

0321971

3539

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency OR Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17102583</b>	
	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		Weapon Seized / Type 2. Yes 2. No		Multiple Clearance Indicator <b>01</b>			
DEFENDANT	Date of Arrest <b>07/14/2017</b>		Time of Arrest <b>1806</b>		Booking Date		Booking Time	
	Name (Last, First, Middle) <b>ZAGOFSKI</b>		Alias (Name, DOB, Soc. Sec. #, Etc.) <b>SCOTT JASON</b>		Race <b>W</b>		Sex <b>M</b>	
CO-DEF	Local Address (Street, Apt. Number) <b>1521 SW 65TH TER</b>		(City) <b>BOCA RATON FL 33428</b>		(State) <b>FL</b>		(Zip) <b>33428</b>	
	Permanent Address (Street, Apt. Number) <b>SAME AS ABOVE</b>		(City) <b>BOCA RATON FL 33428</b>		(State) <b>FL</b>		(Zip) <b>33428</b>	
JUVENILE	D/L Number, State <b>Z212790794680</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number <b>[REDACTED]</b>		Place of Birth (City, State) <b>NEW YORK, NEW YORK</b>	
	Co-Defendant Name (Last, First, Middle) <b>[REDACTED]</b>		Race <b>[REDACTED]</b>		Sex <b>[REDACTED]</b>		Date of Birth <b>[REDACTED]</b>	
CHARGE	Charge Description <b>DOMESTIC BATTERY ON 65 OR OLDER</b>		Counts <b>01</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.08(2)(C)</b>	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>01</b>		Offense # <b>17102583</b>	
CHARGE	Charge Description <b>PREVENT COMMUNICATINON WITH LEO</b>		Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>914.22(1)(B)</b>	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>01</b>		Offense # <b>17102583</b>	
CHARGE	Charge Description		Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
CHARGE	Charge Description		Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
NOTICE TO APPEAR	Location (Court, Room Number, Address)		Court Date and Time Month Day Year Time AM PM		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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED		Signature of Defendant (or Juvenile and Parent / Custodian)	
	HOLD for other Agency Name: <b>[REDACTED]</b>		Signature of Arresting Officer <b>[REDACTED]</b>		Name Verification (Printed by Arrestee) (PRINT)		PAGE	
ADMIN	Intake Deputy <b>D/S J BENNETT #8349</b>		I.D. # <b>[REDACTED]</b>		Pouch # <b>[REDACTED]</b>		Transporting Officer <b>JAMES ALISEO</b>	
	Dangerous <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>JAMES ALISEO</b>		ID # <b>19472</b>		Witness here if subject signed with an "X"	

JUL 15 2017

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
ADMIN	OBTS Number			Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-17102583</b>					
	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		Special Notes:					
DEF	Name (Last, First, Middle) <b>ZAGOFSKI</b>	<b>SCOTT</b>		Alias <b>JASON</b>		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>12/28/1979</b>			
CHARGES	Charge Description	<b>DOMESTIC BATTERY ON 65 OR OLDER 784.08(2)(C)</b>				Charge Description				<b>PREVENT COMMUNICATINON WITH LEO 914.22(1)(E)</b>			
	Charge Description					Charge Description							
VICTIM							Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>11/27/1949</b>		
							Address Source <b>VERBAL</b>						
Business Address (Name, Street)		(City)		(State)		(zip)		Phone		Occupation			
<p>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.</p> <p>The Person taken into custody</p> <p><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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>14TH</b> day of <b>JULY</b> 20 <b>17</b> at <b>1806</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Friday 07/14/2017 at approximately 1800 hours I responded to _____ in reference to a domestic battery. According to the 911 call the complainant stated that his 37 year old _____ punched _____ and he suffers for bipolar disorder. The complainant also stated that _____ was walking away from the house wearing a white shirt and gray pants and would likely fight with responding deputies.</p> <p>Upon my arrival I met with the defendant Scott Zagofsky who was walking south on SW 65th Ave. Scott told me to "hold on before you arrest me." Scott told me that _____ was lying and that he never hit him. D/S Clark 7770 was first on scene and confirmed that Scott battered _____ soon after. Based on the complainants statements Scott was placed into handcuffs bend the back and placed into the rear of my patrol car for our safety and his. I read Scott his Miranda warnings which was recorded on my in car camera system.</p> <p>Scott stated that he understood rights and was willing to speak with me. I asked Scott what had occurred before our arrival and he told me that he was in an argument _____ about his him not having a girlfriend. Scott said that he was cornered in the kitchen by _____ and he felt that he could not take the pestering from her and knocked a cup out of her hands. When I asked her if he punched her he stated no.</p> <p>I then spoke with _____ who told me she was in the kitchen when _____ started arguing her about not letting him have the car. _____ said Scott knocked a cup out of her hand and hit her in the chest. _____ yelled for _____ who was in another room to call the police. As _____ was trying to call the police, Scott forcefully took the phone from him. When _____ asked for _____ phone, Scott took that phone away from him too. _____ did not have any visible injuries to her chest where Scott hit her.</p> <p>While speaking with _____ he stated that if he called the Police that he would kill himself, but not before killing a cop. _____ stated that _____ has no other place to live and wanted it to be known he wants _____ to come home when he gets out of jail. _____ refused to complete a sworn statement.</p> <p>Based my above investigation, Scott Zagofsky is being arrested for domestic batter on person 65 years or older pursuant to fss 784.08(2)(C), and for prevention of communication with Law Enforcement pursuant to fss 914.22(1)(e).</p>													
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH												
	<b>JAMES ALISEO</b> (Signature of Arresting/Investigative Officer)												
The foregoing instrument was sworn to or affirmed and subscribed before me this <b>14TH</b> day of <b>JULY</b> 20 <b>17</b> by <b>JAMES ALISEO 19472</b>													
Personality Known													
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced													
<b>5/6 0526/2/14 808</b>													
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)													

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

CASE NUMBER# 17102583

DEFENDANT'S NAME: ZAGOFSKI SCOTT

DEFENDANTS STATEMENT ☒ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☒ ORAL)

SYNOPSIS: Scott stated that he never hit his mother.

VICTIM'S NAME: [REDACTED] [REDACTED]

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

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) UPSET.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: [REDACTED]

PHOTOGRAPHS: SCENE: ☒ YES ☐ NO VICTIM (S): ☒ YES ☐ NO

911 CALL: ☒ YES ☐ NO WHO CALLED: [REDACTED]

WEAPON USED: ☐ YES ☒ NO TYPE: \_\_\_\_\_

MEDICAL TREATMENT: ☐ YES ☒ NO

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

VICTIM PREGNANT- ☐ YES ☒ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ 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: \_\_\_\_\_

RELATIVE/FRIEND ADDRESS: \_\_\_\_\_

# VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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

1. Incident Report #: 17102583 Agency: PBSO  
Offense: DOMESTIC BATTERY ON 65 OR OLDER  
Suspect/Offender: ZAGOSKI SCOTT  
D.O.B. 12/28/1979 Race: W Sex: M

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: [REDACTED] D.O.B. 11/27/1949 Race: W Sex: F  
Address: [REDACTED]  
City: [REDACTED] State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home: [REDACTED] Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: N/A  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: \_\_\_\_\_

Deputy's Name: JAMES ALISEO

I.D.# 19472

Date: 07/14/17

White/Corrections or State Attorney (Warrant Application)  
PBSO 00029A REV. 4199

Yellow/Warrants Section

Pink/Central Records

SCANNED  
JUL 15 2017

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# \_\_\_\_\_