

21MM 965AMB

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ADVISORY		ARREST / NOTICE TO APPEAR		1. Arrest (No Warrant) 3. Request for Warrant		2. Arrest (Warrant) 4. Request for Capias		2. N.T.A. 5. Juvenile Referral		1		JUVENILE		N																					
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		3		2		2021-001441																									
Charge Type		Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized		Enter Type		Hands, Feet, Fist, Teeth		Multiple Clearance Indicator																							
Location of Arrest (Including Name of Business)		2325 NE 4TH AVE, 2325 NE 4TH AVE, BOCA RATON, FL 33431		Location of Offense (Business Name, Address)		2325 NE 4TH AVE, BOCA RATON, FL 33431																													
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																							
Name (Last, First, Middle)		ALONSO, SABRINA MARIA		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)																													
Race		W - White <input type="checkbox"/> B - Black <input type="checkbox"/> I - American Indian <input type="checkbox"/> O - Oriental/Asian <input type="checkbox"/> W		Sex		F		Date of Birth		09/26/1996		Height		5'09		Weight		100		Eye Color		BROWN		Hair Color		BLACK		Complexion		LIGHT		Build		SLIM	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		R Wrist		Left back shoulder		Marital Status		S		Religion		NONE		Indication of Alcohol Influence		Yes <input type="checkbox"/> No <input type="checkbox"/>		Indication of Drug Influence		Yes <input type="checkbox"/> No <input type="checkbox"/>		Unk. <input type="checkbox"/>													
Local Address (Street, Apt. Number)		2325 NE 4TH AVE, BOCA RATON, FL 33431		(City)		(State)		(Zip)		Phone		(352) 425-9043		Residence Type		1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Out of State <input type="checkbox"/>		Address Source		OFFENDER		Occupation		Student											
Permanent Address (Street, Apt. Number)		2325 NE 4TH AVE, BOCA RATON, FL 33431		(City)		(State)		(Zip)		Phone		(352) 425-9043		D/L Number, State		A452793968460 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State)		ST. LOUIS, MO		Citizenship		U.S.							
Business Address (Name, Street)		UNI OF MIAMI,		(City)		(State)		(Zip)		Phone																									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		Arrested <input type="checkbox"/>		Felony <input type="checkbox"/>		Juvenile <input type="checkbox"/>		At Large <input type="checkbox"/>		Misdemeanor <input type="checkbox"/>																	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		Arrested <input type="checkbox"/>		Felony <input type="checkbox"/>		Juvenile <input type="checkbox"/>		At Large <input type="checkbox"/>		Misdemeanor <input type="checkbox"/>																	
Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)				Residence Phone																															
Legal Custodian <input type="checkbox"/> Name (Last, First, Middle)				Business Phone																															
Address (Street, Apt. Number)				(City)		(State)		(Zip)																											
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION		1. Handled/Processed within Department and Released <input type="checkbox"/>		2. TOT JAC <input type="checkbox"/>		3. Incarcerated <input type="checkbox"/>																					
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																											
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				Value of Property																											
Drug Activity		S. Sell <input type="checkbox"/> N. N/A <input type="checkbox"/> P. Possess <input type="checkbox"/>		R. Smuggle <input type="checkbox"/> D. Deliver <input type="checkbox"/> T. Traffic <input type="checkbox"/>		K. Disperse/Distribute <input type="checkbox"/>		M. Manufacture/Produce/Cultivate <input type="checkbox"/>		L. Other <input type="checkbox"/>		Drug Type		B. Barbiturate <input type="checkbox"/> C. Cocaine <input type="checkbox"/> A. Amphetamine <input type="checkbox"/>		H. Hallucinogen <input type="checkbox"/> M. Marijuana <input type="checkbox"/> O. Opium/Deriv. <input type="checkbox"/>		P. Paraphernalia/Equipment <input type="checkbox"/> S. Synthetic <input type="checkbox"/>		U. Unknown <input type="checkbox"/> Z. Other <input type="checkbox"/>															
Charge Description		BATTERY		Statute Violation Number		Violation of ORD #		784.03(1A1)		Bond																									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number																							
Charge Description				Statute Violation Number		Violation of ORD #				Bond																									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number																							
Charge Description				Statute Violation Number		Violation of ORD #				Bond																									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		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 <input type="checkbox"/>		Explain:																													
Check which applies		<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		BRPD		Released By		BRPD		Released To																							
Transported By		BRPD		Date Transported		02/04/2021		Time Transported		07:22		Other																							
<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)		South County 200 W Atlantic Ave Delray Beach, FL 33404		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.				Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed																											
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		FEB 4 2021																													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print)		I.D. #		862		Agency		BRPD		Witness here if subject signed with an "X"																							
Intake Deputy		Pouch #		Transporting Officer		ROSARIO		I.D. #		862		Agency		BRPD																					

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

SCANNED

FEB 05 2021

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3 2 2021-001441</b>
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" 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) <b>ALONSO, SABRINA MARIA</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/26/1996</b>
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Charge Description <b>784.03(1A1)</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>HIRSCH, TYLER MICHAEL</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/10/1997</b>
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Local Address (Street, Apt. Number) <b>1209 SE 8 STREET, DEERFIELD BEACH, FL 33441</b>	City	(State)	(Zip)	Phone <b>(954) 638-2756</b>	Address Source
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Business Address (Name, Street) <b>MERRYL LYNCH</b>	City	(State)	(Zip)	Phone	Occupation
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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 4 day of February, 2021 at 07:09 (Specifically include facts constituting cause for arrest.)

On 02-04-2021 at approximately 0545 hours Ofc Bissoon and I responded to 2325 NE 4th Avenue in reference to a Domestic Disturbance.

Upon arrival I met with white male Tyler M Hirsch, he advised that his girlfriend whom he lives with, white female Sabrina Alonso, had been in a verbal altercation. Tyler explained that Sabrina had been out drinking with friends in Delray. After she returned home, they began arguing in the living room of the 2-bedroom house. She attempted to leave the home but due to her being intoxicated Tyler removed her phone and keys from their kitchen countertop located a few feet from where they were arguing. Sabrina became aggressive and began slapping Tyler on both sides of his face while they were in the living room. Tyler explained that he put his hands up to block the open hand slaps being given by Sabrina. Tyler called Sabrina's mother Lillian Mitchel, he explained to Lillian that Sabrina had gone out drinking with friends and was attempting to leave the home but that he had her cellphone and keys so that she could not. Both agreed that would be the best thing for Sabrina. Sabrina began hitting Tyler again while he was on the phone with Lillian, punching him in the center of his face. I asked Tyler if he had struck Sabrina at any point, he denied and stated that he just tried blocking her from hitting him and tried calming her down. Tyler did not appear to have any visible injury and he advised that he was ok and did not need to see BRFD.

I then spoke to Lillian Mitchell on the phone, she advised that Tyler had called her and explained that Sabrina had gone out drinking with friends. When she got home, she became irate and began slapping Tyler. When she attempted to leave Tyler took possession of Sabrina's cellphone and keys off of the kitchen countertop. Lillian advised to me she agreed with Tyler's decision. She stated that while on the phone with Tyler she heard the arguing. She stated she did not hear any signs of physical violence but that she was informed by Tyler that he had been struck by Sabrina.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>MAZER, DEREK B</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>ROSARIO, JONATHAN GLENN (862)</b> NAME OF OFFICER (PLEASE PRINT)
<b>02/04/2021</b> DATE	<b>02/04/2021</b> DATE

OBT'S Number A D Agency ORI Number <b>FL 0500200</b> M Agency Name <b>BOCA RATON POLICE DEPARTMENT</b> I Agency Report Number <b>3   2   2021-001441</b> N Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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:	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b> 1. Arrest    3. Request for Warrant 2. N.T.A.    4. Request for Captives <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> JUVENILE	Name (Last, First, Middle) <b>ALONSO, SABRINA MARIA</b> Alias Race    Sex    Date of Birth <b>W    F    09/26/1996</b>
<p>I spoke to Sabrina while standing in the kitchen of their 2-bedroom home. She informed me that after returning home from being out with friends Tyler began yelling at her while she was taking her make up off in her bathroom for being out when she had to go to work the next day. They began arguing in the living room. Sabrina stated that she hit Tyler in the face with her right hand. She stated that Tyler began hitting her back by striking her in the face. Sabrina had manicured nails on both hands. The tips of her middle finger and ring fingernails on her left hand were broken. She explained that this was due to putting her left hand in front of her face in an attempt to block Tyler's strikes. She did not appear to have any visible injury to either side of her face that would be consistent with receiving strikes to the face. Photo's were taken of Sabrina's face and hands to be placed into evidence.</p> <p>Sabrina's brother Nicholas Alonso who also lives at the residence, returned to the home in an attempt to calm his sister down. He advised that he did not see anything physical but that when he got there Sabrina and Tyler were still arguing due to Tyler having Sabrina's keys.</p> <p>Due to Tyler's statement regarding Sabrina striking him in the face, and Sabrina admitting to striking Tyler in the face it was determined that Sabrina committed an act in violation of F.S.S. 784.03 (1A1) Simple Battery (Domestic). Sabrina was placed under arrest, proper handcuffing was done, spacing and double locking were checked. Sabrina was TOT CJ.</p>		
NOT A CERTIFIED COPY		
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;"><b>MAZER, DEREK B</b>            NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>02/04/2021</b>            DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER    <b>ROSARIO, JONATHAN GLENN (862)</b>            NAME OF OFFICER (PLEASE PRINT)  <b>02/04/2021</b>            DATE</p> </div> </div>	
		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#: 2021-001441 Agency: BRPD  
Offense: SIMPLE BATTERY (DOMESTIC)  
Suspect/Offender: SABRINA ALONSO  
D.O.B. 09-26-1996 Race: W Sex: F

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

3.a. Victim's name: Tyler Hirs D.O.B. \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: 2325 NE 4TH AVE BOCA  
City: BOCA RATON State: FL Zip: 33431  
Home#: 954638 2756 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:** Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).  
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: ROSARIO I.D.# 862 Date: 02-04-2021  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

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: 2021002879	Date:
	Specialist Name/ID: T Howard/7185