

AD M I N I S T R A T I O N	OBT Number		ARREST / NOTICE TO APPEAR		17-014238		JUVENILE		
	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (T.A.'s only) 4 0 17-014238				
	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		If Weapon Seized Enter Type Hands/fist/feet/teeth		Multiple Clearance Indicator 1				
Location of Arrest (Including Name of Business) 1645 SATIN LEAF CT DELRAY BEACH FL 33445					Location of Offense (Business Name, Address) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445				
Date of Arrest 09/08/2017		Time of Arrest 21:19		Booking Date 09/08/2017		Booking Time 23:14		Jail Date	
Jail Time		Location of Vehicle							
Name (Last, First, Middle) CESERETTI, TAMMY LYNN					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:				
Race W - White B - Black		Sex W F		Date of Birth 03/31/1963		Height 5'02		Weight 135	
Eye Color BROWN		Hair Color BLACK		Complexion LIGHT		Build SMALL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445		(City) (State) (Zip)		Phone (561) 561-8654		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1	
Permanent Address (Street, Apt. Number) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445		(City) (State) (Zip)		Phone (561) 561-8654		Address Source FL DL			
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"/> 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		Name (Last, First, Middle)		Residence Phone					
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 IAC 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					
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
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		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 N		Drug Type /		Amount / Unit /		Offense # 17-014238		Counts 1	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		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					
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					
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input 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"/> Posted Bond <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 33444		Court Date and Time 7:50-9 AM		No Photo Available			
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)		Date Signed					
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)					
Intake Deputy I.D. #		Pouch #		Name of Arresting Officer (Print) SAINT MARTIN, NORMILE		I.D. # 1103		Agency DBPD	
Transporting Officer SAINT-MARTIN		I.D. # 1103		Witness here if subject signed with an "X"		PAGE 1 OF 1			

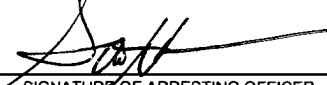
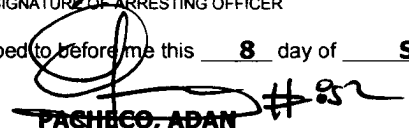
ARREST / NOTICE TO APPEAR

OBTS Number			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE				
Agency ORI Number 0500400	Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-014238									
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	If Weapon Seized Enter Type Hands/fist/feet/teeth		Multiple Clearance Indicator 1									
Location of Arrest (Including Name of Business) 1645 SATIN LEAF COURT, DELRAY BEACH FL 3			Location of Offense (Business Name, Address) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445									
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 (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black O - Oriental/Asian W			Sex F	Date of Birth 03/31/1963	Height 5'02	Weight 135	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build SMALL		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status M		Religion CHRISTIAN		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445			(City) DELRAY BEACH		(State) FL		(Zip) 33445		Phone (561) 561-8654			
Permanent Address (Street, Apt. Number) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445			(City) DELRAY BEACH		(State) FL		(Zip) 33445		Phone (561) 561-8654			
Business Address (Name, Street) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445			(City) DELRAY BEACH		(State) FL		(Zip) 33445		Phone (561) 665-0628			
D/L Number, State C263812636110 / FL			Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		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"/> 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			Name (Last, First, Middle)			Residence Phone						
Address (Street, Apt. Number)			(City)			(State)			(Zip)			
Notified by: (Name)			Date			Time			JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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			Value of Property			
<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			S. Sell B. Buy T. Traffic	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 SIMPLE BATTERY(TOUCH OR STRIKE)			Statute Violation Number 784.03(1A)			Violation of ORD #						
Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-014238	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			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			
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			
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"/> Posted Bond			<input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By			Released By			
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 33444			Court Date and Time			No Photo Available			
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)			Date Signed						
HOLD for Other Agency			Signature of Arresting Officer [Signature]			Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			Name of Arresting Officer (Print) SAINT MARTIN, NORMILE			I.D. # 1103			
Intake Deputy SAINT-MARTIN			I.D. # 1103			Agency DBPD			PAGE 1 OF 1			
Witness here if subject signed with an "X".												

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/08/2017 22:36		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
C R I M I N A L	Charge Description 784.041(2)(A) DOMESTIC BATTERY BY STRANGULATION						
	Victim's Name (Last, First, Middle) CESERETTI, BRIANA M					Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445				Phone (561) 665-0423		Address Source
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation STUDENT
A D D I T I O N A L I N F O R M A T I O N	Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> DEFENDANT'S STATEMENTS:			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			CALM			
N A R R	RELATIONSHIP BETWEEN VICTIM & SUSPECT CHILD/MOTHER						
	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
			Victim: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	911 CALL:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: CESERETTI, STEPHEN	
	WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE:	
	WITNESSES:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)	
	INJURIES:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	AT: Scene:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:	
	Hospital:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:	
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"/>							
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> .  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 D M I N	Date / Time		
	09/08/2017 22:36		
N A R R A T I V E	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 17-014238

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.

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.

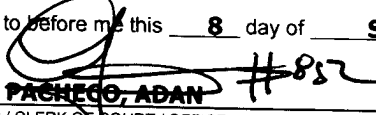
Based on the above stated facts, probable cause exist to charge Tammy Ceseretti Domestic Battery by Strangulation pursuant to F.S.S 784.041(2) (A).

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

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

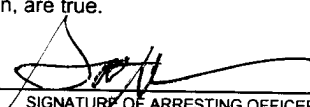
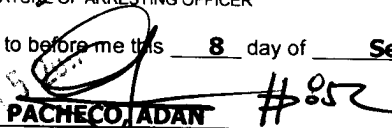
CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/08/2017 22:32	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
C H A R G E S	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)					
	Victim's Name (Last, First, Middle) CESERETTI, STEPHEN J				Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 1645 SATIN LEAF CT, DELRAY BEACH, FL 33445				Phone (561) 865-4554	
	Business Address (Name, Street) (City) (State) (Zip)				Address Source (561) 665-1238	
O B S E R V A T I O N S	Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM			
	DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT HUSBAND/WIFE					
	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: HUSBAND</p> <p>WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE:</p> <p>WITNESSES: <input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> <input 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 checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES: BRIANA CESERETTI, 17</p> <p>H. R. S. NOTIFIED: <input checked="" type="checkbox"/> <input 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 #:</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	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					
S T A T E O F F I C E R	STATE OF FLORIDA COUNTY OF PALM BEACH					
	<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 to before me this <u>8</u> day of <u>September</u>, <u>2017</u>.</p> <p> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

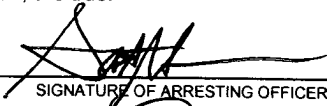
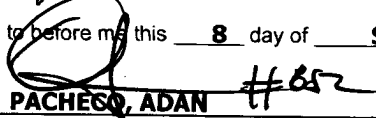
P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 09/08/2017 22:32	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-014238
	<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 with Domestic Simple Battery pursuant to F.S.S 784.03(1A1).</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 to before me this <u>8</u> day of <u>September</u>, <u>2017</u>.</p> <p> PACHECO, ADAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.