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# MARSHY'S LAW INVOKED

Confidential Info Container

1932

ADMINISTRATION	OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
	Agency ORI Number <b>FL 0500300</b>			Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-22-014145</b>					
	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						If Weapon Seized Enter Type		Multiple Clearance Indicator			
DEFENDANT	Location of Arrest (Including Name of Business) <b>715 South West 24th Ave Boynton Beach, FL 33435</b>						Location of Offense (Business Name, Address) <b>715 South West 24th Ave Boynton Beach, FL 33435</b>					
	Date of Arrest <b>12/04/2022</b>		Time of Arrest <b>1052hrs</b>		Booking Date		Booking Time		Jail Date		Jail Time	
	Name (Last, First, Middle) <b>Bumgardner, Brittany, Zara</b>						Alias (Name, DOB, Soc. Sec. #, Etc)					
	W - White 1 - American Indian B - Black 0 - Oriental / Asian		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/20/1989</b>		Height <b>5-01</b>	Weight <b>130</b>	Eye Color <b>Light Bro</b>	Hair Color <b>Blonde</b>	Complexion <b>LIGHT</b>	Build <b>Small</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>Single</b>		Religion <b>N/A</b>	Indication of Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Y N Unk <b>1</b>
	Local Address (Street, Apt. Number) <b>715 South West 24th Ave Boynton Beach, FL 33435</b>			(City) (State) (Zip)			Phone <b>(561)351-0927</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State		1	
	Permanent Address (Street, Apt. Number) <b>Same</b>			(City) (State) (Zip)			Phone <b>( ) - ( ) - ( )</b>		Address Source <b>FL Drivers License</b>			
	Business Address (Street, Apt. Number) <b>N/A</b>			(City) (State) (Zip)			Phone <b>( ) - ( ) - ( )</b>		Occupation <b>Business Owner</b>			
	D/L Number, State <b>B526-079-89-600-0</b>			Soc. Sec. Number		INS Number		Place of Birth <b>Boynton Beach, FL</b>		Citizenship <b>USA</b>		
	CO-DEF	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			
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone		<input type="checkbox"/> Legal Custodian							
	<input type="checkbox"/> Other				Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone					
	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property					
	Drug Activity N. N/A P. Possess		S. Sell B. Buy	R. Smuggle D. Deliver	K. Dispense/ Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description <b>Simple Battery</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number <b>784.03 (1a1)</b>		Violation of ORD#			
	Drug Activity <b>N</b>		Drug Type		Amount/Unit		Offense # <b>22-014145</b>		Warrant/Capias Number		Bond <b>NONE</b>	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court Instruction No. 2 You need not appear in Court but must comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>									
	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.		Month		Day		Year		Time		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
ADMIN.	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed					
	HOLD for other Agency Name		Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>Ofc. Paramore</b>		I.D. # <b>922</b>		Agency <b>BBPD</b>		BU#		Page <b>1 OF 1</b>	

SCANNED

DEC 05 2022

MARSY'S LAW INVOKED  
Confidential Info Contained



DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY



On the 4th day of December 2022 at 0958hrs  
Subject: Bumgardner, Brittany, Zara DOB: 03/20/1989 Case #: 22-014145  
Charge Description: Simple Battery Statute #: 784.03 (1a1)



On the above date and time I responded to [redacted] in reference to a Domestic Dispute. On arrival I met with white male [redacted] who provided the following statement via Department Issued Body Worn Camera. [redacted] stated on 12/03/22 around 11:00pm he and [redacted] later identified as white female Brittany Bumgardner (Dob: 03/20/1989), were attending holiday event in both Boynton and Delray Beach. During this time both parties were involved in several heated disputes over Bumgardner having random issues with different patrons.

[redacted] and Bumgardner both arrived home [redacted] later in the night around 11:00pm where both parties continued to argue and [redacted] alleged that Bumgardner at some point during their argument became aggressive and caused the following injuries, which I physically observed during my interview:

Bite Marks: Lower Left abdomen area, left back shoulder area and lower right forearm.  
Scratch Marks: Face area around nose, left upper arm area, right neck area and chest area.

I then conducted an interview with Bumgardner separate from [redacted] who stated both parties were returning from Delray Beach last night when they actually started arguing. Bumgardner alleges that [redacted] struck her in the right eye with his fist and grabbed her hair before she acted in self defense by fight back. When questioned regarding both parties fighting [redacted] Bumgardner denied that a physical altercation had taken place [redacted] Based on my investigation I deemed Bumgardner the primary aggressor based on the significant injuries mentioned above and no independent witnesses present at the time of this incident to provide a statement. Bumgardner was placed under arrest (Cuffs checked for tightness) for one count of Simple Battery (Domestic), Pursuant to F.S.S 784.03 (1a1)

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Victim sustained multiple scratches and bite marks as a result of a physical altercation [redacted]

Relationship Between Victim and Suspect:



**ALIBY'S LAW INVOKED**

**Confidential Info Contained**

Photographs: Scene:  Yes  No

Victim:  Yes  No

911 Call:  Yes  No

Tape Requested:  Yes  No

Weapon Used:  Yes  No

Witnesses:  Yes  No

Injuries:  Yes  No

Medical Treatment:  Yes  No

At Scene  Yes  No

At Hospital  Yes  No

Caller: Manny Mendez

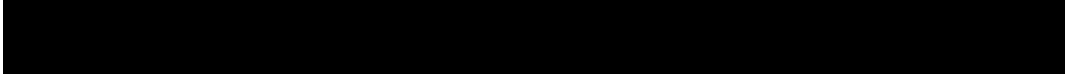
Type: \_\_\_\_\_

Paramedics: \_\_\_\_\_

Physician(s): \_\_\_\_\_

Hospital: \_\_\_\_\_

Act Committed In Presence Of Minor(s):  Yes  No

Name: 

Name:

F.D.C.F. Notified:  Yes  No

Victim Pregnant:  Yes  No

Violation Of Restraining Order:  Yes  No


Case #: \_\_\_\_\_

Prior History Of Domestic Violence:  Yes  No

Alcohol Or Drugs Involved:  Yes  No

Unknown

**Victim Contact Information:**

Phone:  \_\_\_\_\_

Employer: \_\_\_\_\_

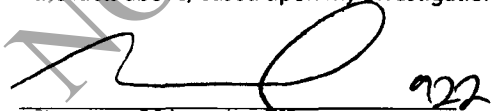
Relative Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

State Of Florida  
County Of Palm Beach

Appeared before me, Ofc. Paramore , (print name) 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 me before this 4TH day of Dec , 2022


  
Notary/Clerk Of Court/Officer (F.S.S. 117 10)

# VICTIM NOTIFICATION FORM

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

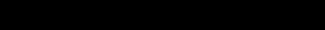
- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. Stalking* or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

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

1. Incident Report #: 22-014145 Agency: Boynton Beach Police Department  
Offense: Simple Battery  
Suspect/Offender: Bumgardner, Brittany, Zara  
DOB: 03/20/1989 Race: W Sex: F
2. Warrant # (s): \_\_\_\_\_
3. Complete one (1) of the following:
  - A. 
  - B. Victim's Next of Kin: Unknown  
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 Victim: \_\_\_\_\_

Printed Name of Victim: 

Officer's Name: Ofc. Paramore I.D.# 922 Date: 12/04/2022

SUSPECT/OFFENDER:

Bumgardner, Brittany, Zara

COURT CASE/ WARRANT #:  
(FOR WARRANTS USE ONLY)

MARSHY'S LAW ENFORCEMENT



**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022031311	Date: 12/5/2022
	Specialist Name/ID: M. Tooks #8557