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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			ARREST / NOTICE TO APPEAR			Juvenile Referral Report			Agency Report Number (N.T.A.'s only)			17102583										
	Agency ORI Number FLO 500000			Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			06-			Weapon Seized / Type			Multiple Clearance Indicator										
Charge Type: <input checked="" type="checkbox"/> 1. Felony Check as many as apply <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			2 1. Yes 2. No			01											
Date of Arrest 07/14/2017		Time of Arrest 1806		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
Name (Last, First, Middle) ZAGOFSKI SCOTT JASON															Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M		Date of Birth 12/28/1979		Height 509		Weight 160		Eye Color BROWN		Hair Color BROWN		Complexion MED		Build MED							
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) NONE															Marital Status SINGLE		Religion NONE		Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Unk.		
Local Address (Street, Apt. Number) 1521 SW 65TH TER		(City) BOCA RATON		(State) FL		(Zip) 33428		Phone (561) 201-1355		Residence Type: 1. City 2. County			3. Florida 4. Out of State			2							
Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City)		(State)		(Zip)		Phone ()		Address Source VERBAL													
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()		Occupation NONE													
D/L Number, State Z212790794680			Soc. Sec. Number [REDACTED]			INS Number			Place of Birth (City, State) NEW YORK, NEW YORK			Citizenship US											
Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth		<input type="checkbox"/> 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"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle)														Residence Phone ()									
Address (Street, Apt. Number)		(City)		(State)		(Zip)								Business Phone ()									
Notified by: (Name)				Date 07/14/2017		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released.		2. Incarcerated		JUL 14 2017 10:30											
Released To: (Name)				Relationship								Date		Time									
The above address 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 (Phone 355-2526) informed of any change of address. <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 S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		M. Manufacture/ P. Produce/ C. 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 Q. Equipment S. Synthetics							
Charge Description DOMESTIC BATTERY ON 65 OR OLDER				Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number 784.08(2)(C)		Violation of ORD #											
Drug Activity N N		Drug Type N N		Amount / Unit 01		Offense # 17102583				Warrant / Capias Number		Bond											
Charge Description PREVENT COMMUNICATINON WITH LEO				Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number 914.22(1)(E)		Violation of ORD #											
Drug Activity N N		Drug Type N N		Amount / Unit 01		Offense # 17102583				Warrant / Capias Number		Bond											
Charge Description				Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number		Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number		Bond											
Charge Description				Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number		Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number		Bond											
Location (Court, Room Number, Address)												Violation of ORD #											
Court Date and Time												Violation of ORD #											
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															9								
Signature of Defendant (or Juvenile and Parent / Custodian)															Date Signed								
HOLD for other Agency Name: <input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Signature of Arresting Officer X JAMES ALISEO								Name Verification (Printed by Arrestee) (PRINT)											
Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) JAMES ALISEO								ID # 19472											
Intake Deputy D/S. J. BENNETT #8349		I.D. #		Pouch #		Transporting Officer 2/3 On 2 8057 PBO		ID #		Agency		PAGE 1											
Witness here if subject signed with an -X"															1								

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

N

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1
DEF	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-	17102583	
CHARGES	Charge Type: Check as many as apply. 1. Felony 3. Misdemeanor 2. Traffic Felony 4. Traffic Misdemeanor 5. Ordinance 6. Other	Special Notes:			
VICTIM	Name (Last, First, Middle) ZAGOFSKI	Alias SCOTT	Race W	Sex M	Date of Birth 12/28/1979
	Charge Description DOMESTIC BATTERY ON 65 OR OLDER 784.08(2)(C)	Charge Description PREVENT COMMUNICATION WITH LEO 914.22(1)(E)			
	Charge Description	Charge Description			
	(City)	(State)	(zip)	Phone	Occupation
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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 14TH day of JULY 20 17 at 1806 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)					

On Friday 07/14/2017 at approximately 1800 hours I responded to [REDACTED] in reference to a domestic battery. According to the 911 call the complainant stated that his 37 year old [REDACTED] punched [REDACTED] and he suffers for bipolar disorder. The complainant also stated that [REDACTED] was walking away from the house wearing a white shirt and gray pants and would likely fight with responding deputies.

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 [REDACTED] was lying and that he never hit him. D/S Clark 7770 was first on scene and confirmed that Scott battered [REDACTED] 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.

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 [REDACTED] about his him not having a girlfriend. Scott said that he was cornered in the kitchen by [REDACTED] 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.

I then spoke with [REDACTED] who told me she was in the kitchen when [REDACTED] started arguing her about not letting him have the car. [REDACTED] said Scott knocked a cup out of her hand and hit her in the chest. [REDACTED] yelled for [REDACTED] who was in another room to call the police. As [REDACTED] was trying to call the police, Scott forcefully took the phone from him. When [REDACTED] asked for [REDACTED] phone, Scott took that phone away from him too. [REDACTED] did not have any visible injuries to her chest where Scott hit her.

While speaking with [REDACTED] he stated that if he called the Police that he would kill himself, but not before killing a cop. [REDACTED] stated that [REDACTED] has no other place to live and wanted it to be known he wants [REDACTED] to come home when he gets out of jail. [REDACTED] refused to complete a sworn statement.

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).

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH**JAMES ALISEO**

(Signature of Arresting/Investigative Officer)

14TH JULY

20 17 JAMES ALISEO 19472

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____

by _____

Personally Known

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

5/5 0926/07 104807

Notary Public, Clerk of Court, Officer (F.S.S. 17.10)

SCANNED

PAGE 1 OF 1

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

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

SYNOPSIS: Scott stated that he never hit his mother.

VICTIM'S NAME: [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

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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: ZAGOFSKI SCOTT
D.O.B. 12/28/1979 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: _____ D.O.B. 11/27/1949 Race: W Sex: F
Address: _____
City: _____ State: _____ Zip: _____
Home: _____ 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