

0519-04

20CF 9023 AMB

3552

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

A D M I N I S T R A T I O N	CBTS Number		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>514 20-003738</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1 JUVENILE	
	Agency ORI Number <b>0501700</b>		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		If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>1210 OLD DIXIE, JUPITER, FL 33458</b>		Date of Arrest <b>11/05/2020</b>		Time of Arrest <b>16:49</b>		Booking Date		Booking Time	
	Name (Last, First, Middle) <b>SROKA, GABRIELA ALEKSANDRA</b>		Alias:		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>	
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W F</b>		Sex <b>F</b>		Date of Birth <b>09/10/1994</b>		Height <b>5'03</b>		Weight <b>125</b>	
	Local Address (Street, Apt. Number) <b>2065 SE OXMOOR TER, PORT ST LUCIE, FL 34952</b>		City <b>PORT ST LUCIE</b>		State <b>FL</b>		Zip <b>34952</b>		Phone	
	Permanent Address (Street, Apt. Number) <b>2065 SE OXMOOR TER, PORT ST LUCIE, FL 34952</b>		City <b>PORT ST LUCIE</b>		State <b>FL</b>		Zip <b>34952</b>		Phone	
	Business Address (Name, Street)		City		State		Zip		Phone	
	D/L Number, State <b>S620281948300 / FL</b>		D/S Number		Place of Birth (City, State) <b>Poland, Bohemia</b>		Citizenship <b>Yes</b>			
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		City		State		
Notified by: (Name)		Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. (Specify)		
Released To: (Name)		Relationship		Date		Time		MICTIM REQUIRED		
The above address was 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's Office (Phone 355-2526) informed of any change of address.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property				
Drug Activity N. N/A S. Sell P. Possess B. Buy T. Traffic R. Smuggle E. Use K. Disperse/ 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 Description <b>CHILD ABUSE - NEGLECT OF CHILD</b>		Statute Violation Number <b>827.03(3)(a)(1) 2(c)</b>		Violation of ORD #		
Drug Activity <b>N</b>		Amount / Unit <b>/</b>		Offense #		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Charge Description		Drug Activity <b>N</b>		Amount / Unit <b>/</b>		Offense #		Counts <b>1</b>		
Charge Description		Drug Activity <b>N</b>		Amount / Unit <b>/</b>		Offense #		Counts <b>1</b>		
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:		PROPERTY - Recovered By		Released By		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		Date Transported		Time Transported		Other		Released To		
Transported By		Date Transported		Time Transported		Other		Released To		
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time		No Photo Available		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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		HOLD for Other Agency		Signature of Arresting Officer <b>DAMPIER, GREGORY</b> ID.# <b>1154</b>		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>DAMPIER, GREGORY</b> ID.# <b>1154</b>		Name Verification (Printed by Arrestee) (PRINT)		Name Verification (Printed by Arrestee) (PRINT)		PAGE <b>1 of 1</b>		
Name of Arresting Officer <b>Wilson 8241</b> Pouch #		Transporting Officer <b>L. Jurac 387 Jupiter</b> ID.#		Agency <b>Jupiter</b>		Wishes here if subject signed with so "X"		PAGE <b>1 of 1</b>		

SCANNED NOV 06 2020

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   20-003738</b>
-------------	--	--	---	--

Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Note**
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>SROKA, GABRIELA ALEKSANDRA</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/10/1994</b>
---	-------	------------------	-----------------	------------------------------------

Charge Description <b>827.03(3)(A)(1) CHILD ABUSE - NEGLECT OF CHILD</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[REDACTED]	<b>W</b>	<b>F</b>	<b>07/06/2020</b>

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

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 . . .

committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the 5 day of November, 2020 at 18:18 (Specifically include facts constituting cause for arrest.)

On November 5th 2020, at approximately 1108 hours, I was dispatched to [REDACTED], in reference to a Medical Call.


Upon my arrival I made contact with the caller W/M [REDACTED] 10/3/91, who stated the following: at approximately 0800 hours he left his [REDACTED] (W/F Gabriela A Sroka 9/10/94) whom was sober at the time with [REDACTED] (W/F [REDACTED] 7/6/20), so he could go to work. [REDACTED] stated at approximately 0945 hours [REDACTED] stated he looked on the house cameras and could hear [REDACTED] crying in the back ground but did not see Gabriela. [REDACTED] stated he tried getting in contact with Gabriela but was unsuccessful so he left work and came home.

[REDACTED] said he came home at approximately 1000 hours, to find Gabriela unconscious but breathing on the floor and [REDACTED] crying in her crib. [REDACTED] said he immediately called 911. [REDACTED] informed me that Gabriela was a recovering alcoholic. [REDACTED] then showed me a Hand Sanitizer bottle that was half full that he bought the night before (11/4/20). [REDACTED] said he believed Gabriela drank the Hand Sanitizer because they have not used half a bottle of Hand Sanitizer in that period of time.

Gabriela was completely unconscious when law enforcement arrived on scene, due to her condition she was transported to Jupiter Medical Center for medical care.

I made contact with Gabriela once she was conscious and read her, her Miranda Rights from my department issued Miranda Rights Card, which Gabriela stated she understood. I asked Gabriela what occurred this morning and she said that she had been drinking vodka all night. Gabriela said after she finished the bottle she had nothing left to drink. Gabriela stated after [REDACTED] left for work she found the bottle of Hand Sanitizer and drank half of it. Gabriela stated she then woke up in the hospital and did not remember anything after drinking the Hand Sanitizer. I asked Gabriela why she would drink like

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>JURAC, LUKA</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>DAMPIER, GREGORY (1154)</b> NAME OF OFFICER (PLEASE PRINT)
<u>11/05/2020</u> DATE	<u>11/05/2020</u> DATE

OBTS Number Agency ORI Number <b>FL 0501700</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   20-003738</b>			
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input 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:	
Name (Last, First, Middle) <b>SROKA, GABRIELA ALEKSANDRA</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/10/1994</b>
<p>that with her child and she said she is unhappy.</p> <p>Based on my investigation I have Probable Cause that Gabriela Sroka did fail or omit to provide ( ), a child with the care, supervision, and services necessary to maintain the child's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the child, (or) failed to make a reasonable effort to protect ( ), a child, from abuse, neglect, or exploitation by another person, and (Gabriela Sroka) was the ( ), an adult household member, or other person responsible for the child's welfare, contrary to Florida Statute 827.03(1)(e) and (2) (i) (j).</p> <p>Gabriela was advised she was being placed under arrest for Child Neglect and was placed into handcuffs which were double locked and checked for spacing. Gabriela was placed in the back seat of my patrol vehicle and transported to Jupiter Police Department for processing than to Palm Beach County Jail for booking.</p> <p>It should be noted that the above narrative is a summary of the B.W.C. footage and not purported to be verbatim.</p> <p>There is no further information at this time.</p>				
A D M I N I S T R A T I V E	<p style="font-size: 2em; opacity: 0.2; transform: rotate(-30deg);">NOT A CERTIFIED COPY</p>			
SWORN AND SUBSCRIBED BEFORE ME				
JURAC, LUKA <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> 11/05/2020 <small>DATE</small>		 <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> <b>DAMPIER, GREGORY (1154)</b> <small>NAME OF OFFICER (PLEASE PRINT)</small> 11/05/2020 <small>DATE</small>		
		PAGE <b>2 OF 2</b>		

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: \_\_\_\_\_ Agency: Jupiter PD  
Offense: \_\_\_\_\_  
Suspect/Offender: Shoka, Gabriela  
D.O.B. 9-10-94 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: \_\_\_\_\_ D.O.B. 7-6-20 Race: W Sex: F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
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: Gregory Dampier I.D.# 1154 Date: 11-5-20

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: \_\_\_\_\_



**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: 2020026171	Date: 11/6/2020
	Specialist Name/ID: B Evans / 23649