

ARREST / NOTICE TO APPEAR

JUVENILE

OBTS Number		Arrest 1. Request for Arrest Agency ORI Number 2. W.T.A. 4. Request for Capias																	
0500400		Agency Name		Delray Beach Police Department				Agency Report Number (W.T.A. only)		4 1 0 17-014238									
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				If Weapon Seized		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business)		Location of Office (Business Name, Address) 1645 SATIN LEAF CT DELRAY BEACH FL 33445 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445																	
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time									
09/08/2017		21:19		09/08/2017		23:14													
Name (Last, First, Middle) CESERETTI, TAMMY LYNN Alias:																			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W - F		Date of Birth 03/31/1963		Height 5'02		Weight 135		Eye Color BROWN									
Marital Status M		Religion CHRISTIAN		Complexion BLACK		Build LIGHT													
Scares, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																			
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (561) 561-8654		Residence Type: 1. City 3. Florida 2. County 4. Out of State									
1645 SATIN LEAF CT, DELRAY BEACH, FL 33445										I									
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (561) 561-8654		Address Source FL DL									
1645 SATIN LEAF CT, DELRAY BEACH, FL 33445																			
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone (561) 665-0628		Occupation									
D/L Number, State C263812636110 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PITTSBURGH, 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)								<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											
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)																	
<input type="checkbox"/> Legal Custodian		Residence Phone																	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone											
Notified by: (Name)								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 <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		Description of Property		Value of Property											
Drug Activity N. N/A P. Possess D. Traffic		S. Sell B. Buy R. Smuggle D. Deliver E. Use		K. Disperses/ 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			
Charge Description DOMESTIC BATTERY BY STRANGULATION		Statute Violation Number 784.041(2)(A)										Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number		Violation of ORD #			
N				/		17-014238		1						784.041(2)(A)		Bond			
Charge Description		Statute Violation Number										Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond			
/				/				1											
Charge Description		Statute Violation Number										Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond			
/				/				1											
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:										Violation of ORD #							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To									
Transported By				Date Transported // : :		Time Transported		Other											
<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 33445										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.																			
Signature of Defendant (or Juvenile and Parent Custodian)		Date Signed																	
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)										CJ					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print)		I.D. #		Transporting Officer		I.D. #		Agency		(PRINT)		2			
Intake Deputy		I.D. #		Pouch #		SAINT MARTIN, NORMILE		1103		SAINT-MARTIN		1103		DBPD				PAGE 1 OF 1	
																Witness here if subject signed with an "X".			

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

A D M I N I S T R A T I O N D E F E N D A N T T	OBTS Number Agency ORI Number 0500400 Charge Type: Check as many as apply: 1. Felony 3. Misdemeanor 2. Traffic Felony 4. Traffic Misdemeanor 5. Ordinance 6. Other	Agency Name Delray Beach Police Department Location of Arrest: Including Name of Business 1645 SATIN LEAF COURT, DELRAY BEACH FL 3	Agency Report Number (N.T.A.'s only) 4 1 0 17-014238 If Weapon Seized Enter Type: Hands/fist/feet/teeth	Multiple Clearance Indicator 1			
Date of Arrest 09/08/2017		Time of Arrest 21:19	Booking Date 09/08/2017	Booking Time 21:29	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) CESERETTI, TAMMY LYNN							
Alias: CESERETTI, TAMMY LYNN							
Race: W - White I - American Indian O - Oriental/Asian Sex: W - Female Date of Birth: 03/31/1963 Height: 5'02 Weight: 135 Eye Color: BROWN Hair Color: BLACK Complexion: LIGHT Build: SMALL							
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) M CHRISTIAN							
Local Address (Street, Apt. Number) (City) (State) (Zip) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445							
Phone: (561) 561-8654							
Residence Type: 1. City 2. County 3. Florida 4. Out of State 1							
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445							
Phone: (561) 561-8654							
Address Source: FL DL							
Business Address (Name, Street) (City) (State) (Zip)							
Phone: (561) 665-0628							
Occupation							
DVI. Number, State C263812636110 / FL		Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) PITTSBURGH, 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							
JUVE NILE Parent Other: _____ Name (Last, First, Middle) Legal Custodian							
Residence Phone							
Address (Street, Apt. Number) (City) (State) (Zip)							
Business Phone							
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION	
Released To: (Name) Relationship				Date	Time	1. Handled/Processed within Department and Released	2. TOT JAC
3. Incarcerated							
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 Description of Property Value of Property							
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other							
N. N/A B. Buy D. Deliver E. Use							
Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment N. N/A C. Cocaine M. Marijuana S. Synthetic A. Amphetamine E. Heroin O. Opium/Deriv.							
U. Unknown Z. Other							
C H A R G E Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)							
Statute Violation Number 784.03(1A1)							
Violation of ORD #							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number							
N / 17-014238 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
Bond							
C H A R G E Charge Description							
Statute Violation Number							
Violation of ORD #							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number							
<input type="checkbox"/> Y <input type="checkbox"/> N							
Bond							
C H A R G E Charge Description							
Statute Violation Number							
Violation of ORD #							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number							
<input type="checkbox"/> Y <input type="checkbox"/> N							
Bond							
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 type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" 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	
NOTICE <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.							
Signature of Defendant (or Juvenile and Parent Custodian)							
Date Signed							
HOLD for Other Agency							
Signature of Arresting Officer							
Name of Arresting Officer (Print) SAINT MARTIN, NORMILE I.D. # 1103							
(PRINT)							
ADMIN Intake Deputy I.D. # SAINT-MARTIN I.D. # 1103 Agency DBPD							
PAGE 1 OF 1							
Witness here if subject signed with an "X".							

No
Photo
Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/08/2017 22:36	AFFIDAVIT		
Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-014238		
Name (Last, First, Middle) CESERETTI, TAMMY LYNN		Alias	Race W	Sex F Date of Birth 03/31/1963
Charge Description 784.041(2)(A) DOMESTIC BATTERY BY STRANGULATION				
V I C T I M	Victim's Name (Last, First, Middle) CESERETTI, BRIANA M	Race W	Sex F	Date of Birth 05/02/2000
Local Address (Street, Apt. Number) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445	(City)	(State)	(Zip)	Phone (561) 665-0423 Address Source
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone Occupation STUDENT
<p>DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM</p> <p>VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>				
RELATIONSHIP BETWEEN VICTIM & SUSPECT CHILD/MOTHER				
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> YES Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> NO 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: CESERETTI, STEPHEN WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE: WITNESSES: <input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> <input 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:			
N A R R	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES: BRIANA CESERETTI H. R. S. NOTIFIED: <input checked="" type="checkbox"/> <input type="checkbox"/> VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/> VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:			
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>				
<p>The following incident occurred in the City Of Delray Beach, Palm Beach County, FL.</p> <p>On 9/8/17 at approximately 2047 hours I responded to 1645 Satin Leaf Ct in reference to a domestic incident. Upon arrival I was met outside of the residence by a white female, later identified as Tammy Ceseretti, and</p>				
<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> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed before me this <u>8</u> day of <u>September</u>, <u>2017</u>.</p> <p> _____ PACHICO, ADAN #83 NOTARY PUBLIC / CLERK / COURT / OFFICER (F.S.S. 117.10)</p>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

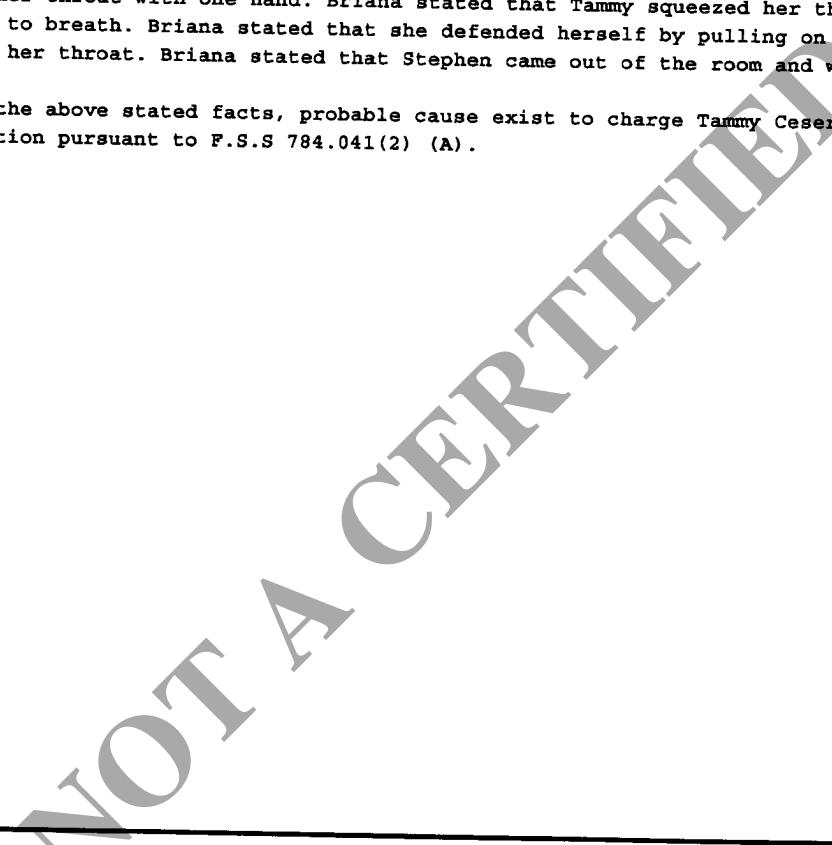
DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

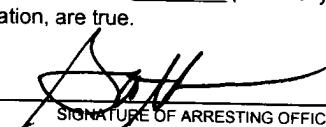
A	Date / Time
D	09/08/2017 22:36
M	Agency ORI Number
N	FL 0500400

Agency Name	Agency Report Number
DELRAY BEACH POLICE DEPARTMENT	4 0 17-014238

N A R R A T I V E	<p>she stated that she was in an argument with her husband. The husband was later identified as white male Stephen Ceseretti. Tammy stated that she got into an argument with Stephen over her drinking. Stephen was concerned for Tammy because she has substance abuse problem. Tammy stated that Stephen called the police because he wanted her to go to jail.</p> <p>I made contact with Stephen and he stated that he was home putting up hurricane shutters in preparation for the hurricane. He stated that he checked on Tammy who was in the family garage and he noticed that she was drinking beers in the garage. Stephen stated Tammy has an ongoing alcohol problem so he took the beers away. Stephen stated that Tammy came after him trying to get the beers back. Stephen stated Tammy grabbed his arm and scratched him with her nails. Stephen stated that he went into another room in the residence along with his daughter and locked the door. Stephen stated that Tammy retrieved a screwdriver to open the door.</p> <p>I made contact with Briana Ceseretti, Tammy and Stephen's daughter, and she stated that she was trying to calm her mother down because her mother was very upset at the fact that her father took away the beers. Briana stated that she was able to take the screwdriver away from her mother without her knowing while her mother was pacing back and forth from the kitchen to the bedroom door. Briana stated that her mother attacked her by grabbing her throat with one hand. Briana stated that Tammy squeezed her throat to the point where she struggled to breath. Briana stated that she defended herself by pulling on Tammy's hair so Tammy would stop squeezing her throat. Briana stated that Stephen came out of the room and was able to separate the two.</p> <p>Based on the above stated facts, probable cause exist to charge Tammy Ceseretti Domestic Battery by Strangulation pursuant to F.S.S 784.041(2) (A).</p>	
		

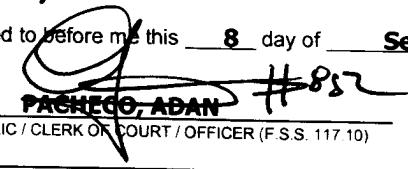
STATE OF FLORIDA
COUNTY OF PALM BEACH

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 8 day of September, 2017.

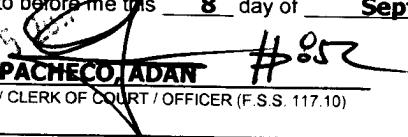


PACHECO, ADAN #852
NOTARY PUBLIC / CLERK OR COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/08/2017 22:32	AFFIDAVIT			
D E F	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-014238		
C H R O G	Name (Last, First, Middle) CESERETTI, TAMMY LYNN	Alias	Race W	Sex F Date of Birth 03/31/1963	
V I C T I M	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)				
Victim's Name (Last, First, Middle) CESERETTI, STEPHEN J				Race W Sex M Date of Birth 08/18/1966	
Local Address (Street, Apt. Number) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445				Phone (561) 865-4554 Address Source	
Business Address (Name, Street) (City) (State) (Zip)				Phone (561) 665-1238 Occupation SALES	
Written DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Taped VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM			
RELATIONSHIP BETWEEN VICTIM & SUSPECT HUSBAND/WIFE					
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	Victim:	<input checked="" type="checkbox"/> <input type="checkbox"/>			
	911 CALL:	<input checked="" type="checkbox"/> <input type="checkbox"/>	CALLER: HUSBAND		
	WEAPON USED:	<input type="checkbox"/> <input checked="" type="checkbox"/>	TYPE:		
	WITNESSES:	<input checked="" type="checkbox"/> <input type="checkbox"/>	(If YES, attach witness list)		
	INJURIES:	<input checked="" type="checkbox"/> <input type="checkbox"/>			
	MEDICAL TREATMENT:	<input type="checkbox"/> <input checked="" type="checkbox"/>			
	AT: Scene:	<input type="checkbox"/> <input checked="" type="checkbox"/>	PARAMEDICS:		
	Hospital:	<input type="checkbox"/> <input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/> <input type="checkbox"/>	NAMES/AGES: BRIANA CESERETTI, 17		
H. R. S. NOTIFIED:	<input checked="" type="checkbox"/> <input type="checkbox"/>				
VICTIM PREGNANT:	<input type="checkbox"/> <input checked="" type="checkbox"/>				
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/> <input checked="" type="checkbox"/>	CASE #:			
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/> <input type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/> <input type="checkbox"/>				
The following incident occurred in the City Of Delray Beach, Palm Beach County, FL.					
On 9/8/17 at approximately 2047 hours I responded to 1645 Satin Leaf Ct in reference to a domestic incident. Upon arrival I was met outside of the residence by a white female, later identified as Tammy Ceseretti, and					
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>8</u> day of <u>September</u> , <u>2017</u>					
 PACHECO, ADAN #852 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A	Date / Time
D	09/08/2017 22:32
M	
I	
N	

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 17-014238

N she stated that she was in an argument with her husband. The husband was later identified as white male A Stephen Ceseretti. Tammy stated that she got into an argument with Stephen over her drinking. Stephen was R concerned for Tammy because she has substance abuse problem. Tammy stated that Stephen called the police because he wanted her to go to jail.

T I V E I made contact with Stephen and he stated that he was home putting up hurricane shutters in preparation for the hurricane. He stated that he checked on Tammy who was in the family garage and he noticed that she was drinking beers in the garage. Stephen stated Tammy has an ongoing alcohol problem so he took the beers away. Stephen stated that Tammy came after him trying to get the beers back. Stephen stated Tammy grabbed his arm and scratched him with her nails. Stephen stated that he went into another room in the residence along with his daughter and locked the door. Stephen stated that Tammy retrieved a screwdriver to open the door.

I made contact with Briana Ceseretti, Tammy and Stephen's daughter, and she stated that she was trying to calm her mother down because her mother was very upset at the fact that her father took away the beers. Briana stated that she was able to take the screwdriver away from her mother without her knowing while her mother was pacing back and forth from the kitchen to the bedroom door. Briana stated that her mother attacked her by grabbing her throat with one hand. Briana stated that Tammy squeezed her throat to the point where she struggled to breath. Briana stated that she defended herself by pulling on Tammy's hair so Tammy would stop squeezing her throat. Briana stated that Stephen came out of the room and was able to separate the two.

Based on the above stated facts, probable cause exist to charge Tammy Ceseretti with Domestic Simple Battery pursuant to F.S.S 784.03(1A1).

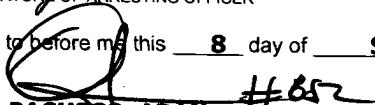
STATE OF FLORIDA
COUNTY OF PALM BEACH

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 8 day of September, 2017.



PACHECO, ADAN #652
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)