

Agency ORI Number: **0500800** Agency Name: **West Palm Beach Police Department** Agency Report Number: **9-4-2021-0000473**

Charge Type: 1 Felony 3 Misdemeanor 5 Ordinance 6 Other
 2 Traffic Felony 4 Traffic Misdemeanor 6 Other

Location of Arrest (including Name of Business): **1106 FLORIDA AVE., WPB FL 33405** Location of Offense (Business Name Address): **1106 FLORIDA AVE, WEST PALM BEACH, FL 33405**

Date of Arrest: **01/09/2021** Time of Arrest: **20:16** Booking Date: **01/09/2021** Booking Time: **20:26** Jail Date: Location of Vehicle:

Name (Last, First, Middle): **BRINDISE, ZACHARY AUSTIN** Alias: Alias (Name, DOB, Soc Sec #, Etc.)

Race: **W** Sex: **M** Date of Birth: **09/22/1988** Height: **6'02** Weight: **215** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **LIGHT** Build: **Large**

Local Address (Street, Apt. Number): **1106 FLORIDA AVE, WEST PALM BEACH, FL 33401** Home Phone: **(239) 470-1887**

Permanent Address (Street, Apt. Number): **1106 FLORIDA AVE, WEST PALM BEACH, FL 33401** Mobile Phone:

Business Address (Name, Street): Work Phone:

D/L Number, State: **B653981883420 / FL** Soc Sec Number: DNS Number: Place of Birth (City, State): **FORT MYERS FL** Citizenship: **US**

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

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

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 DOMESTIC BATTERY BY STRANGULATION**

Released To (Name): Relationship: Date: Time:

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.

Property Crime: Yes No Description of Property: Value of Property:

Drug Activity: S Sell, B Buy, P Possess, T Traffic, K Struggle, D Deliver, E Use, K Dispenses, M Manufacture, Z Other

Drug Type: N N/A, A Amphetamine, B Barbiturate, C Cocaine, E Heroin, H Hallucinogen, M Marijuana, O Opium/Deriv, P Paraphernalia, S Synthetic, U Unknown, Z Other

Charge Description: **BATTERY - DOMESTIC BATTERY BY STRANGULATION** Statute Violation Number: **784.041(2)** Violation of ORD #: **A M3**

Drug Activity: **N** Drug Type: Amount Unit: Offense #: Counts: Domestic Violence: Y N Warrant Capias Number: Bond:

Charge Description: Statute Violation Number: Violation of ORD #:

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Health - Apparent Physical Condition of Defendant: Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries

Check which applies: Released OR Released to Parent/Guardian I.O.T. County Jail Posted Bond South County Mental Health

Transported By: Date Transported: Time Transported: Other: **FILED JAN 10 2021**

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): **Criminal Justice CRIMINAL JUSTICE CENTER**
 Court Date and Time: **02/02/2021 08:30:00** **3228 GUN CLUB ROAD**

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: **INITIAL**

I CONSENT TO RECEIVE REMINDERS OF COURT DATES AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY. AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE. **(239) 470-1887**


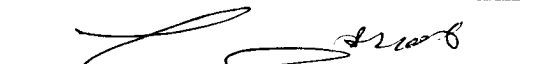
HOLD for Other Agency: Signature of Arresting Officer: **M. B. 2186** Name Verification (Printed by Arrestee):

Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print): **BORGEN, MICHAEL EVAN** ID #: **02186**

Intake Deputy: ID #: Fouch #: Transporting Officer: **M. BORGEN** ID #: **2186** Agency: **WPB**

Page: **1 OF 1**

AFFIDAVIT
Palm Beach County

A D M I N	Date / Time 01/09/2021 20:57		Agency OR: Number FL 0500800		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2021-0000473		
	Name (Last, First, Middle) BRINDISE, ZACHARY AUSTIN						Race W	Sex M	Date of Birth 09/22/1988
Charge Description 784.041(2) BATTERY - DOMESTIC BATTERY BY STRANGULATION									
V I C T I M	Victim's Name (Last, First, Middle) BARNETT, ASHLEY RAE						Race W	Sex F	Date of Birth 09/16/1993
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1106 FLORIDA AVE, WEST PALM BEACH, FL 33405				Phone (561) 667-4934		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): INJURY						
RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING/CHILD									
PHOTOGRAPHS: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: VICTIM WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE: WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/> AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES: BRADY BRINDISE 9 MONTHS H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/> VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>									
On Saturday January 9th, 2021 I was working in a uniformed capacity assigned to the Patrol Division when at approximately 1935 hours I was dispatched to 1106 Florida Ave in reference to Domestic Violence. On the way to the above-mentioned address WPBPD dispatch advised that the caller Ashley Barnett 09/16/93 was									
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 <u>9</u> day of <u>January</u> , <u>2021</u>  _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)									

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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 #: 2021-473 Agency: WPBPD
 Offense: Domestic Battery
 Suspect/Offender: Zachary Bändise
 D.O.B. 9/22/88 Race: W Sex: M

2. Warrant #(s) _____

3. Complete one (1) of the following:

a. Victim's name: Ashley Barnett
 Address: 1106 Florida Ave
 City: WLD State: FL Zip: 33405
 Home #: 904-667-4934 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).

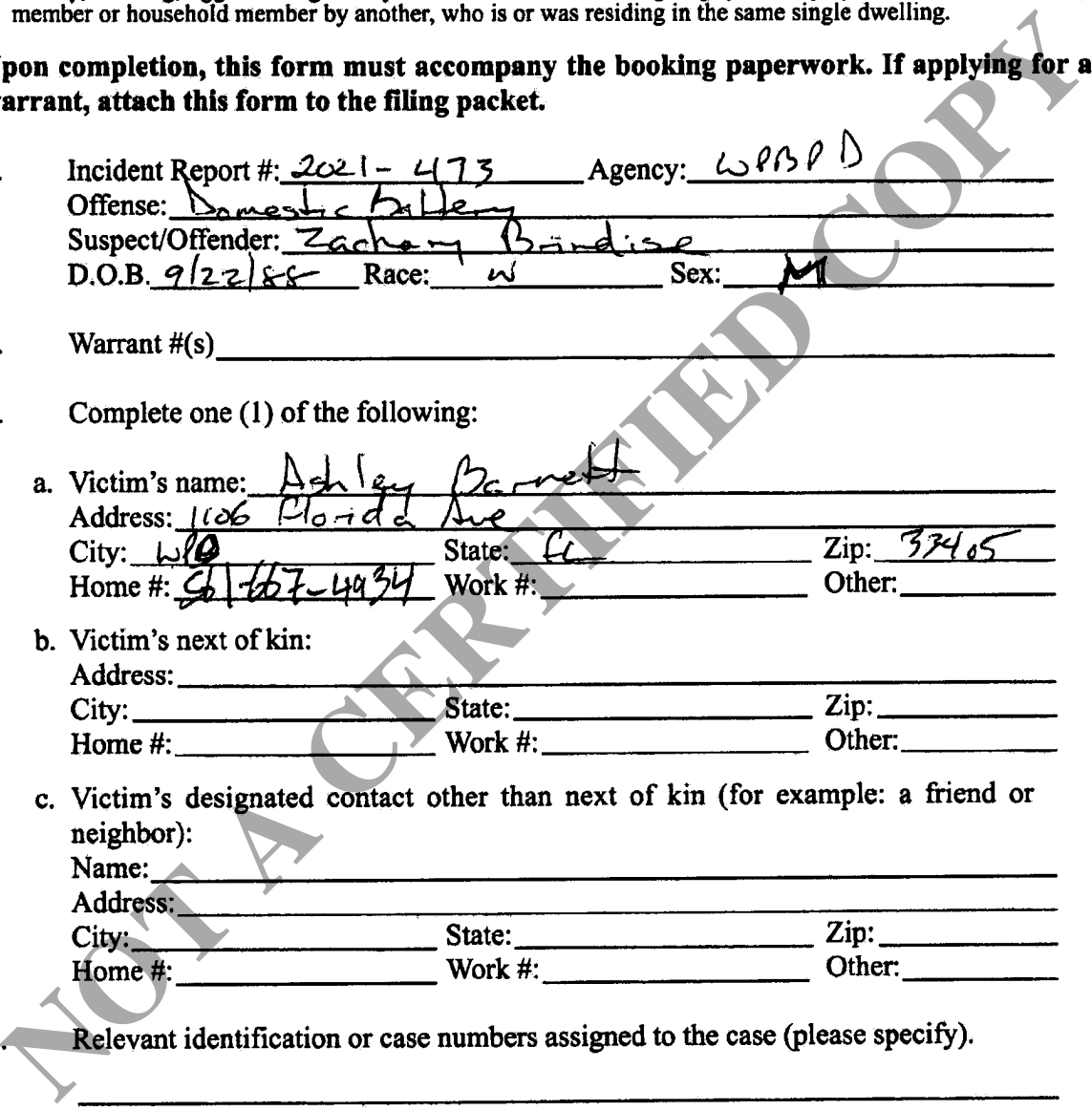
WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT / OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: M. Bogen I.D.: 2186 Date: 11/9/2021

SUSPECT / OFFENDER: Brimble, Zachary 9/22/88 COURT CASE / WARRANT # _____
(FOR WARRANTS USE ONLY)



DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 01/09/2021 20:57	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2021-0000473
	<p>on an open line crying, and you can hear a male screaming in the background. Barnett advised dispatch she has locked herself in the bathroom.</p> <p>Upon arrival contact was made with the boyfriend Zachary Brindise 09/22/88, who appeared intoxicated, as he could not maintain his balance, his eyes were blood shot, along with slurring his speech. I asked him what happened, and he advised me he was in a verbal argument with his girl and they were just yelling at one another.</p> <p>Contact was made with the victim Ashley Barnett 09/16/93 who stated her boyfriend won a golf tournament earlier in the day, and went out with his friends drinking, Barnett texted him to come home. Barnett stated Brindise has a drinking problem and gets angry at times. Brindise was in the kitchen swaying and yelling "why do you care, you don't care about me" and ran off outside to the rocking chair. Outside Brindise started yelling at Barnett and she threw a reef towards him and told him he needs to stay outside the house and go somewhere else for the night. Brindise then comes inside the house and picks up their child they have in common Brady Brindise 04/02/20. Barnett tried to take the child from Brindise and he would not put the child down. Barnett shoved Brindise's arm so he would just put their child down. Barnett was in fear for her child at this point. As soon as Barnett shoved Brindise's arm, that's when Brindise took his right hand and grabbed her by the throat, squeezed and shoved her against the wall. Barnett stated she had difficult breathing. Brindise then released his hand from her neck. At this point Barnett grabbed their child and ran upstairs, put the child in the crib and locked herself in the bathroom. When Barnett was inside the bathroom Brindise started banging on the door and was able to gain access. Inside the bathroom Brindise then grabbed Barnett again by the throat, at this point Barnett fought back and struck Brindise in the face by punching him and she was able to lock the bathroom door again. It should be noted Barnett has redness all over her neck consistent with her sworn statement.</p> <p>Due to the above stated facts, and injuries I find there to be sufficient probable cause to charge Zachary Brindise 09/22/88 with Battery Domestic Battery by Strangulation per F.S.S. 784.041(2).</p>			

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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 9 day of January, 2021


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