

0515341

NK 20MM2193 1018

OBTS Number		ARREST/NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile																																		
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number: <b>06-20-046256</b>																																						
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator																																
Location of Arrest (including Name of Business) 12745 Anthonne Lane						Location of Offense (Business Name, Address) Boynton Beach, FL 33436																																						
Date of Arrest 03/06/20		Time of Arrest 14:42		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																																
Name (Last, First, Middle) <b>Deaquino, Brandon, Anthony</b>																																												
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>																																												
Sex <b>M</b>		Date of Birth 11/02/1992		Height 5'08		Weight 200		Eye Color Brown		Hair Color Brown		Complexion Med																																
Build <b>LARGE</b>																																												
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single		Religion Catholic		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
Local Address (Street, Apt. Number) 5313 Santa Maria						(City) Boynton Beach, FL 33436		(State) FL		(Zip)		Phone 954-205-8250																																
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone																																
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone																																
Occupation																																												
DL Number, State D250061924020, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Coral Springs, FL		Citizenship USA																																				
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 <input type="checkbox"/> Other: <b>1 - Not Bond</b>																																												
Address (Street, Apt. Number)						(City)		(State)		(Zip)		Residence Phone																																
Business Phone																																												
Notified by (Name)				Date		Time		Juv. Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated																																				
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.						School Attended		Grade																																				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property		Value of Property																																				
<table border="1"> <tr> <td>Drug Activity</td> <td>S. Sell</td> <td>R. Smuggle</td> <td>K. Dispense/Distribute</td> <td>M. Manufacture/Produce/Cultivate</td> <td>Z. Other</td> <td>Drug Type</td> <td>B. Barbiturate</td> <td>H. Hallucinogen</td> <td>P. Paraphernalia/Equipment</td> <td>U. Unknown</td> </tr> <tr> <td>N. N/A</td> <td>B. Buy</td> <td>D. Deliver</td> <td>E. Use</td> <td></td> <td></td> <td>N. N/A</td> <td>C. Cocaine</td> <td>M. Marijuana</td> <td>S. Synthetics</td> <td>Z. Other</td> </tr> <tr> <td>P. Possess</td> <td>T. Traffic</td> <td></td> <td></td> <td></td> <td></td> <td>A. Amphetamine</td> <td>E. Heroin</td> <td>O. Opium/Deriv.</td> <td></td> <td></td> </tr> </table>												Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown	N. N/A	B. Buy	D. Deliver	E. Use			N. N/A	C. Cocaine	M. Marijuana	S. Synthetics	Z. Other	P. Possess	T. Traffic					A. Amphetamine	E. Heroin	O. Opium/Deriv.		
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Charge Description <b>Battery (domestic)</b>						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1a1)		Violation of ORD #																																
Drug Activity		Drug Type		Amount / Unit		Offense # 20-046256		Warrant / Capias Number		Bond None																																		
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Location (Court, Room Number, Address)																																												
Court Date and Time 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.																																												
Signature of Defendant (or Juvenile and Parent / Custodian)						Date Signed 03/06/20																																						
HOLD for other Agency Name:				Signature of Arresting Officer <b>D/S D. Rodriguez</b>				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) D/S D. Rodriguez				I.D. # 9475																																				
Intake Deputy <b>D/S D. Rodriguez</b>				Pouch #				Transporting Officer D/S D. RODRIGUEZ																																				
ID #				ID # 9475				Agency PBSO																																				
Witness here if subject signed with an "X"																																												

PBSO #148 REV. 8/97

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'S ONLY)

SCANNED  
MAR 09 2020



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

Name (Last, First, Middle)  
**Suspect:** Deaquino Brandon Anthony **DOB:** 11/02/1992 **Case #:** 20-046256

Name (Last, First)  
**Victim:** Patterson Zoey **DOB:** 01/08/1999 **Race:** W **Sex:** F

**Relationship between Victim and Defendant:** Girlfriend/ Boyfriend

**Photographs:** Scene Yes  No  Victim Yes  No  Defendant Yes  No

**911 Call:** Yes  No  **Caller:** \_\_\_\_\_

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

**Witness:** Yes  No  **Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

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

**Injuries:** Yes  No  **Description:** Bruising

**Medical Treatment:** Yes  No

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

**At Hospital:** Yes  No  **Hospital:** \_\_\_\_\_

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

**Name:** Selene Jade Daquino **DOB:** 11/20/2018

**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:** I never touched her.

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

**First words Victim said when you responded to scene:** He's crazy. He said if he can't have me no one will.

**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:** (Last) Patterson (first) Zoey

**Local Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Employer:** (Name) \_\_\_\_\_ (Employer Address) \_\_\_\_\_

**Name of Relative:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

SCANNED  
MAR 09 2020

# 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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- **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 #: 20-046256 Agency: PBSO  
Offense: Battery (domestic)  
Suspect/Offender: Name (Last) Deaquino (First) Brandon (Middle) Anthony  
D.O.B. 11/02/1992 Race: W Sex: M

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

3. a. Victim's name: Name (Last, First) Patterson Zoey D.O.B. 01/08/1999 Race: W Sex: F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #- \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
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: Name (Last, First) Patterson Zoey

Deputy's Name: D/S D. Rodriguez I.D.# 9475 Date: 03/06/20

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

ISO 00029A REV. 4199

SUSPECT/OFFENDER: Deaquino  
Brandon  
Anthony  
COURT CASE/WARRANT# \_\_\_\_\_

(FOR WARRANTS USE ONLY)

SCANNED  
MAR 03 2020



# 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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	3-5
	<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: 2020007535	Date: 03/07/2020
	Specialist Name/ID: AM/31562

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MAR 07 2020