24 mm 1996 mB

OBTS Number			ARR	EST / NO	OTICE TO .	APPE.	AR		No Warrant) 3 Requi Warrant) 4 Requi 5 Juven		1	JUVEN	IILE
Agency OR1 Number 05002		gency Name Roca Raton	Police Depar	rimeni			Agency 3	Report Nur	nber (N.T.A.'s only) 2024-00286		- L J		
Charge Type	Felony Traffic Felony	3 Misdeines 4 Traffic M:	nor 🗆	5 Ordinance 6 Other					If Weipon Seized			Mult	liple runce
Location of Arrest (Including N	anic of Business)			o Other			e (Business Nan					[Indic	3101
350 NE 23RD V	VAY, BOCA RA Time of Arrest	TON, FL Booking Date	33431	Backing lun	c Jail Date		3RD WA	1 <i>Y, BO</i>	CA RATON,	FL 3343 ation of Vehicle	1		
03/08/2024 Name (Last, First, Middle)	23:49	03/09	/2024	01:4	3								
BOTICH, ALIS					Alias:				DOB, Soc. Sec. #, Fic.				
Race W - White 1 - American In B - Black Q - Oriental As		1	28/1993	5'05	Weight 115	E,	e Color BLUE	- 1	år Color BLONDE	Comple	xion LIGHT	Bail	smull
Scars, Marks, Tatoos, Unique F						М.	arital Status R			Indicati Alcohol	on of. Influence Ye		
ocal Address (Street, Apt. Na		(C#y)		(State)	(Zip)		<u> </u>	Phone	131	Drug In Residen 1. City	HUGHES		<u> </u>
350 NE 23RD Permanent Address (Street, Ap		ATON, FL.	33431	(State)	(Z (p)			Phone			ty 4. Out of Sta	alı;	1_/_
350 NE 23RD Business Address (Name Stree		4TON, FL .	33431	(State)	(Zip)			Phone		Осьра		BAL	
<u>, </u>	,	· · · · · · · · · · · · · · · · · · ·			Copi								
D.I. Number, State <i>B32000193</i>	6880 / FL	Sac See Number	11	NS Number			Place of Birth (Citizenship US			:
o-Defendant Name (Last, Fire	t. Middlej				Race	Sex	Date of Blr	rth		1) Arrested 2: At Large	3. Felony	_	5. Juvenile
o Defendant Name (Last, Firs	t, Micule)		~		Race	Sea	Date of Blo	th		i. Arrested	☐ 3 Felony		5. Juvenite
☐ Parent ☐ Other:		J.	Name (Last, Fu	rst, Middle)	l	L	1			2. At Large	Residence Ph		
D Tegal Custodian Address (Street, Apr. Number)	——————	101	(Crv)		(State)	įΖη	1)				Business Pho	ne	
						·- •}			Lievenia dispos	. Prob			
Notified by: (Name)					Date		Tim		Handled Proc Department	essed within	2 TOT JAC 3. Incarcerat	ied	
Released to (Name)			Kelationship		Date		Inn	k.					
The above address v					irents.		School	Attended	<u> </u>			Liface	
The child and/or pa (Phone 355-2526) i				Hice	Proper	ly Crame?	Descript	tion of Prop	erty			Value of F	Toporty
Yos, by:		□ No				· ×							
Drug Activity S. Sell. N. N/A B. Buy P. Poscos T. Liaff	R. Smuggle D. Dehver ic E. Use	k Disperses Distribute	M. Manufacture/ Produce Cultivate	Z Othu	Drug V V	Type A uplict∉m∎n	B Barbit C Cocau c E Herou	an e	H. Hallucinogen M. Marijuana O. Opiuni/Denv.	P. Paraphernal Equipment S. Synthetic	⊌ U Unkr Z Other		
Charge Description			/						ature Violation Number		Violation	of ORD #	
BATTERY- BA	TTERY (SIMP)	(F)		Counts Dian	iestie Violence	Warram (Capius Nointer		784.03(1A1)		Bond		
N	/				Y U V			T to		·	V III	£40015 #	
Charge Description								54	ature Violation Number		Violation	of OKD #	
Orug Activity Drug Type	Amount Unit	Offense #			estic Violence	Wurnat (apias Number				Bond		
Charge Description					<u></u>	****		Si	ature Violation Number		V.oletion	n (IRO) n	
Drug Activity Drug Type	Amount - Lart	Offense	7	Counts Don	estic Violence	Warant ('apias Number				Heard	_	
fealth / Apparent Physical Con	dition of Defendant	$\langle \dots \rangle$			3, 0 ,	An kowi	edge of the folk		☐ Mental ☐ Esci	market Day	110000000	et a metus	linguis
	<u> </u>					Explain					ED DB	C - (
	/ -	icleased to Parent/Gua outh County Mental F		County Jail	PROPERTY Rec	aved Hy		Released	ву] K.	A C	₹10	A*6:3
Transported By	1				Date Transported	Lin	ne Transported	Other					
☐ INSTRUCTION					Location (Court, Re		00 11/ 12		(ma Distance B	und El	22444		
■ INSTRUCTION				, t	Court Date and Tie		ov W All	uniic A	tve Delray Bo	eucn, FL	33444		
ACDUM TO ABBU AN AC			instructions on Pa		LABOURN OF THE) DA 27 21	IC CINT SO	Dec more	S. LINISCHOT . S	(D. THAT PHY			lo
AGREE TO APPEAR AT WILLFULLY FAIL TO A SOD MY ADDEST SUAT	APPEAR BEFORE TH											Pho Avail	
OR MY ARREST SHAL	i. pr iaauru.											Avail	lable
-	Signature of Defenc	lant (or Juvenile an	id Parent/Custodian)					Date	e Signed		-		
HOLD for Other Agency		***************************************	Signature of Arresting	Officer				Name Verif	cation (Printed by Arru	stee)			
☐ Dangerous	Resisted Arrest		Name of Arresting Offi				1,D #	(PRINT)					
Suicidal	Other	Pouch #	CARELLI, M. Transporting Officer	1	ID #		857 Agency						NOE
77 T' 110		1	The state of the s		117 #								1 OF 1

	OBTS Number	PR	OBABLE CAU	SE AFFIDAVI	ľ	1. A/ 2. N		st for Ware st for Cap		JUVENILE	_
D M	Agency ORI Number Agency Name FL FL0500200 BOCA	RATON POLI	CF DEPART	MENT	1 ' '	2 2	024-002	867			-
N	Charge Typo: 1. Felony 3. M	lisdenieanor	5. Ordinance	72141	1 3 1		pecial Notes:	307			_
0	as apoly 2. Traffic Felony 4. T Nama (Last, First, Middle)	raffic Misdemeanor	6. Other			<u> </u>	Race	Sex	Date of Birt	n	-
F	BOTICH, ALISA ANASTASIA Charge Description		· · · · · · · · · · · · · · · · · · ·	Charge Description			W	F	05/2	8/1993	_
CHAR	784.03(1A1) BATTERY- BATTERY (SI	MPLE)	~~~				· · · · · · · · · · · · · · · · · · ·				_
G E S	Charge Description			Charge Description							
V	Victim's Name (Last, First, Middle) SEREBRYANAYA, EVELYN					7	Race	Sex	Date of Birth	1/1995	_
t C	Local Address (Straw Aut Momber) (Cit	v)		או שרוז בוגעבו		i			ddress Source		_
I			(State)	· · · · · · · · · · · · · · · · · · ·		CO		-	ccupation	ERBAL	_
L											_
	The undersigned certifies and swears that he/she has The Person taken into custody	s just and resonable gro	ounds to believe, and d	loes believe that the a	above nam	ed Defen	idant committed	the folio	wing violation	n of law.	
	committed the below acts in my presence confessed to	2 .	☐ was o	observed by		that he/s	she saw the ar	rested	person con	who told nmitt the below acts.	
	admitting to the below facts.	2024		ound to have comm		- 4				1) investigation.	
	On the 9 day of March		at 01:25	(Specifically inclu	ide facts o	constitu	ting cause for a	arrest.)			_
	On 03/08/2024 at approxim	_	·			_		_			
	to a domestic disturbance there were three females		•	_					•		
P	Upon arrival, contact was										
R O	the door to the residence	.									
B A B	Initially Alisa stated th	ne followin	g: While w	atching T	.V Al	isa	said tha	at s	she got	tired	
L	of her Evelyn constantly	saying neg	ative thin	gs and as	a re	sult	asked 1	her	to lea	ave. As	
E	Evelyn was leaving the ho Evelyn on her hips with h			_							
C	Alisa stated the argument	was only	verbal and	never bed	came ;	phys	ical ho	weve	r I ob	served a	
U	buries on Alisa's left bi stated she had no idea ho	_		_	_						
Ē	but that it was not from										
s	asked about the incident						_				
A	began to throw clothes ou guiding her out the front						-				
E	Pictures of Alisa's injur		-			_		_	·		
M E	Other Officers responding	y to the ar	ea located	the white	a BMW	and	made c	onta	at wit	h Evelvn	
N T	who provided a different	recollection	on of the	incident.	Also	pre	sent in	the	vehic	cle was	
	Alisa's and Evelyn's moth leaving, Alisa swung a ba			_							
	head along with the fist	_									
	the grass area in the fro		_			_					
	her in an attempt to put never impeded Evelyns nor										
L	advised she bit Alisa`s a		-							-	_
402-	SWORN AND SUBSCRIBED BEFORE ME	=/			ييوا سد		7				
- 2 -	CARNEY, DANIEL CHA		_	SIGNATUR	RE OF ARE	RESTING	/ INVESTIGATI	NG OFF	ICER	-	
Z-S-R	NOTARY PUBLIC / CLERK OF COURT / OFF	ICER (F.S.S. 117.10)			RELLI,		HAEL (8	57)			
ATIVE	03/09/2024 DATE		-			7/ 09/	2024	<u>.</u>	 	PAGE 1 OF 2	2

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

٦	OB I S Number		PROBABLE CAUSE AFFIDAVI					JUVENILE
A	Agency ORt Number	Agency Name	SUPPLEMENT	2 N Agency Report Number		for Capias		
м	FL FL0500200		OLICE DEPARTMENT	3 2 20	24-0028	67		
N	Check as many	3. Misdemeanor	5. Ordinance	Sp	ecial Notes			
В	as apply 2. Traffic Felony Name (Last, First, Middle)	4. Traffic Misdemeand	or 6. Other		Race	Sex	Date of Birth	
E F	BOTICH, ALISA ANAST	TASIA			w	F	05/28/	1993
		_	to separate herself fro					,
		_	y. Evelyn provided off:	icers with	h a swor	n re	corded	1
	statement of the in	cident.						
	Svetlana stated bot	h of her daugh	hters were physically :	fighting r	orior to	lea	vina t	he
	house but was unabl	_	 -					
						_ / ^		
	_	•	ermined Alisa was the p					
			nally and willfully st: e house. Alisa was sub:			_		
	_	_	and transported to Pali	_				
		_	correction officers.					
_								
P R								
O B								
A B				1,00001110	S (AM INV	OUED.	,]	
L				Confidenti				
F				Compend	1011 11110 00	HECHI		
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Ď	SWORN AND SUBSCRIBED BEFORE	ME \sim		me h	_			
2	CARNEY, DAN			RE OF ARRESTING	/ INVEST GATIN	G OFFIC	ER	
S I K	NOTARY PUBLIC / CLERK OF C		CA	RELLI, MICH				
A	03/09/			NAME OF OFFICER		·)		PAGE
٧	DA.	· ••		03/09/2				2 0+ 2

COURT STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SUSPECT/OFFENDER:

COURT CASE/WARRAN

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. Incident Report#: 2024-002867 Agency: BRPD 1. Offense: Bimple Bitt-Domestic
Suspect/Offender: Alsa Anastasa Botich D.O.B. 05/28/1993 Race: White Sex: Female FOR WARRANTS USE ONLY) 2. Warrant#(s): 3/3/95 Victim's name: <u>Frelyn Serebryanaya D.O.B. 05/27</u> Race: While Sex: Female 3.a. Address: 35 State: City: Zip: Work#: Home Other: Victim's next of kin, friend or neighbor: b. Address: State: Zip: City:____ Work#:____Other: Home#: 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: Sharez I.D.# 878 Date: 03/08/24 Officer's Name: White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records



Palm Beach County Sheriff's Office Florida State Statute Exemption Sheet

	х	Florida State Statute	Description	Page Number(s)
S		119.071(4)(c)	Undercover personnel	
L/E Exemptions		119.071(2)(e)	Confession	4
		FL Const. Art. I, s. 16(b)(5)	Marsy's Law — victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRT VI for additional information)	\
Public Info. Exemptions		119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, har assment, aggravated battery or domestic violence	
Publi		119.0712(2)	Personal information contained in a motor vehicle record	
		316.650(11)	Driver information contained in a uniform traffic citation	
		119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personner, spouses, and children	
iat 0	×	(iii) 119.0714(1)(i) (j), (2)(a) (c)	Social Security, bank account, charge, debit, and crédit card numbers	2
f Judic n 2.42		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
tules o stratio		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
Florida Rules of Judicial Administration 2.420	П	O		
er				
		\(\frac{1}{2}\)		
Other		Y		
	4	U		

REVIEW COMPLETED BY

Rooking Number:	2024006477	Date: 3/9/2024					
Booking Number:	2024006477	Specialist Name/ID#:	C.Daniels 30347				