

21mm3667
ARREST / NOTICE TO APPEAR

AD MIN IS TR A T I O N	OBTS Number	Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 614 21-002222		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE						
D E F E N D A N T	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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 None/not Applicable		Multiple Clearance Indicator 1											
	Location of Arrest (Including Name of Business) 1404 S DIXIE HWY LANTANA FL					Location of Offense (Business Name, Address) 1404 S DIXIE HWY 2503, LANTANA, FL 33462										
	Date of Arrest 05/20/2021	Time of Arrest 23:59	Booking Date 05/21/2021	Booking Time 00:09	Jail Date	Jail Time	Location of Vehicle									
	Name (Last, First, Middle) PRATT, AUDRIANNA										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
C O D E F	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 03/26/1993	Height 5'11	Weight 140	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build Medium							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	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) 1404 S DIXIE HWY 2503, LANTANA, FL 33462					(City)	(State)	(Zip)	Phone (517) 769-4218		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1					
	Permanent Address (Street, Apt. Number) 1404 S DIXIE HWY 2503, LANTANA, FL 33462					(City)	(State)	(Zip)	Phone (517) 769-4218		Address Source VERBAL					
J U V E N I L E	Business Address (Name, Street) 1404 S DIXIE HWY 2503, LANTANA, FL 33462					(City)	(State)	(Zip)	Phone		Occupation					
	DL Number, State P630074497243 / MI					INS Number		Place of Birth (City, State) JACKSON, MI, United		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							
C H A R G E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Notified by: (Name) _____ Date _____ Time _____ 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. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No.															
	Name (Last, First, Middle)					Residence Phone										
	Business Phone					Grade										
	School Attended					Value of Property										
C H A R G E	Drug Activity N. N/A P. Possess					S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	X. Disperse/ 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 BATTERY					Statute Violation Number 784.03(1)(A)(1)					Violation of ORD # 784.03(1)(A)(1)					
	Drug Activity					Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
	Charge Description					Statute Violation Number					Violation of ORD #					
I N T A K E	Drug Activity					Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
	Charge Description					Statute Violation Number					Violation of ORD #					
	Drug Activity					Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
	Charge Description					Statute Violation Number					Violation of ORD #					
N O T I C E T O A P P E A R	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					
	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										PROPERTY - Received By					
	Released By										Released To					
	Transported By										Date Transported					
A D M I N	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room)					
	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.										Court Date and Time					
	Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed					
	Name Verification (Printed by Arrestee)										PAGE 1 OF 1					

0523438

Sanchez 924

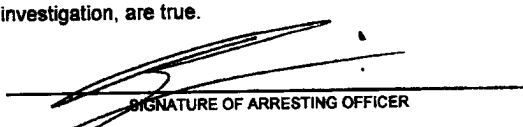
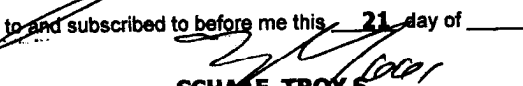
MAY 21 2021

2884

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 05/20/2021 23:59		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 21-002222																																																																
	Agency ORI Number FL 0502000																																																																				
DEF	Name (Last, First, Middle) PRATT, AUDRIANNA				Race W	Sex F																																																															
	Date of Birth 03/26/1993																																																																				
CHARGE	Charge Description 784.03 (1)(A)(1) BATTERY																																																																				
	Victim's Name (Last, First, Middle) CARROLL, BRENDAN PATRICK				Race W	Sex M																																																															
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) 1404 S DIXIE HIGHWAY 2503, LANTANA, FL 33462				Phone (561) 713-9103	Address Source																																																															
	Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation																																																															
ADDITIONAL INFORMATION	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM																																																																		
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>																																																																				
ADDITIONAL INFORMATION	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND																																																																				
	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td></td> </tr> <tr> <td>PHOTOGRAPHS: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER: NEIGHBOR</td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>TYPE:</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>(If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PARAMEDICS:</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL:</td> </tr> <tr> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NAMES/AGES:</td> </tr> <tr> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #:</td> </tr> <tr> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>							YES	NO		PHOTOGRAPHS: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: NEIGHBOR	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:	WITNESSES:	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:	H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>		ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	YES	NO																																																																			
PHOTOGRAPHS: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																			
Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																			
911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: NEIGHBOR																																																																		
WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:																																																																		
WITNESSES:	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:																																																																		
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>																																																																			
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																			
NARR	On 05/20/2021 at approximately 2335 hrs, I Ofc Tuang #839 responded to 1404 S Dixie Hwy #2503 Lantana FL in reference to a disturbance. Upon arrival, I made contact with W/M Brendan Carroll (DOB 04/20/91).																																																																				
	Upon contact with Carroll, I could see that he has a bruised lips and blood like substance on the tip of his																																																																				
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>21</u> day of <u>May</u> , <u>2021</u> .  SCHAAF, TROY S 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 05/20/2021 23:59	Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 21-002222
	<p>Nose. In addition, I could also see scratches on his neck area. I then asked Carroll if there's anyone residing with him. Carroll advised his girlfriend, later identified as Audrianna Pratt (DOB 03/26/93) is in the room. I advised Carroll to stay with Sgt Schaaf #661 and I went inside the residence to make a contact with Pratt.</p> <p>I then made a contact with Pratt who advised that she got into a verbal argument with Carroll because he came home drunk. Pratt denied any physical altercation. I checked for any injuries on Pratt. I observed small cut on her right hand knuckles. I asked Pratt how she received those injuries. Pratt advised it was an old injury and did not want to elaborate on how she received it.</p> <p>I then made a contact with Carroll again and asked him what happened. Carroll advised "nothing happened, just an argument". When I asked him how he received those injuries, Carroll advised he fell. Carroll denied any physical altercation with Pratt.</p> <p>I then made a contact with Sgt Schaaf who advised me that Carroll told him that Pratt punched him in the face and scratched his neck.</p> <p>Let it be known that, Pratt attempted to change his story and advised me that the injuries are from when he fell down. Pratt was uncooperative with the investigation. He did not complete a written statement, nor sign any document regarding this incident. He was however issued a victim rights brochure and explained the Marsey's Law.</p> <p>Probable cause exists to charge Pratt with a simple battery - domestic. She was placed in handcuffs (checked for tightness and double locked) and transported to LPD HQ for processing.</p> <p>At the LPD HQ, Pratt advised me that Carroll came home drunk and being argumentative with her. Pratt advised Carroll tried to attack her first but she then defended herself. Carroll then fell on the floor and that's how he received his injuries. Pratt denied any physical violence towards Carroll.</p> <p>Pratt was subsequently transported and lodged at the PBC jail.</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>21</u> day of <u>May</u>, <u>2021</u>.</p> <p>_____ SCHAAF, TROY S NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p>					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

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#: 201-002222 Agency: Lantana
Offense: Battery
Suspect/Offender: Audriana Pratt
D.O.B. 3/26/93 Race: W Sex: F
2. Warranty #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Brendan Carroll
Address: 1402 S Dixie Hwy #2503
City: Lantana State: FL Zip: 33462
Home #: 561-7139103 Work #: _____ Other#: _____
 - 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: Tuang I.D.: 839 Date: 5/21/21

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
(FOR WARRANT USE ONLY)



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021012316	Date: 05/21/2021
	Specialist Name/ID: T Howard/7185