

0518672

2011/7/2/069

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 20109451				
	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				
	Location of Arrest (Including Name of Business) 8061 Rainforest Jasper Lane Delray Beach FL 33446			Location of Offense (Business Name, Address) 8061 Rainforest Jasper Lane Delray Beach FL 33446					
	Date of Arrest 09/22/20	Time of Arrest 1004	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
DEFENDANT	Name (Last, First, Middle) Kaufman Brian David								
	Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 08-11-77	Height 6'1	Weight 218	Eye Color Brown	Hair Color Brown	Complexion Light	Build Med
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status Married	Religion NONE	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 8061 Rainforest Jasper Lane Delray Beach FL 33444			Phone (561) 613-1970	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
	Permanent Address (Street, Apt. Number) Same As Above			Phone ()	Address Source FL DL				
	Business Address (Name, Street) ()			Phone ()	Occupation UNK				
	D/L Number, State K155064772910		Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) Atlanta Georgia	Citizenship USA			
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
CO-DEF	Parent Name (Last) (First) (Middle)			Residence Phone					
	Legal Custodian			Business Phone					
	Other:			Business Phone					
	Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone					
	Notified by: (Name)			Date 09/22/20	Time	Juvenile 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. <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			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 A. Amphetamine			B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other		
CHARGE	Charge Description Simple Domestic Battery			Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03.1.A1	Violation of ORD #		
	Drug Activity UNK	Drug Type UNK	Amount / Unit N/A	Offense # 20109451	Warrant / Capias Number		Bond		
	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
NOTICE TO APPEAR	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						
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S. F. St. Cloud ID 8382		(PRINT)				
	Intake Dept.	I.D. #	Pouch #	Transporting Officer D/S dos Santos 8565	ID # 8382	Agency PBSO	PAGE 1 OF 1		
	Witness here if subject signed with an "X"								

No Bond

DOMESTIC

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06- 20109451				
	Charge Type: Check as many as apply. <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				Special Notes:				
CHARGES DEF	Name (Last, First, Middle) Kaufman Brian David			Alias	Race W	Sex M	Date of Birth 08-11-77		
	Charge Description Simple Domestic Battery 784.03.1.A1			Charge Description					
VICTIM	Victim's Name (Last, First, Middle) Kaufman Alexis Lee			Race W	Sex F	Date of Birth 01-01-81			
	Local Address (Street, Apt. Number) 8061 Rainforest Jasper Lane			(City) Delray Beach	(State) FL	(zip) 33446	Phone (561-) 376-7353		Address Source FL DL
	Business Address (Name, Street)			(City)	(State)	(zip)	Phone		Occupation
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 22nd day of September 20 20 at 10:04 <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>Upon arrival I met and spoke with the victim Alexis Lee Kaufman W/F D.O.B 01-01-81, who stated the following: in a sworn written statement she said her husband Brian David Kaufman W/M D.O.B 08-11-77-63 started an argument with her. Alexis said that she came home after dropping her son to school this morning. While she was walking inside her house, Brian continued arguing with her. Alexis said Brian went inside of her home office and took her computer and said he was going to smash it to the floor. Alexis said that she tried taking the computer back from Brian and Brian kept shoving her on her chest and her back</p> <p>Alexis said she and Brian have been living together for 10 years. Alexis said she has a son from her previous marriage; Brian is not his biological father. Alexis said she and Brian have a daughter who is six years old; they all reside together as a family unit.</p> <p>I then met and spoke with Brian David Kauffman. I asked Brian what happened between him and his wife. Brian said nothing. I explained to Brian that his wife Alexis called and said he pushed and shoved her. Brian went on to say that Alexis' son he is the problem. Brian said that Alexis son kept on cursing his mother and that he has a six years old daughter and he does not want him in the house. Brian said Alexis' son has to go. I asked Brian did he pushed and shoved Alexis; Brian refused to answer.</p> <p>I again spoke with Alexis and she told me she has a video of the incident. I asked her if I could review the video; she showed me the video and I heard her telling Brian to stop shoving her and to stopped pushing her.</p> <p>Based on the victim's statement that Brian kept shoving and pushing her and because of the fact that Brian refused to answer when I asked him if he did in fact push and shove Alexis, led me to believe that Brian David Kaufman did commit battery on Alexis Lee Kaufman. Therefore, I have probable cause to arrest Brian Lee Kaufman and charge him with Simple Battery Domestic.</p> <p>Brian was placed in handcuffs and the handcuffs were double locked and checked for proper fit. I completed Brian arrest paperwork and he was then transported to the County Jail where his was placed and booked.</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH								
	D/S. F. St. Cloud ID 8382								
	(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of September 20 20 by D/S. F. St. Cloud ID 8382									
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known									
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
PAGE 1 OF 1									

**PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER# 20109451

DEFENDANT'S NAME: Kaufman Brian

DEFENDANTS STATEMENT YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: Refused to answer about the battery

VICTIM'S NAME: Kaufman Alexis

VICTIM'S STATEMENTS: YES NO (IF YES) WRITTEN TAPED ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Normal but upset and crying

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Husband and Wife

PHOTOGRAPHS: SCENE: YES NO VICTIM (S): YES NO

911 CALL: YES NO WHO CALLED: Alexis Lee Kaufman

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO

VICTIM PREGNANT- YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: _____ PHONE: _____

RELATIVE/FRIEND 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 #: 20109451 Agency: PBSO
Offense: Simple Domestic Battery
Suspect/Offender: Kaufman Brian
D.O.B. 08-11-77 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Kaufman Alexis D.O.B. 01-01-81 Race: W Sex: F
Address: 8061 Rainforest Jasper Lane
City: Delray Beach FL 33446 State: FL Zip: 33446
Home #- 561- 376-7353 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: None
Address: _____
City: _____ State: _____ Zip: _____
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: _____

Deputy's Name: D/S. F. St. Cloud ID # 8382 Date: 09/22/20
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(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: 2020022373	Date: 09/22/2020
	Specialist Name/ID: T Howard/7185