

613
JUVENILE

1 Arrest
2 MTA
3 Request for Warrant
4 Request for Capias

13

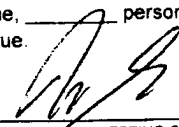
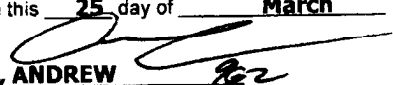
JUVENILE

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☒ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 03/25/2022 00:38		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 22-003887	
	Agency ORI Number FL 0500400					
D E F	Name (Last, First, Middle) WALLACE, BRODY ALEXANDER				Race W	Sex M
	Alias				Date of Birth 07/20/1995	
C R I M	Charge Description 784.041(2)(A) DOMESTIC BATTERY BY STRANGULATION					
	Victim's Name (Last, First, Middle) LOWIN, DANIELLE				Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 2044 ALTA MEADOWS LN 809, DELRAY BEACH, FL 33444				Phone (561) 573-4405	
	Business Address (Name, Street) (City) (State) (Zip)				Address Source	
					Occupation	
O B S E R V E R	Written ☐		Taped ☒	Oral ☐	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DISTRAUGHT	
	DEFENDANT'S STATEMENTS		VICTIM'S STATEMENTS			
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING					
	PHOTOGRAPHS: Scene: ☐ YES ☒ NO ☒ Victim: ☒ ☐ 911 CALL: ☒ ☐ CALLER: LOWIN, DANIELLE WEAPON USED: ☐ ☒ TYPE: WITNESSES: ☐ ☒ (If YES, attach witness list) INJURIES: ☒ ☐ MEDICAL TREATMENT: ☐ ☒ AT: Scene: ☐ ☒ PARAMEDICS: Hospital: ☐ ☒ PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): ☐ ☒ NAMES/AGES: H. R. S. NOTIFIED: ☐ ☒ VICTIM PREGNANT: ☐ ☒ VIOLATION OF RESTRAINING ORDER: ☐ ☒ CASE #: 22-470 PRIOR HISTORY OF DOMESTIC VIOLENCE: ☒ ☐ ALCOHOL OR DRUGS INVOLVED: ☒ ☐					
N A R R	The following incident occurred in the City of Delray Beach, Palm Beach County, Florida. The following is a summary, for verbatim account, please refer to BWC.					
	On 3/25/22 at approximately 0038 hours I responded to 2044 Alta Meadows Lane Apt 809 in reference to a					
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>25</u> day of <u>March</u> , <u>2022</u> .  COLLARETTI, ANDREW NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 03/25/2022 00:38	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 22-003887
	Domestic Battery. The caller, later identified as Danielle Lowin, called and advised that her boyfriend just choked her.			
N A R R A T I V E	Upon arrival, officers made contact with Lowin, who was sworn in on BWC. Lowin advised that she has been with her boyfriend, Brody Wallace, for approximately 6 years. They have been living together for approximately 1 year. Lowin advised that Wallace was out drinking and came home while she was sleeping. Lowin advised at approximately 0030 hours she woke up to Wallace urinating on the floor in her bedroom. Lowin started tapping on Wallace to get his attention and he turned around and pushed her back onto their bed. Wallace then got on top of her and put Lowin in a front choke hold around her neck. Lowin advised she was in fear of her life and was telling Wallace to stop several times. Lowin advised that she told Wallace that she would call the cops and Wallace told her to call. Lowin was able to twist her way out of the choke hold and run downstairs with her dog to call 9-1-1. Lowin had fresh abrasions on the right side of her neck consistent with being choked. Lowin advised only Wallace and her live in the apartment. Lowin advised that she has told Wallace a few times that she wants to break up.			
	Lowin gave permission to enter her apartment. Contact was made with Wallace who was on the couch. Wallace appeared heavily intoxicated and admitted that he was drunk. Post Miranda, I advised Wallace that Lowin called about him urinating, and then choking her, and her telling him she was calling the cops, and Wallace telling her to call them. I asked Wallace if he remembered any of that and he said, "yes, one hundred percent." Sgt. Collaretti confirmed that there was a towel in the bedroom with suspected urine on it.			
Based on the above, Probable Cause exists to charge the defendant, Brody Wallace, with one count of Domestic Battery by Strangulation in violation of 784.041(2)(A).				
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. _____ SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>25</u> day of <u>March</u> , <u>2022</u> . _____ COLLARETTI, ANDREW NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117 10)				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 22-3887 Agency: Delray Beach PD
Offense: Domestic Battery by Strangulation
Suspect/Offender: Wallace, Groux
D.O.B. 7/20/95 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Louise, Danielle
Address: 2044 Alta Meadows Lane
City: Delray Beach State: FL Zip: 33449
Home #: 961-573-4405 Work #: _____ Other: _____

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

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Smith, M I.D.: 1016 Date: 3/25/22

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)



**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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022007720	Date: 3/25/2022
	Specialist Name/ID: S.Evans/23872