

Charge No.

Booking Off. ID bs16666

Charge Initiation Date

10/31/21 03:07

NEGLECT CHILD WITHOUT GREAT BODILY HARM

Statute

County

827.03-2d

Broward County Sheriff's Office





Bond Amount

\$0 00

CIS#	132101583		BCCN#						Booking Sheet Control Date and Time 10/31/21 03:12:42				
OBTS	607297185		Print Clearance 10/31/21 01:48:46					Yes					
Arrest #	HW 2101583		Offen	se Repo	ort#	33-2110-	183063		Agency HOLLYWOOD				
Last Name First Middle	NEDELCOVYCH, BROOKE ANN								SSN#				
Race	Sex	Height	Weight	Eyes	Hair	Comp	Age Admitted	DOB	Place of Birth	State	FDLE		
W	F	504	130	BRO	BRO	FAR	33	9/25/1988			98082652		
Permanent Address										Months of Residence 0			
Arrest Date	10/30/21 20	0:19:00	Р	lace of A		165 VAN E	BUREN ST DD FL 33020	Arres	ting Officer 3345 MA	ATTHEWS, OR	IANNA		
Inmate Log	ged Date	10/31/2	1 01:18:1	1	Inmate I	Log Type	FULL INTAKE	<55	Place Admitted	MAIN			
Intake Com	ments SP/C0	11107	29/54 111	07 WC	18667		. (1)			· _			
Alias Last r	name, First, Mi	ddle, DO	В				~ P.Y						
Warrants O	fficer Id [.] bs186	67											
Scars,Mark	s,Tattoos				Ó	100							
Release Da	te/Time		Release Reason					Release Authorized By					

* End of Report *

Comments

Warrant/Capias

Level M.C

3F

Judge

B. Type

HOLD FOR MAG

**** FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 11/1/2021 3:28:08 PM.**** COMPLAINT AFFIDAVIT SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY ARREST FORM **BROWARD COUNTY** OBTS# Filing Agency
HOLLYWOOD PD Offense Report Local ID#... FØLE: 88 # 33-2110-183063 Defendant's Last Name Middle SUF Alias/Street Name Citizenship First NEDELCOVYCH BROOKE ANN US DOB Birth Place Sex Comp 5'04 BROW 130 **BROW FAIR** 09/25/1988 Permanent Address Scars Marks TT 2165 VAN BUREN ST 1222, HOLLYWOOD, FL 33020 Place of Employment Length Residence Type (1) City Local Address. 2165 VAN BUREN ST 1222, (2) County (4) Out of State HOLLYWOOD, FL 33020 How long defendant in Breathalyser By/CCN Reading Place of Arrest Date/Time Arrested Arresting Officer(s) CCN 10/30/2021 2165 VAN BUREN ST MATTHEWS, ORIANNA. (3345) Zone Shift Trans. Unit PMD Y N X Transporting Officer/CCN Officer Injured Y N X Unit Beat Pick-up Time Time Arrived/BSO **PATR** 3310 CHAR Paraphernalia M-Manufacture/ E-Heroin Activity: N-N/A TYPE / ACTIVITY. T-Traffic UK Indication of H-Hallucinogen Equipment Produce/Cultivate A-Smuggle Alcohol Influence A-Amphetamine M-Marijuana S-Synthetic P-Possess K-Dispense/ D-Deliver Drug Influence B-Barbiturate O-Opium/Deriv U-Unknown S-Sell Distribute E-Use C-Cocaine Z-Other B-Buy Z-Other VIN# Color: Defendant's Vehicle Make: Year Type: Defendant's Vehicle Towed To: Other identifiers or remarks: Offenses Charged WC# / Citation # (if applicable) FS or Capias/Warrant # NEGLECT CHILD WITHOUT GREAT BODILY HARM 827 03-20 Probable Cause Affidavit Before me this date personally appeared <u>MATTHEWS</u>, ORIANNA (3345) who being first duly sworn deposes and says that on 30 day of October, (year) 2021 át (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows ON SATURDAY 10/30/2021 AT APPROXIMATELY 2019 HOURS OFFICERS RESPONDED TO THE AREA OF S IN REFERENCE TO A CHILD NEGLECT INCIDENT. DISPATCH ADVISED THE CALLER STATED SHE OBSERVED A WHITE FEMALE THAT WAS INTOXICATED PUSHING A STROLLER AND FALLING OVER THE RAILROAD TRACKS. THE CALLER CONTINUED TO FOLLOW THE FEMALE TO * * * Continued * * * Under penalfies of penury, Ldeclare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief MATTHEWS, ORIANNA (3345) Patrol Officer's Division Officer's Name/CCN 30 October _ day of _ 2021___(year), __ (name and title), who is personally known to me or has produced as identification THE Part 12925 OCC 392 Title/Rank and CCN

Officer/Affiant's Signature STATE OF FLORIDA COUNTY OF BROWARD Sworn to (or affirmed) and subscribed before me this OFFICER MATTHEWS, ORIANNA otary Public, Deputy Glerk of the Court, or Assistant State Attorney Print, Type or Stamp Commissioned Name of Notary Public (SEAL)

Seventeenth Judicial Circuit

Broward County

State of Florida

ARREST #

W

Broward County

Attach

Photo

Count #

BSO DB-#2 (Revised 05/00)

FIRST APPEARANCE/ARREST FORM

Orig 21 LICI 31 AMI 3rd - State Attorney Filing Agency

Court

(SHOULD ADDITIONAL SPACE BEINEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION (BSO DB#2a))

COURT COPY

154-11107 WC-18669

**** FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 11/1/2021 3:28:08 PM.**** □ COMPLAINT AFFIDAVIT ARREST FORM PROBABLE CAUSE AFFIDAVIT'CONTINUATION BROWARD COUNTY ARREST # **OBTS#** Local ID# FDI F EBI SS # Filing Agenc Offense Report HOLLYWOOD PD 33-2110-183063 Middle Alias/Street Name Citizenship Defendant's Last Name SUF NEDELCOVYCH **BROOKE ANN** US Name of victim(s) (if corporation, exact legal name and state of incorporation) WC# / Citation # (if applicable) FS or Capias/Warrant # Count # Offenses Charged **Probable Cause Affidavit** Before me this date personally appeared <u>MATTHEWS, ORIANNA</u> (3345) who being first duly sworn deposes and says that on 30 day of October (year) 2021 at (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows. UPON OFFICERS ARRIVAL TO THE AREA, CONTACT WAS MADE WITH BUILDING SECURITY, NATHAN ELHIANY WHO ADVISED HE OBSERVED THE FEMALE STUMBLE INTO THE BUILDING LOBBY. HE ADVISED SHE WAS SLURRING HER WORDS AND LEANING ON THE STROLLER IN ATTEMPT TO STEADY HERSELF. HE ADVISED SHE APPEARED INTOXICATED AND WAS ATTEMPTING TO MAKE IT TO HER APARTMENT. AN UNKNOWN PERSON ADVISED THE FEMALE WAS UNCONSCIOUS LYING ON THE GROUND ON THE 12TH FLOOR. OFFICERS LOCATED THE FEMALE ON THE 12TH FLOOR IN FRONT OF UNCONSCIOUS BUT BREATHING. OFFICERS OBSERVED HER 3 YEAR OLD JUVENILE SON STILL STRAPPED INTO HIS STROLLER AND UNATTENDED. OFFICERS HAD TO SHAKE THE FEMALE IN ORDER TO WAKE HER. THE FEMALE WAS LATER IDENTIFIED AS BROOKE NEDELCOVYCH AND WILL HEREIN BE IDENTIFIED AS THE ARRESTEE. THE ARRESTEE WAS OBSERVED WITH 2 BOXES OF WINE AND HAD AN ODOR OF ALCOHOL EMANATING FROM HER PERSON. SHE ALSO COULD NOT TELL OFFICERS HOW SHE ARRIVED AT HER LOCATION OR WHERE SHE WAS COMING FROM. PHONE CONTACT WAS MADE WITH THE ORIGINAL CALLER/WITNESS BOTH ADVISED THE FOLLOWING: THEY WITNESSED THE ARRESTEE EXIT AN UNKNOWN RESTAURANT/BAR AT 20TH AVE AND VAN BUREN ST. THE ARRESTEE PASSED THEM WHILE PUSHING A STROLLER AND STUMBLING WEST ACROSS THE RAILROAD TRACKS OF S DIXIE HWY/HARRISON ST WHERE SHE DROPPED THE STROLLER AND FELL. THE WITNESSES FURTHER ADVISED ANOTHER PERSON HELPED THE ARRESTEE UP AND THE WITNESSES CONTINUED TO FOLLOW THE ARRESTEE WITH HER JUVENILE CHILD TO CONTINUED TO FALL SEVERAL TIMES. (SEE DETECTIVE SALTZMAN'S #3426 STATEMENTS FOR FURTHER) . * Continued * * * I swear the above statement is correct and true to the best of my knowledge and belief MATTHEWS, ORIANNA (3345) Patrol Officer/Affiant's Signature Officer's Name/CCN Officer's Division STATE OF FLORIDA COUNTY OF BROWARD Sworn to (or affirmed) and subscribed before me this *30* day of October OFFICER MATTHEWS, ORIANNA (name and title), who is personally known to me or has produced SERGEANT / 2925 ublic, Deputy Clerk of the Court, or Assistant State Attorney Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public Seventeenth Judicial Circuit

Broward County

State of Florida
BSO DB-#2a (Revised 05/00)

FIRST APPEARANCE/ARREST FORM

(SEAL)

Orig - Court 2nd - State Attorney 3rd - Filing Agency

Arresting Agency

COURT COPY

**** FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 11/1/2021 3:28:08 PM.**** ☐ COMPLAINT AFFIDAVIT ☑ ARREST FORM PROBABLE CAUSE AFFIDAVIT CONTINUATION BROWARD COUNTY ARREST # **OBTS#** Filing Agency
HOLLYWOOD PD Offense Report 33-2110-183063 Local ID# SS # Defendant's Last Name Middle Alias/Street Name Citizenship First BROOKE ANN **NEDELCOVYCH** US Name of victim(s) (if corporation, exact legal name and state of incorporation) WC# / Citation # (if applicable) Count # Offenses Charged FS or Capias/Warrant # **Probable Cause Affidavit** Before me this date personally appeared MATTHEWS, ORIANNA (3345) who being first duly sworn deposes and says that on 30 day of October, (year) 2021 at (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows THE ARRESTEE FAILED TO PROVIDE HER JUVENILE CHILD WITH CARE AND SUPERVISION NECESSARY TO MAINTAIN THE CHILDS PHYSICAL AND MENTAL HEALTH. SHE WILLFULLY NEGLECTED HER CHILD WITHOUT CAUSING BODILY HARM. THE ARRESTEE WAS TRANSPORTED TO MEMORIAL REGIONAL HOSPITAL FOR MEDICAL CLEARANCE BY RESCUE 105. OFFICERS WERE ABLE TO MAKE CONTACT WITH THE ARRESTEES SISTER, WHO RESPONDED TO THE RESIDENCE AND TOOK CUSTODY OF THE JUVENILE CHILD. I MADE CONTACT WITH CPIS OPERATOR VIE #256 WHO GENERATED AN INTAKE REPORT. THE ARRESTEE WAS MEDICALLY CLEARED FOR JAIL AND WAS TRANSPORTED TO BSO MAIN JAIL WITHOUT FURTHER INCIDENT. above statement is correct and true to the best of my knowledge and belief MATTHEWS, ORIANNA (3345) Patrol Officer/Affiant's Signature Officer's Name/CCN Officer's Division STATE OF FLORIDA COUNTY OF BROWARD 2021___(year), Sworn to (or affirmed) and subscribed before me this _ ______ day of ____ October OFFICER MATTHEWS, ORIANNA ___ (name and title), who is personally known to me or has produced as identification. SERGLANT 12973 PX-C 59) Title/Rank and CCN

Seventeenth Judicial Circuit

Broward County

State of Florida

BSO DB-#2a (Revised 05/00)

FIRST APPEARANCE/ARREST FORM

Orig - Court 2nd - State Attorney

3rd - Filing Agency
4th - Arresting Agency

COURT COPY

(SEAL)