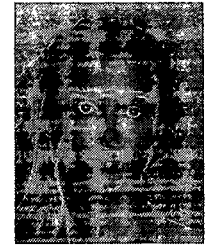




Broward County Sheriff's Office

21-10230 FO
Booking Report



CIS #	132101583	BCCN #	945777	Booking Sheet Control Date and Time							
OBTS	607297185	Print Clearance	10/31/21 01:48:46	Prints	Yes	10/31/21 03:12:42					
Arrest #	HW 2101583	Offense Report #	33-2110-183063	Agency	HOLLYWOOD						
Last Name First Middle	NEDELCOVYCH, BROOKE ANN				SSN #	[REDACTED]					
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	2165 VAN BUREN ST Apt# :1222 HOLLYWOOD FL 33020								Months of Residence	0	
Arrest Date	10/30/21 20:19:00	Place of Arrest	2165 VAN BUREN ST HOLLYWOOD FL 33020			Arresting Officer	3345 MATTHEWS, ORIANNA				
Inmate Logged Date	10/31/21 01:18:11	Inmate Log Type	FULL INTAKE			Place Admitted	MAIN				
Intake Comments SP/CO 11107 29/54 11107 WC 18667											
Alias Last name, First, Middle, DOB											
Warrants Officer Id: bs18667											
Scars, Marks, Tattoos											
Release Date/Time	Release Reason				Release Authorized By						
Charge No.	Charge Initiation Date	Statute	Warrant/Capias	Level	M.C	B. Type	Bond Amount				
1	10/31/21 03:07	827.03-2d		3F	Y	HOLD FOR MAG	\$0 00				
Charges	NEGLECT CHILD WITHOUT GREAT BODILY HARM				Comments						
Booking Off. ID	bs16666	County					Judge				

* End of Report *

COMPLAINT AFFIDAVIT

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

☒ ARREST FORM

BROWARD COUNTY

ARREST #

OBTS #

Filing Agency HOLLYWOOD PD		Offense Report 33-2110-183063		Local ID #		FBI #		SS #	
Defendant's Last Name NEDELCOVYCH				First Middle SUF BROOKE ANN		Alias/Street Name US			
Race W	Sex F	Hgt 5'04	Wgt 130	Hair BROW	Eyes BROW	Comp FAIR	Age 33	DOB 09/25/1988	Birth Place
Permanent Address 2165 VAN BUREN ST 1222, HOLLYWOOD, FL 33020								Scars, Marks, TT	
Residence Type (1) City (2) County (3) Florida (4) Out of State		Local Address 2165 VAN BUREN ST 1222, HOLLYWOOD, FL 33020						Place of Employment	
How long defendant in Broward County		Breathalyzer By/CCN		Reading		Place of Arrest 2165 VAN BUREN ST		Date/Time Arrested 10/30/2021 20:19	
Arresting Officer(s) CCN MATTHEWS, ORIANNA (3345)		Officer Injured Y ☐ N ☒		Unit PATR		Zone 3310		Beat	
Shift CHAR		Trans. Unit		PMD Y ☐ N ☒		Transporting Officer/CCN		Pick-up Time	
Time Arrived/BSO		TYPE / ACTIVITY		Type		Activity		Indication of	
N/A		E-Heroin		P-Paraphernalia/		T-Traffic		M-Manufacture/	
A-Amphetamine		H-Hallucinogen		Equipment		A-Smuggle		Produce/Cultivate	
B-Barbiturate		M-Marijuana		S-Synthetic		D-Deliver		K-Dispense/	
C-Cocaine		O-Opium/Deriv		U-Unknown		E-Use		Distribute	
Z-Other		B-Buy		Z-Other		Z-Other		Z-Other	
Alcohol Influence ☐		N ☐		UK ☐		Drug Influence ☐		Y ☐	

Attach Defendant's Photo

Defendant's Vehicle Make: _____ Type: _____ Year: _____ Color: _____ VIN #: _____
 Vehicle Towed To: _____ Tag #: _____ Other Identifiers or remarks: _____

Count #	Offenses Charged	WC# / Citation # (if applicable)	FS or Capias/Warrant #
1	NEGLECT CHILD WITHOUT GREAT BODILY HARM		827.03-2D

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
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 penalties of perjury, I declare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief

Officer/Affiant's Signature MATTHEWS, ORIANNA (3345) Officer's Name/CCN Patrol Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 30 day of October, 2021 (year), by OFFICER MATTHEWS, ORIANNA (name and title), who is personally known to me or has produced _____ as identification

Notary Public, Deputy Clerk of the Court, or Assistant State Attorney

SERGEANT / 2025 OC 592
Title/Rank and CCN

COSME, JESUS OC 0520534 1/50
Print, Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

BSO DB-#2 (Revised 05/00)

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

Orig - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency

COURT COPY

SP/CO/29/54-11107 W 18669

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

☐ **COMPLAINT AFFIDAVIT**
PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ **ARREST FORM**

BROWARD COUNTY

ARREST #

OBTS #

Filing Agency HOLLYWOOD PD	Offense Report 33-2110-183063	Local ID #	FDLE	FBI	SS #
Defendant's Last Name NEDELCOVYCH	First BROOKE ANN	Middle	SUF	Alias/Street Name	Citizenship US
Name of victim(s) (if corporation, exact legal name and state of incorporation)					
Count #	Offenses Charged			WC# / Citation # (if applicable)	FS or Capias/Warrant #
	*** SEE PAGE 1 ***				

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 [REDACTED] (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, [REDACTED] 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.

I swear the above statement is correct and true to the best of my knowledge and belief

Officer/Affiant's Signature

MATTHEWS, ORIANNA (3345)
Officer's Name/CCN

Patrol
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 30 day of October, 2021 (year),
by OFFICER MATTHEWS, ORIANNA (name and title), who is personally known to me or has produced
as identification.

Notary Public, Deputy Clerk of the Court, or Assistant State Attorney

SERGEANT [REDACTED] OFC 592
Title/Rank and CCN

Print, Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

COURT COPY

Orig - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency