

50-2025-MM-003912 AMB
0558071

2697

Marsy's Law CVI

FL Const. Art. 1 § 16(b)

Check if Supplements Attached

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 54 25-001595		
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) 1694 W INDIANTOWN RD				Location of Offense (Business Name, Address) 1169 DAKOTA DR, JUPITER, FL 33459				
DEFENDANT	Date of Arrest 05/04/2025	Time of Arrest 18:36	Booking Date 05/04/2025	Booking Time 18:46	Jail Date 05/04/2025	Jail Time 18:43	Location of Vehicle		
	Name (Last, First, Middle) MOREM, BRADLEY DESMOND				Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 08/17/1959	Height 6'01	Weight 200	Eye Color BROWN	Hair Color BROWN	Complexion FAIR
Local Address (Street, Apt. Number) 1169 DAKOTA DR, JUPITER, FL 33458				(City)	(State)	(Zip)	Mobile Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 1169 DAKOTA DR, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (561) 400-5861	Address Source FLDL	
Business Address (Name, Street) UNK,				(City)	(State)	(Zip)	Phone	Occupation Unk	
D/L Number, State M237334046000 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) AUSTIN, MN, United States		Citizenship US	
CO-DEFENDANT	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
JUVENILE	Name (Last) (First) (Middle)		Residence Phone		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		
	Notified by: (Name)		Date	Time	Juv. Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated				
	Released To: (Name)		Relationship	Date	Time			Grade	
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) 355-6511) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Statute Violation Number	Violation of ORD #		
	BATTERY-SIMPLE (TOUCH OR STRIKE)					784.03(1)(A)(1)			
	Warrant / Capias Number		Bond						
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
	Warrant / Capias Number		Bond						
CHARGE	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
	Warrant / Capias Number		Bond						
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
	Warrant / Capias Number		Bond						
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
Warrant / Capias Number		Bond							
NOTICE TO APPEAR	Location (Court, Room Number, Address)								
	Court Date and Time Month Day Year Time A.M. P.M.								
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					
I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. 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		Signature of Arresting Officer 1287			Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicide <input type="checkbox"/> Other		Name of Arresting Officer (Print) GONZALEZ, MATTHEW			I.D. # 1287				
Intake Date		I.D. #	Pouch #	Transporting Officer M. GONZALEZ		I.D. # 1287	Agency JUP PD		
Witness here if subject signed with an "X".						PAGE 1 OF 1			

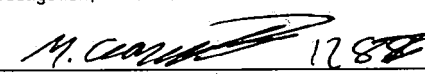
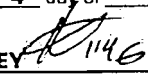
VICTIM NOTIFICATION REQUIRED

FILED PBC - GUN CLUB
25 MAY 5 AM 6:24

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 05/04/2025 18:36	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 25-001595															
	Agency ORI Number FL FLO501700																		
D E F	Name (Last, First, Middle) MOREM, BRADLEY DESMOND			Race W	Sex M	Date of Birth 08/17/1959													
	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)																		
C H R G	Victim's Name (Last, First, Middle) MOREM, LUKE DESMOND			Race W	Sex M	Date of Birth 01/10/2006													
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1169 DAKOTA DR, JUPITER, FL 33458			Phone (561) 701-6983		Address Source													
V I C T I M	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation													
	<table border="0"> <tr> <td>DEFENDANT'S STATEMENTS:</td> <td>Written <input type="checkbox"/></td> <td>Taped <input type="checkbox"/></td> <td>Oral <input checked="" type="checkbox"/></td> <td colspan="3">OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):</td> </tr> <tr> <td>VICTIM'S STATEMENTS:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="3">UPSET</td> </tr> </table>						DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UPSET	
DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):															
VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UPSET															
RELATIONSHIP BETWEEN VICTIM & SUSPECT FATHER/SON																			
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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>															
		911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: COMPL														
		WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:														
		WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)														
		INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>															
		MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>															
		AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:														
		Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:														
		ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:														
	H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
	VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
	VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:															
	PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
	ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
N A R R	On Sunday, 05/04/25 at 17:47 hours, I was dispatched to Sea Plum Plaza in reference to a delayed domestic incident that occurred at 1169 Dakota Dr, Jupiter, FL 33458.																		
	Upon arrival, I made contact with W/M Luke D. Morem 01/10/2006 and W/F Kathryn D. Morem 01/15/1970.																		
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.																			
 _____ SIGNATURE OF ARRESTING OFFICER																			
Sworn to and subscribed to before me this <u>4</u> day of <u>May</u> , 2025.																			
 _____ SCHNEIDER, RILEY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																			

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

(FOR WARRANT USE ONLY)

COURT CASE/WARRANT #:

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch.782)
- Attempted Murder
- 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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

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

1. Incident Report #: 25-001595 Agency: Jupiter Police Department
Offense: Battery (Domestic)
Suspect/Offender: Bradley Moren
D.O.B. 08/17/59 Race: W Sex: M

2. Warrant #(s): _____

3a. Victim's Name: Luke D. Moren D.O.B. 01-10-2006 Race: W Sex: M
Address: 1169 Dakota Dr
City: Jupiter State: FL ZIP: 33498
Home #: 561-701-6983 Work #: _____ Other: _____

3b. Victim's Next of Kin, Friend or Neighbor: (Mother) Kathryn Moren
Address: 1169 Dakota Dr
City: Jupiter State: FL ZIP: 33498
Home #: 561-970-9795 Work #: _____ Other: _____

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:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: M. Gonzalez I.D. # 1287 Date: 05-08-25

1 copy = Corrections or State Attorney (Warrant Application)

1 Copy = Warrants Section

1 copy = Central Records



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	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 CRTM for additional information)	
	<input type="checkbox"/>	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, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2:a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2025011702	Date: 5/5/2025
	Specialist Name/ID#: Joe Kovach 44820