

20 NM 1524

GA 578616

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 20-038218				
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		N/A		Multiple Clearance Indicator <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1				
Location of Arrest (Including Name of Business) 7510 Gilmore CT, Lake Worth, FL 33467				Location of Offense (Including Name of Business)						
Date of Arrest 2-15-20	Time of Arrest 1347	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) CANINO BRANDON JAMES				Alias (Name, DOB, Soc. Sec. # Etc.)						
Race W - White 1 - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 06/10/1995	Height 5'8	Weight 200	Eye Color HAZEL	Hair Color BROWN	Complexion WHITE	Build MEDIUM		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UK				Marital Status SINGLE		Religion UK		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) 7510 GILMORE CT		City LAKE WORTH		State FL		Zip 33467		Phone UK		
Permanent Address (Street, Apt. Number)		City		State		Zip		Address Source DAVID		
Business Address (Street, Apt. Number)		City		State		Zip		Phone		
D/L Number, State C550-070-95-210-0 FL		Social Security Number		INS Number N/A		Place of Birth TOMAS NEW JERSEY		Citizenship USA		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)						Phone			
Address (Street, Apt. No.)		City		State		Zip		Business Phone		
Notified By (Name)				Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT/HRSDYS 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 561 356-2528) 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 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. 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. Paraphernalia Equipment	J. Unknown Z. Other
Charge Description SIMPLE BATTERY (DOMESTIC)				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 784.03 (1)(A)(1)		Violation or ORD. #		
Drug Activity N	Drug Type N	Amount/Unit N/A		Offense # 20-038218		Warrant/Capias Number		Bond		
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit		Offense #		Warrant/Capias Number		Bond		
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit		Offense #		Warrant/Capias Number		Bond		
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit		Offense #		Warrant/Capias Number		Bond		
Location (Court, Address, Room Number) P.B.C. MAIN JUSTICE COMPLEX - 205 N. DIXIE HWY. WEST PALM BEACH, FL. 33401										
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				
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Serious <input type="checkbox"/> Other			Signature of Arresting Officer [Signature]			Name Verification (Printed by Arrestee) 36185				
Name of Arresting Officer D/S J. CARCACHE			ID # 36185			(PRINT)				
Transporting Officer [Signature]			ID # 35062			Agency PBSO				
Witness here if signed together with an 'X'						Page 1 of 1				

HABER

RECEIVED
FEB 16 2020
P.B.C. MAIN JUSTICE COMPLEX
WEST PALM BEACH, FL

OBT Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		20-038218		
Charge Type Check as many as apply		Special Notes							
<input type="checkbox"/> 1. Felony		<input checked="" 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				
Defendant Name (Last, First, Middle) CANINO BRANDON JAMES					Race W	Sex M	Date of Birth 06/10/1995		
Charge SIMPLE BATTERY (DOMESTIC)					Charge				
Victim Name (Last, First, Middle) CANINO JEFFREY ALLAN					Race W	Sex M	Date of Birth 12/27/1965		
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source DAVID / DL			
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation			
<p>The undersign 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...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the 14 day of FEBRUARY 20 20 at 2047 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>									

On February 14, 2020 at approximately 2024 hours, I responded to 5183 Minto Road unincorporated Boynton Beach, Palm Beach County, FL in reference to a domestic battery investigation that occurred at said location. Upon my arrival, I met and spoke with the complainant W/M Mr. Jeffrey Canino.

Mr. Jeffrey Canino stated that his son W/M Mr. Brandon Canino who currently resides with his mother at 7510 Gilmour Ct, Lake Worth, FL. 33467, came over to visit. Mr. Jeffrey Canino lives at [REDACTED]. Jeffrey stated his son, Mr. Brandon Canino was drunk and wanted to take his grandfather W/M Mr. James Canino out for dinner and to continue to drink. Mr. Jeffrey Canino did not want Mr. Brandon Canino to drive since he had been drinking, so he took his car keys. At this time Mr. Brandon Canino became belligerent and pushed Mr. Jeffrey Canino several times. Mr. Jeffrey Canino stated that he told Mr. Brandon Canino he was not going to fight back. Mr. Brandon Canino then struck Mr. Jeffrey Canino in the face with a closed fist. In my observation, Mr. Jeffrey Canino's left eyebrow was swollen and there was blood oozing from it. There was also a visible red scratch above the left eyebrow. Mr. Jeffrey Canino's lip on the left side was swollen and red as well. Mr. Brandon Canino was picked up by a friend who is unknown to Mr. Jeffrey Canino. Mr. Jeffrey Canino relocated to 5183 Minto Road, Boynton Beach, FL. in fear that his son would return to cause more problems. Mr. Jeffrey Canino refused Emergency Medical Service. No minor children reside at Mr. Jeffrey Canino's residence. Mr. Jeffrey Canino refused to provide sworn written/audio/video statements of the incidence, he also refused to have photographs taken of his injuries.

Based on the above facts, I found probable cause exists to arrest Mr. Brandon Canino for Simple Battery Domestic Related pursuant to FSS 784.03 (1)(A)(1).

Mr. Brandon Canino did actually and intentionally touch or strike Jeffrey Canino against the will of Jeffrey Canino (or) did intentionally cause bodily harm to Mr. Jeffrey Canino and Mr. Jeffrey Canino was a family or household member of Mr. Brandon Canino, contrary to Florida Statute 784.03(1) and 741.283 (1 DEG MISD).

The foregoing instrument was sworn to and affirmed before me this 14 day of February 20 20 by:	
Cpl. R. Rodriguez #13919	D/S J. CARCACHE 36185
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer

SCANNED
FEB 16 2020

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

Defendant: CANINO BRANDON JAMES DOB: 06/10/1995 Case #: 20-038218
 Victim: CANINO JEFFREY ALLAN DOB: 12/27/1965 Race: W Sex: M

Relationship between Victim and Defendant: Father and Son

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Jeffrey Canino

Weapon Used: Yes No Type: N/A

Witness: Yes No Name: N/A

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: Laceration and bruising to his left eyebrow and lip

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are children living in the 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: _____

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

First words Victim said when you responded to scene: He pushed and punched me.

Did the Victim contact anyone other than the 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: _____

Phone: Home: _____ Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

SCANNED
FEB 16 2020

VICTIM NOTIFICATION FORM

- 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
- Dating Violence

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

1. Incident Report #: 20-038218 Agency: Palm Beach County Sheriff's Office
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: CANINO BRANDON JAMES
DOB: 06/10/1995 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: CANINO JEFFREY ALLAN DOB: 12/27/1965 Race: W Sex: M
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: _____

Deputy's Name: D/S J. CARCACHE ID #: 36185 Date: Feb 14, 2020

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records



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.	2-5
	<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: 2020005253	Date: 02/16/2020
	Specialist Name/ID: AM/31562

SCANNED
FEB 16 2020