

2012254

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile

N

OBTS Number	Agency ORI Number FLO 5 0 2 6 0 0	Agency Name PALM BEACH GARDENS POLICE DEPT.	Agency Report Number (N.T.A.'s only) 7 8 - 12 1 - 10 0 0 1 1 5 1 1
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input 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) 10500 N Military Trl, PBG, FL		If Weapon Seized Enter Type	
Date of arrest 0 1 0 9 2 1 0 4 4 0	Time of Arrest	Booking Date	Booking Time

Name (Last, First, Middle) Dunlap, Brooke Leanne	Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	Sex W F	Date of Birth 1 0 2 6 0 2	Height 5'06"
Weight 150	Eye Color Brown	Hair Color Blonde	Complexion Fair
Build Small	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Forearm scars		
Local Address (Street, Apt. Number) 3310-A Meridian Way S PBG FL 33410	Phone (361) 891 2240	Marital Status S	Religion None
Permanent Address (Street, Apt. Number) 3310-A Meridian Way S PBG FL 33410	Phone ()	Indication of: Alcohol Influence Drug Influence	
Business Address (Name, Street) ()	Phone ()	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
D/L Number, State 000046240704 NC	Soc. Sec. Number	INS Number	Place of Birth (City, State) Loxahatchee, FL
Citizenship US			

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <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"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

Parent Legal Custodian Name (Last) (First) (Middle)	Residence Phone ()
Address (Street, Apt. Number) (City) (State) (Zip)	Business Phone ()
Notified by: (Name)	Date
Released To: (Name)	Relationship
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property
Value of Property	School Attended
Grade	

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 F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description Child Abuse - w Assault/Battery	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 8 2 7 1 0 3	Violation of ORD # 12a	Warrant / Capias Number	Bond				
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	Warrant / Capias Number	Bond				
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	Warrant / Capias Number	Bond				
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	Warrant / Capias Number	Bond				

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address)
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and Time Month Day Year Time
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

FILED
JAN 10 2021
JOSEPH ABRUZZO, CLERK
PALM BEACH COUNTY, FL A.M.

HOLD for other Agency Name:	Signature of Arresting Officer Det Clayton	Name Verification (Printed by Arrestee) (PRINT)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) Clayton	ID # 276
Intake Deputy S. Keel	I.D. # 508	Agency PBG PD
Witness here if subject signed with an "X"		PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number

Agency OR# Number: FL 0502600 Agency Name: PALM BEACH GARDENS POLICE Agency Report Number: 7 | 8 | 21-000115

Charge Type: [X] 1. Felony [] 2. Traffic Felony [] 3. Misdemeanor [] 4. Traffic Misdemeanor [] 5. Ordinance [] 6. Other

Name (Last, First, Middle): DUNLAP, BROOKE LEANNE Race: W Sex: F Date of Birth: 10/26/2002

Charge Description: 827.03(4) CHILD ABUSE - WITH ASSAULT/BATTERY

Charge Description: SK

Victim's Name (Last, First, Middle): [Redacted] Race: W Sex: F Date of Birth: 11/30/2020

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

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.

On the 9 day of January, 2021 at 04:52 (Specifically include facts constituting cause for arrest.)

On January 8, 2021, I responded to St. Mary's Hospital 901 45th Street West Palm Beach, Florida 33407 in reference to a Child Abuse investigation. Upon arrival, I made contact with Sergeant Gary LeBlanc who advised the following.

This agency received a phone call from St. Mary's Hospital Pediatric Emergency Room advising that they were treating a 5-week-old baby, [Redacted] with a right femur that was broken in two and displaced. [Redacted] also had an additional fracture of her left wrist.

Officer Keel previously spoke with [Redacted] Brooke Dunlap who advised that she went to work this morning and was not feeling well. She left work early at 9:45AM to come home. When she got home, [Redacted] and [Redacted] were downstairs in the apartment and [Redacted] and [Redacted] were sleeping upstairs. [Redacted] is the 1-year-old [Redacted] Brooke and [Redacted] Brooke went upstairs to try to rest and was unable to sleep. [Redacted] left for work. [Redacted] became restless and Brooke decided to swap [Redacted] leaving him downstairs with [Redacted] and [Redacted] came upstairs with Brooke. At this time, she did not notice anything abnormal with [Redacted]. [Redacted] left for work at approximately 2:45PM and [Redacted] was placed in his crib upstairs with Brooke. Brooke stated that [Redacted] did not say anything happened before he left. Brooke placed [Redacted] at the head of the bed, a mattress with no box spring, between two pillows while she laid at the end of the bed on the phone with a friend, "Jesse James".

Brooke advised that [Redacted] is normally an uncomfortable, fussy baby. In an effort to make her comfortable, she is constantly repositioning her and wrapping and unwrapping her in blankets. She continued saying that if there was something wrong with [Redacted], she would have noticed while wrapping her. Brooke then went down to her car to retrieve something. When she came back upstairs, she observed [Redacted] in the bed over [Redacted] with his hand

SWORN AND SUBSCRIBED BEFORE ME [Signature] #346 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) DATE: 01/09/2021 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: [Signature] CLAYTON, STACEY M (276) NAME OF OFFICER (PLEASE PRINT) DATE: 01/09/2021

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number			Agency OP# Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 21-000115
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:	
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other		

Name (Last, First, Middle) DUNLAP, BROOKE LEANNE	Alias	Race W	Sex F	Date of Birth 10/26/2002
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in her face. [REDACTED] is an active and aggressive playmate, for his age he is larger and stronger than normal. [REDACTED] was crying and appeared irritated. Brooke has a hard time determining what [REDACTED] wants when she is crying because she is so small and all of her cries sound the same. Approximately 20 minutes later, at approximately 3:15PM, Brooke changed [REDACTED] diaper and noticed that her right leg was swollen and hard to the touch. Brooke called [REDACTED] to advise her of the situation and gather advice. Brooke decided she needed to bring [REDACTED] to the hospital and waited at home for someone to give her a ride.

Sergeant LeBlanc advised that he spoke with the physician, Dr. Jaime Marchand who showed him the x-ray and explained that this injury is classified as a "non-accidental injury" and is consistent with child abuse. Sergeant LeBlanc informed Dr. Marchand that Brooke's theory was that [REDACTED] was possibly playing rough with the baby and caused the injury. Dr. Marchand denied this being a possibility due to the type of injury.

Brooke was questioned by the Department of Children and Family Investigator Riche Belair. I arrived a few minutes after his interview began and throughout the interview, Brooke's story changed multiple times in relation to the timeline of events.

A bruise on Brooke's right forearm was observed by Belair and he questioned her about how she got it. She advised that [REDACTED] hit her with a toy. Later, she advised that she didn't want [REDACTED] to get in trouble, but he had hit her and caused the bruise. Brooke gave us consent to look at her phone calls and text messages. While viewing those messages, Brooke was texting with [REDACTED] (mother) and advised that she had hit [REDACTED] the previous night when they were arguing making her the primary aggressor in that disagreement.

Brooke was read her Miranda Rights and advised that she understood them and would speak with me. Brooke was sworn in and the interview was recorded on my department issued body worn camera. I asked Brooke about the inconsistencies in her story which she could not clarify. Brooke also made comments that she never wanted [REDACTED] but then said she was happy when [REDACTED]. Moments later Brooke commented that after all is said and done, if it meant that [REDACTED] would have stability, she would [REDACTED] heartbeat. Brooke mentioned that [REDACTED] was a fussy baby and had colic and acid reflux. She also mentioned she worked a lot and didn't get much rest with [REDACTED]. I asked Brooke if she got angry and hurt [REDACTED] due to her frustration with [REDACTED] being fussy and she said "no". Further investigation revealed her story to consistently change and not match the injuries to the child.

Detective Mark Maldonado spoke with [REDACTED] who also resides in the residence but was gone from the residence since approximately 5:00 a.m. [REDACTED] advised Detective Maldonado that she thought [REDACTED] probably fell off the sofa which is how she injured her leg.

SWORN AND SUBSCRIBED BEFORE ME	<i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
01/09/2021	CLAYTON, STACEY M (276)
DATE	NAME OF OFFICER (PLEASE PRINT)
	01/09/2021
	DATE

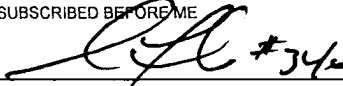
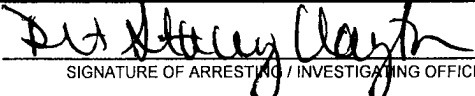
OBTS Number _____	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Caplas	1	JUVENILE
Agency ORJ Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 21-000115			
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____					Special Notes: _____
Name (Last, First, Middle) DUNLAP, BROOKE LEANNE			Race W	Sex F	Date of Birth 10/26/2002

PROBABLE CAUSE STATEMENT

Based on the time line given by the Brooke's time line of the events, Sergeant LeBlanc asked Officer Trudeau to confirm with Dr. Marchand, what would be the infant's demeanor given the nature of the injury. He explained that the infant would be screaming in agony and possibly passing out from the pain. He explained that the pain would not cease.

Based on the inconsistency in Brooke's story coupled with the seriousness of the injury in a 5-week-old baby, Probable Cause exists to charge Brooke Dunlap with violation of F.S.S. 827.03 (3) Aggravated Child Abuse.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/09/2021 DATE	 _____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CLAYTON, STACEY M (276) NAME OF OFFICER (PLEASE PRINT) 01/09/2021 DATE
PAGE 3 OF 3	

VICTIM NOTIFICATION FORM

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

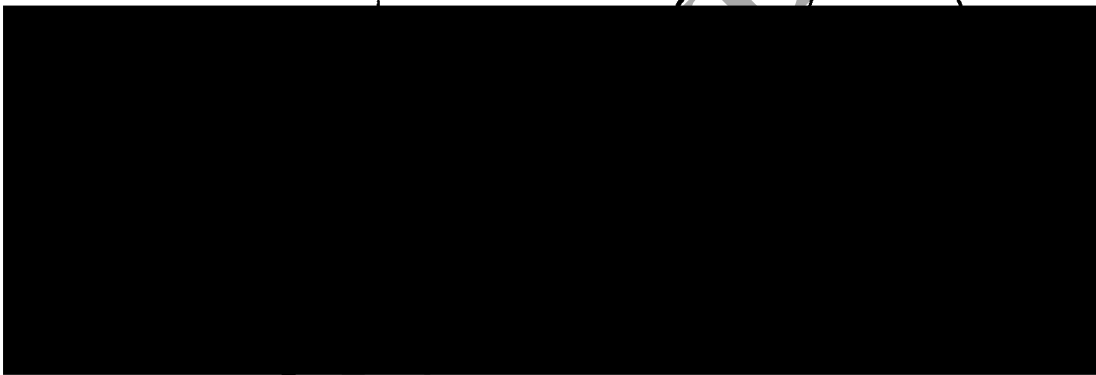
- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical 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 #: 21000115 Agency: PBG PD
 Offense: Domestic violence - Child Abuse
 Suspect/Offender: Dunlap, Brooke L
 D.O.B. 10/26/2002 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:



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: Clayton #276 I.D.: 508 276 Date: 01/09/2021

SUSPECT/OFFENDER: Dunlap, Brooke L
 COURT CASE/WARRANT #: _____
 (FOR WARRANTS USE ONLY)