0530383 22CF2330MB 613

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number:
Agency ORI Number: 0500400
Agency Name: Delray Beach Police Department
Agency Report Number (N.T.A.'s only): 4 0 22-003887
Charge Type (Check as many as apply): ☒ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other
If Weapon Seized Enter Type: UNARMED
Multiple Clearance Indicator: 1
Location of Arrest (Including Name of Business): 2044 ALTA MEADOWS LN 809 DELRAY BEACH F
Location of Offense (Business Name, Address): 2044 ALTA MEADOWS LN 809, DELRAY BEACH, FL 33444
Date of Arrest: 03/25/2022
Time of Arrest: 01:00
Booking Date: 03/25/2022
Booking Time: 01:10
Jail Date: / /
Jail Time: : :
Location of Vehicle:
Alias (Name, DOB, Soc. Sec. #, Etc.)

DEFENDANT

Name (Last, First, Middle): WALLACE, BRODY ALEXANDER
Alias:
Race (W - White, B - Black, I - American Indian, O - Oriental/Asian): W
Sex: M
Date of Birth: 07/20/1995
Height: 5'11
Weight: 200
Eye Color: BROWN
Hair Color: BROWN
Complexion: FAIR
Build: MEDIUM
Indication of Alcohol Influence: Yes ☒ No ☐ Unk ☐
Drug Influence: Yes ☐ No ☒ Unk ☐
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion:
Local Address (Street, Apt. Number) (City) (State) (Zip): 2044 ALTA MEADOWS LN 809, DELRAY BEACH, FL 33444
Phone: (561) 994-0416
Residence Type (1. City 2. County 3. Florida 4. Out of State): 1
Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2044 ALTA MEADOWS LN 809, DELRAY BEACH, FL 33444
Phone: (561) 994-0416
Address Source: VERBAL
Business Address (Name, Street) (City) (State) (Zip):
Phone:
Occupation:
D/L Number, State: W420061952600 / FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): BOCA RATON, FL,
Citizenship:

CO-DEF

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian Name (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 Departmental Release 2. TOT JAC 3. Incarcerated
Released To: (Name) Relationship Date Time
VICTIM NOTIFICATION REQUIRED
School Attended: Grade:
The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by ☐ No.
Property Crime? ☐ Yes ☒ No
Description of Property:
Value of Property:

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, E Use, K Disperses/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 Synthetic, U Unknown, Z Other

CHARGE

Charge Description: DOMESTIC BATTERY BY STRANGULATION
Statute Violation Number: 784.041(2)(A)
Violation of ORD #:
Drug Activity: Drug Type: N Amount / Unit: / Offense #: Counts: 1 Domestic Violence: ☒ Y ☐ N
Warrant / Capias Number:
Bond: NO BOND

CHARGE

Charge Description:
Statute Violation Number:
Violation of ORD #:
Drug Activity: Drug Type: Amount / Unit: / Offense #: Counts: Domestic Violence: ☐ Y ☐ N
Warrant / Capias Number:
Bond:

CHARGE

Charge Description:
Statute Violation Number:
Violation of ORD #:
Drug Activity: Drug Type: Amount / Unit: / Offense #: Counts: Domestic Violence: ☐ Y ☐ N
Warrant / Capias Number:
Bond:

INTAKE

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:
Health / Apparent Physical Condition of Defendant:
Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☐ T.O.T. County Jail
PROPERTY - Received By: Released By: Released To:
Transported By:
Date Transported: / /
Time Transported: : :
Other:

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time:

No Photo Available

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

SCANNED
MAR 25 2022

Signature of Defendant (or Juvenile and Parent/Custodian)
Date Signed

ADMIN

HOLD for Other Agency:
Signature of Arresting Officer:
Name Verification (Printed by Arrestee) (PRINT):
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other
Name of Arresting Officer (Print): SMITH, MILTON ALEXANDER I.D. #: 1016
Intake Deputy: Thomas #193
Pouch #:
Transporting Officer: SMITH, M I.D. #: 1016 Agency: DBPD
Witness here if subject signed with an "X".
PAGE 1 OF 1

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

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County

ADMIN

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**

DEF

Name (Last, First, Middle) **WALLACE, BRODY ALEXANDER**	Alias	Race **W**	Sex **M**	Date of Birth **07/20/1995**

CHRG

Charge Description
784.041(2)(A) DOMESTIC BATTERY BY STRANGULATION

VICTIM

Victim's Name (Last, First, Middle) **LOWIN, DANIELLE**		Race **W**	Sex **F**	Date of Birth **03/06/1995**
Local Address (Street, Apt Number) (City) (State) (Zip) **2044 ALTA MEADOWS LN 809, DELRAY BEACH, FL 33444**		Phone **(561) 573-4405**		Address Source
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation

	Written	Taped	Oral
DEFENDANT'S STATEMENTS	☐	☒	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):
DISTRAUGHT

RELATIONSHIP BETWEEN VICTIM & SUSPECT
DATING

ADDITIONAL INFORMATION

	YES	NO	
PHOTOGRAPHS: Scene:	☐	☒	
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:	☒	☐	

NARR

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 **25** day of **March**, **2022**.

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

ADMIN	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**

NARRATIVE

Domestic Battery. The caller, later identified as Danielle Lowin, called and advised that her boyfriend just choked her.

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 **25** day of **March** , **2022**.

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, Brody
D.O.B. 7/20/95 Race: W Sex: M

2. Warrant #(s): ______

3. Complete one (1) of the following:

a. Victim's name: Lowin, Danielle
Address: 2044 Alta Meadows Lane
City: Delray Beach State: FL Zip: 33444
Home #: 561)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

White-Warrants Division **Yellow-Corrections or State Attorney (Warrant Application)** **Pink-Central Records**

PBSO #0029-A

Stock F-4403

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