence

Warrant / Capias Number

Statute Violation Number

Violation of ORD #

N/A

/

16-016354

1

Y  N 

Health / Apparent Physical Condition of Defendant

Any knowledge of the following:

 Mental Escaped Medication Delirious Injuries

Explain:

Check which applies:

T.O.T. County Jail

PROPERTY - Received By

Released By

Released To

Date Transported

Time Transported

Other

Posted Bond

South County Mental Health

Transported By

Court Date and Time

INSTRUCTION NO. 1 - Mandatory appearance in court

Location (Court, Room)

INSTRUCTION NO. 2 - You need not appear in Court

South County 200 W Atlantic Ave Delray Beach, FL 33444

but must comply with instructions on Page 2.

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.

Signature of Defendant (or Juvenile and Parent/Custodian)

Date Signed

HOLD for Other Agency

Signature of Arresting Officer

Ferraiolo 1004

Name of Arresting Officer (Print)

FERRAIOLI, DAMIEN

I.D. #

1004

Transporting Officer

FERRAIOLI

I.D. #

1004

Agency

DBPD

Witness here if subject signed with an

COURT

STATE ATTORNEY

AGENCY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

DEFENDANT

SCT 29 2016

No Photo Available

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time <b>10/24/2016 15:03</b>	Agency ORI Numbers <b>FL-0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   16-016354</b>
The following incident occurred in the city of Delray Beach, Palm Beach County, FL.				
N A R R A T I V E	<p>On 10/24/16 at 2:24 PM, I was dispatched to [REDACTED] in reference to a domestic assault. [REDACTED] [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.</p> <p>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].</p> <p>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".</p> <p>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.</p> <p>My body cam was utilized during this incident.</p> <p>Based on the above, probable cause exists to charge Maria Conti with Simple Battery (Domestic) {FSS 784.03(1)}.</p>			

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.



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

SEARCHED  
INDEXED  
OCT 2016

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>10/24/2016 15:03</b>	AFFIDAVIT		
D E F	Agency ORI Number <b>'FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 16-016354</b>	
C H R G	Name (Last, First, Middle) <b>CONTI, MARIA RITA</b>	Alias	Race <b>W</b>	Sex <b>F</b> Date of Birth <b>08/04/1965</b>
V I C T I M	Change Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>			
Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth
<b>APPEARED SOBER AND CALM</b>				
<p><b>DEFENDANT'S STATEMENTS:</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <b>OBSERVATIONS OF VICTIM (PHYSICAL &amp; EMOTIONAL):</b></p> <p><b>VICTIM'S STATEMENTS:</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p>				
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>ENGAGED</b>				
<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Victim: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER:</p> <p>WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE:</p> <p>WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>AT: Scene: <input type="checkbox"/> <input type="checkbox"/> PARAMEDICS:</p> <p>Hospital: <input type="checkbox"/> <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</p>				
<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 #: <b>16-09995</b></p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/></p>				
N A R R	See next page...			
<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><u>Reed, Justin</u> 1004</p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>24</u> day of <u>October</u>, <u>2016</u></p> <p><u>REED, JUSTIN</u> <u>1004</u></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>				

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:

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

*S. Ferraiolo* OCT 25 2016