

0517195 2020MMU05189 PH 3003

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number : 06- 20082397	
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) 5549 PACIFIC BLVD APT4006		BOCA RATON FL 33433		Location of Offense (Business Name, Address) 5549 PACIFIC BLVD APT4006		BOCA RATON FL 33433	
Date of Arrest 06/28/20	Time of Arrest 0014	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last) Davies		(First) Brianna		(Middle) , Dawn		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 04/20/1995	Height 5'03	Weight 135	Eye Color Brown	Hair Color Brown	Complexion Light
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Martial Status	Religion	Indication of Alcohol Influence Drug Influence		Multiple Clearance Indicator 01	
Local Address (Street, Apt. Number) 5549 Pacific Blvd Apt 4006		(City) Boca Raton, FL 33433	(State)	(Zip)	Phone 954-573-4120	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation LEGAL ASSISTANT	
D/L Number, State D120064956400, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BOCA RATON, FL	
Citizenship US		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		
Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other: <input type="checkbox"/>		(Last)		(First)	(Middle)	Residence Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
Notified by: (Name)		Date	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 N. N/A 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 Description Battery (domestic)		Counts 01	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20082397	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 # 20082397	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 # 20082397	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 # 20082397	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)		JUN 28 AM 2:29					
Court Date and Time		Month	Day	Year	Time	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>
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 06/28/20			
HOLD for other Agency Name:		Signature of Arresting Officer D/S M. MORGADO		Name Verification (Printed by Arrestee) SCANNED			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Arresting Officer (Print) D/S M. MORGADO		I.D. # 34265		(PRINT)	
Intake Deputy SPANZ EICL		I.D. #		Pouch #		Transporting Officer D/S M. MORGADO	
I.D. #		ID # 34265		Agency PBSO		Witness here if subject signed JUN 28 2020	
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)	

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: Davies Brianna Dawn **DOB:** 04/20/1995 **Case #:** 20082397

Name (Last, First)

Victim: Davies Tyler **DOB:** 02/15/1991 **Race:** W **Sex:** M

Relationship between Victim and Defendant: Spouse

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:** Laceration

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** _____

At Hospital: Yes No **Hospital:** _____ **Doctor:** _____

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: n/a

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

First words Victim said when you responded to scene: n/a

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) laceration to upper thigh

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information: (Last) Davies (first) Tyler

Local Address: 5549 Pacific Blvd Apt 4006, Boca Raton, FL 33433

Phone: 607-743-3677

Employer: (Name) PHYSICIAN RECRUITER (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **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)
- 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.**

SUSPECT/OFFENDER: Davies

Brianna

Dawn

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

1. Incident Report #: 20082397 Agency: PBSO
Offense: Battery (domestic)
Suspect/Offender: Name (Last) Davies (First) Brianna (Middle) Dawn
D.O.B. 04/20/1995 Race: W Sex: F

2. Warrant # (s): _____
Name (Last, First)

3.a. Victim's name: Davies Tyler D.O.B. 02/15/1991 Race: W Sex: M
Address: 5549 Pacific Blvd Apt 4006
City: Boca Raton, FL 33433
Home #: 607-743-3677

b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
Address: _____
City: _____
Home #: _____

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: _____
Name (Last, First)

Printed name of person waiving notification: Davies Tyler

Deputy's Name: D/S M. MORGADO I.D.# 34265 Date: _____

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 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"/>	119.071(2)(M)1	Other: Witness to a Murder	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020015749	Date: 6/28/2020
	Specialist Name/ID: M. Tooks #8557