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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		01	Juvenile	
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 20065019</b>				
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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 Enter Type		Multiple Clearance Indicator <b>0 1</b>				
Location of Arrest (Including Name of Business) <b>6839 Hammock Lane WPB, FL 33411</b>		Location of Offense (Including Name of Business) <b>6839 Hammock Lane WPB, FL 33411</b>						
Date of Arrest <b>May 2, 2020</b>	Time of Arrest <b>2314</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) <b>Robbins Bradley Dean</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black O - Other/Asian <b>W M</b>	Sex <b>M</b>	Date of Birth <b>06/05/1960</b>	Height <b>5'10"</b>	Weight <b>205</b>	Eye Color <b>Blue</b>	Hair Color <b>Brown</b>	Complexion <b>White</b>	Build <b>Medium</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>		Marital Status <b>Married</b>		Religion <b>Christian</b>		Indication of Alcohol/Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> U <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>6839 Hammock Lane</b>		City <b>West Palm Beach</b>		State <b>FL</b>		Zip <b>33411</b>		
Permanent Address (Street, Apt. Number)		City		State		Zip		
Business Address (Street, Apt. Number)		City		State		Zip		
DL Number, State <b>R152064602050, FL</b>		Social Security Number		INS Number		Place of Birth <b>Belton, KS</b>		
Citizenship <b>USA</b>								
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		
Parent Legal Guardian Other		Name (Last, First, Middle)		Address (Street, Apt. No.)		City		
Address (Street, Apt. No.)		City		State		Zip		
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT/HRSDYS 3. Involuntary		
Released To (Name)		Relationship		Date		Time		
This 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 561 358-2328) informed of any address change. <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		Grade of Property				
Drug Activity N. N/A P. Possess		B. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/Distribute		
M. Manufacture/Produce/Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		
H. Hallucinogen M. Marijuana		P. Pharmaceutical Equipment		U. Unknown Z. Other				
Charge Description <b>Simple Battery (Domestic)</b>		Counts <b>01</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03 (1)(a)(1)</b>		
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>20065019</b>		
Charge Description		Counts		Domestic Violence		Statute Violation Number		
Drug Activity		Drug Type		Amount/Unit		Offense #		
Charge Description		Counts		Domestic Violence		Statute Violation Number		
Drug Activity		Drug Type		Amount/Unit		Offense #		
Charge Description		Counts		Domestic Violence		Statute Violation Number		
Drug Activity		Drug Type		Amount/Unit		Offense #		
Location (Court, Address, Room Number)								
Court Date and Time		Month		Day		Year		
Time		AM <input type="checkbox"/>		PM <input type="checkbox"/>				
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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				
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Releated Arrest <input type="checkbox"/> Other		Name of Arresting Officer <b>D/S P. Valenzuela</b>		ID # <b>18348</b>		Name Verification (Printed by Arrestee) <b>AM 5:35</b>		
Initials Deputy <b>Dung 696</b>		ID #		Pouch #		Page <b>1 of 1</b>		
Transporting Officer <b>D/S A. Soker 31276</b>		ID #		Agency <b>PBSO</b>		Witness here if subject signed with an 'X'		

VICTIM NOTIFICATION REQUIRED

NR

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PROBABLE CAUSE AFFIDAVIT

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

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Juvenile N

OBTS Number

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06- 20-065019

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): Robbins, Bradley, Dean Race: W Sex: M Date of Birth: 06/05/1960

Charge Description: DOMESTIC BATTERY 784.03(1)(A)(1)

Charge Description

Victim's Name (Last, First, Middle): Robbins, Darby, Renee Race: W Sex: F Date of Birth: 08/19/1998

Local Address (Street, Apt. Number): 6839 Hammock Ln, Royal Palm Beach, FL 33411 Phone: (561) 2156294

Business Address (Name, Street): ( ) Phone: ( )

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 [ ] committed the below acts in my presence. [ ] confessed to admitting to the below facts. [ ] was observed by who told that he/she saw the arrested person commit the below acts. [X] was found to have committed the below acts, resulting from my (described) investigation. On the 2ND day of MAY 20 2020 at 11:39 [ ] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time, I responded to 6839 Hammock Ln, in unincorporated West Palm Beach, Palm Beach County, Fl reference to a domestic disturbance in progress. The caller stated her dad slapped her and would be waiting outside for law enforcement. Upon arrival I made contact with caller/victim Darby Robbins, who was visibly upset crying and stated the following;

Darby got mad at the mess her younger sister had left in the kitchen, so she walked over to the stairs and began to loudly argue with her sister who was in her room upstairs. Due to the both of them screaming back and forth, her father Bradley got out of his room and came down the stairs. He began to talk to Darby over the argument and started to come towards her. Darby stated she was in fear of her day and asked him to back away from her and was not allowing her to go up the stairs. Darby's mother intervened and told Bradley to allow her to go up to her room. Once up the stairs, Bradley followed Darby into the bathroom where he cornered her and slapped the left side of her face with his right hand. Darby's mother quickly ran up the stairs and separated the two. Darby's left side of the face was redder than her right side which concurred with her statement. I also spoke with both Darby's mother and sister who stated they witnessed Bradley going towards and slapping Darby.

Based on the statement and physical evidence present there is probable cause to charge Bradley with simple domestic battery. Bradley did actually and intentionally touch or strike Darby against her will who is his daughter and live together under the same roof as family, contrary to Florida Statute 784.03(1)(a)(1)

NOTARIZED

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) D/S P VALENZUELA 183US

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of May 20 20 by D/S P. VALENZUELA

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
 (Submit this form with the original Probable Cause affidavit)

Suspect: Robbins, Bradley, Dean DOB: 06/05/1960 Case #: 20-065019

Victim: Robbins, Darby, Renee DOB: 08/19/1998 Race: W Sex: F

Relationship between Victim and Defendant: daughter/father

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: Robbins, Darby, Renee

Weapon Used:  Yes  No Type: \_\_\_\_\_

Witness:  Yes  No Name: Robbins, Aubrey, e

Victim Pregnant:  Yes  No If yes, \_\_\_ weeks \_\_\_ months

Injuries:  Yes  No Description: \_\_\_\_\_

Medical Treatment:  Yes  No

At Scene:  Yes  No Paramedics: \_\_\_\_\_

At Hospital:  Yes  No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are Children Living in Home?  Yes  No DCF Notified?  Yes  No

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Injunction  Yes  No Case #: \_\_\_\_\_

No Contact Order  Yes  No Case #: \_\_\_\_\_

Alcohol or Drugs  Yes  No  Unknown

Prior History of Domestic/Dating Violence  Yes  No

Defendant's Statements  Yes  No If yes,  written  recorded  oral

First words Defendant said when you responded to scene: He was in his bed when he heard his daughters arguing he then began to argue with his oldest and hit her face with his fingers.

Victim's Statements  Yes  No If yes,  written  recorded  oral

First words Victim said when you responded to scene: She was arguing with her sister when her dad got involved and slapped her.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes  No If yes, name: \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Observations of Victim (Physical & Emotional): \_\_\_\_\_

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other \_\_\_\_\_

Victim Contact Information:

Local Address: 6839 Hammock Ln, Royal Palm Beach, FL 33411

Phone: Home (561) 2156294 Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

# VICTIM NOTIFICATION FORM

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

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

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

1. Incident Report #: 20-065019 Agency: \_\_\_\_\_  
Offense: DOMESTIC BATTERY  
Suspect/Offender: Robbins, Bradley, Dean  
D.O.B. 06/05/1960 Race: W Sex: M

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

3.a. Victim's name: Robbins, Darby, Renee D.O.B. 08/19/1998 Race: W Sex: F  
Address: 6839 Hammock Ln  
City: Royal Palm Beach, FL 33411  
Home #- (561) 2156294 Work #: 0 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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: Robbins, Darby, Renee

Deputy's Name: D/S P. VALENZUELA I.D.# 18348 Date: 05/02/2020

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

**Robbins, Bradley, Dean**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.



**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: 2020011785	Date: 5/3/2020
	Specialist Name/ID: B Evans / 23649