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20CF 167

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ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2020-00234	
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 Rope Or Other Ligature		Multiple Clearance Indicator
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)			
1099 SW 4TH ST BOCA RATON FL 33486			[REDACTED]			
Date of Arrest 01/06/2020	Time of Arrest 21:55	Booking Date 01/06/2020	Booking Time 23:32	Jail Date // : :	Jail Time	Location of Vehicle NONE
Name (Last, First, Middle) GARLAND, KAYLA RENEE			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 01/20/1987	Height 5'04	Weight 140	Eye Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion CHRISTIAN	Complexion LIGHT	Build Large	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Local Address (Street, Apt. Number) 928 SW 5TH ST, BOCA RATON, FL 33486			(City)	(State)	(Zip)	Phone (561) 251-8030
Permanent Address (Street, Apt. Number) 928 SW 5TH ST, BOCA RATON, FL 33486			(City)	(State)	(Zip)	Phone (561) 251-8030
Business Address (Name, Street) SOUTH COUNTY,			(City)	(State)	(Zip)	Phone FL DL
D/L Number, State G645516875200 / FL			Soc. Sec. Number [REDACTED]	DNS Number	Place of Birth (City, State) EDGEWOOD, KY	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"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other	Name (Last, First, Middle)			Residence Phone		
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)			Business Phone		
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name)			Relationship	Date	Time	
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.				School Attended		Grade
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No			Property Crime?	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
Charge Description CHILD ABUSE		Statute Violation Number 827.03(1B) 2C		Violation of ORD #		
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description		Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description		Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant GOOD				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:		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond			<input type="checkbox"/> Released to Parent/Guardian	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By
Transported By			Date Transported	Time Transported	Other	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and 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.						No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
HOLD for Other Agency		Signature of Arresting Officer DESIDERATO, J. A.		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)		
Intake Report Spam	I.D. # 8101	Pouch #	Transporting Officer DESIDERATO	I.D. # 829	Agency BRPD	PAGE 1 OF 1

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS ADJUDICATING DEFENDANT

JAN 07 2020

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-000234
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) GARLAND, KAYLA RENEE	Alias	Race W	Sex F	Date of Birth 01/20/1987
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Charge Description 827.03(5B) CHILD ABUSE	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) [REDACTED]	Race W	Sex M	Date of Birth 04/09/2014
Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]	Phone [REDACTED]	Address Source	
Business Address (Name, Street) (City) (State) (Zip) [REDACTED]	Phone	Occupation STUDENT	

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 6 day of January, 2020 at 23:41 (Specifically include facts constituting cause for arrest.)

On 01/06/20 at approximately 2044 hours, Ofc. Leyva, Ofc. Baron and I were dispatched to 1099 SW 4th Street for the report of a domestic related disturbance.

Upon arrival, we met with the complainant, [REDACTED], in the front exterior of the residence. [REDACTED] advised that inside the residence was his [REDACTED], [REDACTED] his [REDACTED] and [REDACTED] Kayla Garden, and [REDACTED]. He stated he and [REDACTED] were contacted by Kayla's [REDACTED], advising that Kayla struck [REDACTED] and requesting they assist him with getting Kayla psychological help. [REDACTED] then drove to Kayla's residence, which is in the same neighborhood, and picked up both Kayla and [REDACTED], returning to their residence.

Upon entry to the residence, the scene was controlled with Ofc. Leyva making contact with [REDACTED], who was in the west bedroom of the residence playing with toys, Ofc. Baron made contact with Kayla, who was in the dining room of the residence visibly distraught, and myself, who spoke with [REDACTED] in the front hallway of the residence.

After Officer Baron read Kayla her Notice of Rights from his department issued card, she advised she would willingly speak with officers. Kayla stated she is undergoing severe stress due to custody issues with [REDACTED] [REDACTED], whom she is no longer in a relationship with. She stated today, when [REDACTED] refused to go to his room, she became irate because he was not listening to her demands. In a fit of range, she stated she took her aggression out on [REDACTED] by retrieving his belt, with a "Batman" buckle, striking him once on the right side of the neck. Kayla further stated as soon as she assaulted [REDACTED], she knew immediately after she made a mistake. When asked about a possible history of abuse, Kayla advised this happened once before, however went unreported. Ofc. Baron asked Kayla if she was clinically diagnosed with any mental health disorders, to which she stated she was not.

SWORN AND SUBSCRIBED BEFORE ME	<i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
MAZER, DEREK B NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S.S. 117.10)	DESIDERATO, JUSTIN ANTHONY (829) NAME OF OFFICER (PLEASE PRINT)
01/06/2020 DATE	01/06/2020 DATE

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

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Agency ORI Number
FL 0500200

Agency Name
BOCA RATON POLICE DEPARTMENT

Agency Report Number
3 | 2 | 2020-000234

Charge Type:
Check as many as apply.
 1. Felony
 2. Traffic Felony
 3. Misdemeanor
 4. Traffic Misdemeanor
 5. Ordinance
 6. Other

Special Notes:

Name (Last, First, Middle)
GARLAND, KAYLA RENEE

Race
W
Sex
F
Date of Birth
01/20/1987

Ofc. Leyva spoke with [REDACTED] in the presence of [REDACTED] ([REDACTED]). She asked [REDACTED] how the red mark on his neck occurred, and he stated from [REDACTED]. Ofc. Leyva further asked exactly how the assault occurred, to which he stated it was with a belt. [REDACTED] also had a scrape on his right elbow, however he advised it occurred while playing on a playground accidentally. Ofc. Leyva checked [REDACTED] stomach, legs and arms for further injuries, however none appeared to be present. BRPD was requested to respond to evaluate [REDACTED] who arrived at approximately 2200 hours (BRPD run #20-273). Photographs of [REDACTED]'s injuries were taken with Ofc. Leyva's MVR and tagged as BRPD evidence.

I requested the witness, [REDACTED], respond to the address. [REDACTED] advised he was Kayla's [REDACTED], and observed Kayla become irate due to holes in the bottom of [REDACTED] backpack. He stated in her fit of rage, Kayla retrieved [REDACTED] belt from his bedroom and struck him once across the right side of the neck. At that point, [REDACTED] immediately contacted [REDACTED] requesting she come to the residence and retrieve [REDACTED] due to the incident. [REDACTED] turned over the belt, which was photographed and submitted into BRPD evidence. With [REDACTED] was his [REDACTED], Kyle Barnes, who was not involved in the incident and did not appear to be harmed.

Based on the above statement of the witness, and Kayla's confession of the battery, it was determined Kayla committed an intentional act that could reasonably be expected to result in physical injury to her child. Based on that determination, probable cause existed to arrest Kayla for violation of C.G.S. 827.03(1B) Child Abuse.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME

MAZER, DEREK B

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/06/2020

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

DESIDERATO, JUSTIN ANTHONY (829)

NAME OF OFFICER (PLEASE PRINT)

01/06/2020

DATE

PAGE

2 OF 2

SCANNED

JAN 07 2020

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.



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: 2020000610	Date: 1/7/2020
	Specialist Name/ID: Gammage/5660

SCANNED
JAN 07 2020