

0540038  
Marsy's Law invoked - CVI present

23mm3365

183

ARREST / NOTICE TO APPEAR

0 On-View 3. Request for Warrant  
8. Summons T. Taken into Custody 0 JUVENILE

OBTS Number	Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9 4 2023-0007399</b>	
Charge Type: Check as many as apply	1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator <b>1</b>	
Location of Arrest (Including Name of Business) <b>I-95 AND NORTHLAKE BLVD</b>				Location of Offense (Business Name, Address) <b>1000 BLK OF PALM BEACH LAKES I, WEST PALM BEACH,</b>		
Date of Arrest <b>04/29/2023</b>	Time of Arrest <b>00:46</b>	Booking Date <b>04/29/2023</b>	Booking Time <b>00:56</b>	Jail Date <b>04/29/2023</b>	Jail Time <b>00:51</b>	Location of Vehicle
Name (Last, First, Middle) <b>BRENNER, ASHLEY ELIZABETH</b>			Alias: <b>ANN ARBOR, MI</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White 1 - American Indian B - Black A - ASIAN	Sex <b>W F</b>	Date of Birth <b>02/19/1987</b>	Height <b>5'00</b>	Weight <b>110</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>
Complexion <b>FAIR</b>			Build <b>Small</b>		Marital Status <b>S</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Religion <b>N/A</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>9525 OLD DIXIE HWY, PALM BEACH GARDENS, FL 33403</b>			Home Phone		Residence Type 1. City 3. Florida 2. County 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) <b>9525 OLD DIXIE HWY, PALM BEACH GARDENS, FL 33403</b>			Mobile Phone		Address Source <b>VERBAL</b>	
Business Address (Name, Street)			Work Phone		Occupation	
D/I, Number, State <b>B636005875590 / FL</b>		Soc. Sec. Number		INS Number		Citizenship <b>US</b>
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
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Parent <input type="checkbox"/> Other: <b>(W) BOND</b>			Name (Last, First, Middle)			Residence Phone
Legal Custodian			Address (Street, Apt. Number)			Business Phone
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.				School Attended		Grade
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property <b>Downie</b>	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Struggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic
Charge Description <b>BATTERY - DOMESTIC</b>			Statute Violation Number <b>784.03(1A)</b>		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delinquent <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By		Released By	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Released To			
Transported By <b>DOWNIE</b>			Date Transported <b>04/29/2023</b>	Time Transported <b>00:51</b>	Other	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court			Location (Court, Room)			No Photo Available
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Court Date and Time			
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 DATE(S) 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.						
HOLD for Other Agency <b>APR 29 2023</b>			Signature of Arresting Officer <b>DOWNIE, ANTHONY</b>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) <b>DOWNIE, ANTHONY</b>		(PRINT)	
Intake Deputy <b>OP1 HONCAL 720 v</b>			Transporting Officer <b>DOWNIE, A</b>		Agency <b>WPPD</b>	
ID #			ID # <b>2270</b>		Agency	
Pouch #			ID # <b>2270</b>		Agency <b>WPPD</b>	
Witness here if subject signed with an "X"						

FILED PBC - GUN CLUB  
23 APR 29 AM 5:20

HU

DOMESTIC VIOLENCE PROBABLE CAUSE

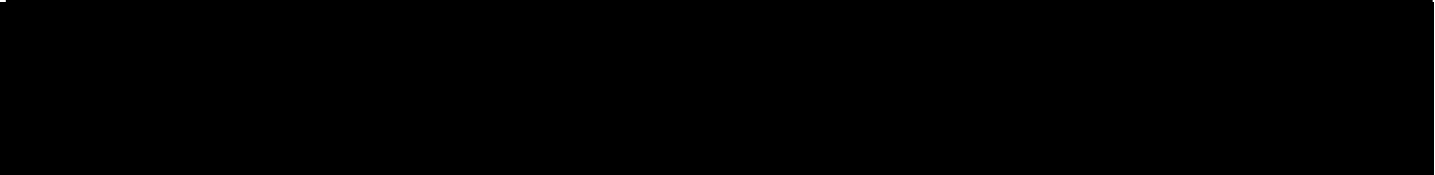
AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>04/29/2023 01:24</b>	Agency ORI Number <b>FL FLO500800</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>9   4   2023-0007399</b>
	Name (Last, First, Middle) <b>BRENNER, ASHLEY ELIZABETH</b>				Alias

D E F E N D A N T	Name (Last, First, Middle) <b>BRENNER, ASHLEY ELIZABETH</b>			Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/19/1987</b>
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C H A R G E S	Charge Description <b>784.03(1A1)   DOM BATTERY - DOMESTIC</b>
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A D D I T I O N A L	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
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A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	Victim: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	911 CALL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CALLER:
	WEAPON USED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TYPE:
	WITNESSES: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(If YES, attach witness list)
	INJURIES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	MEDICAL TREATMENT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	AT: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PARAMEDICS:
	Hospital: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
	ACT COMMITTED IN PRESENCE OF MINOR(S): YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAMES/AGES:
	H. R. S. NOTIFIED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	VICTIM PREGNANT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	VIOLATION OF RESTRAINING ORDER: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CASE #:
	PRIOR HISTORY OF DOMESTIC VIOLENCE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	ALCOHOL OR DRUGS INVOLVED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

On Saturday, April 29, 2023, at approximately 0007 hours I was dispatched to I-95 and Northlake Blvd in reference to a domestic that started in the 1000 block of Palm Beach Lakes Blvd.


Upon arriving on the scene, I met [REDACTED]

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.

 2270  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 29 day of April, 2023.

 2026  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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 <b>04/29/2023 01:24</b>	Agency OR# Number <b>FL FLO500800</b>	Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>9   4   2023-0007399</b>
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advised that he [redacted] Ashley Brenner a white female with a date of birth of February 19th, 1987, [redacted] were in West Palm Beach watching a baseball game. [redacted] advised they were drinking, and Brenner became extremely intoxicated. [redacted] decided it was best if they both stopped drinking and went home. [redacted] advised once he finally got Brenner inside the vehicle [redacted]. While driving [redacted] Brenner, who was in the front passenger seat, began striking [redacted] in the chest and the car window. [redacted] stated he told Brenner to stop hitting the car window because she was going to break it. Brenner kept striking him and the car window, so [redacted] pulled over on I-95 and took Brenner out of the vehicle before getting back into the vehicle. [redacted] stated he started to drive away but did not want to just leave Brenner on the side of the road, so he got out of the vehicle and picked up Brenner to help her back into the car. [redacted] advised while helping her back into the vehicle Brenner bit him on the left forearm.

I observed a minor laceration in an oval shape consistent with the shape of a bite mark in the middle of [redacted]'s left forearm. The laceration was still bleeding. [redacted] was offered medical assistance, but he refused, advising he did not need medical assistance.

Photos of [redacted] were taken and later uploaded to evidence.com. [redacted] was issued a Victims Rights Packet.

Ashley Brenner did actually and intentionally touch or strike [redacted] against the will of [redacted] (or) did intentionally cause bodily harm to [redacted] and [redacted] was a family or household member of Ashley Brenner, contrary to Florida Statute 784.03(1), 741.28 and 741.283. I have probable cause to charge Ashley Brenner with (1) count of F.S.S 784.03(1A1) | BATTERY - DOMESTIC.

Brenner was transported to PBCJ where she was transferred into PBSO's custody without incident.

Sgt Rebholz was notified.

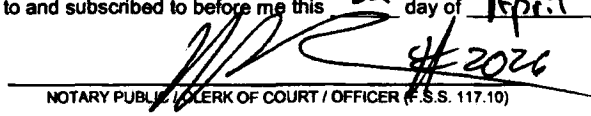
Body Worn Camera was activated.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, [redacted] 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 20 day of April, 2023.

  
NOTARY PUBLIC / 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.

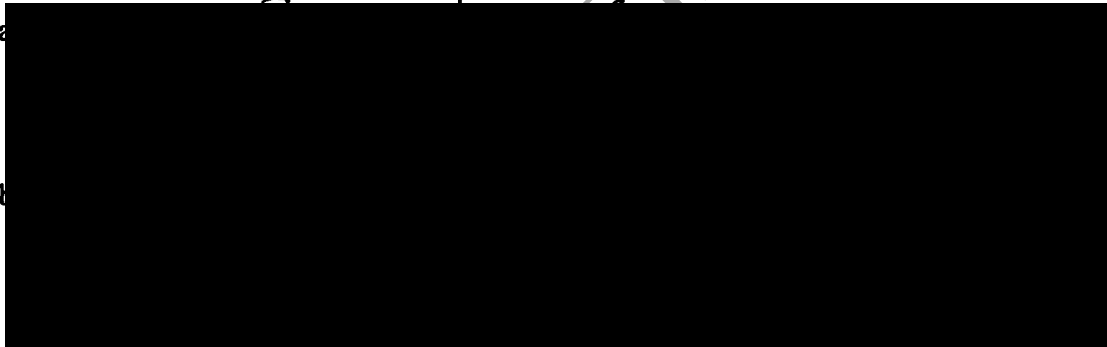
- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical 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 #: 2023 7,399 Agency: WPBPD  
 Offense: Domestic Battery  
 Suspect/Offender: Brenner, Ashley  
 D.O.B. 2-19-87 Race: W Sex: F

2. Warrant #(s) \_\_\_\_\_

3. Complete one (1) of the following:



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: Fisher, C I.D.: 1425 Date: 4/29/2023

SUSPECT / OFFENDER:

COURT CASE / WARRANT #  
(FOR WARRANTS USE ONLY)



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

REVIEW COMPLETED BY

Booking Number: 2023011099	Date: 4/29/2023
	Specialist Name/ID: Chantel Daniels/30347