

J#0563403

25 CF 9497 MB

#1215

Marsy's Law CVI FL Const. Art. 1 § 16(b)

ARREST / NOTICE TO APPEAR

Check if Supplement is Attached
1. Arrest 3 Request for Warrant
2. N.T.A. 4. Request for Capias

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 40 25-013346		Juvenile
Charge Type Check as many as apply	<input checked="" 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 3		
Location of Arrest (Including Name of Business) 3975 SEA GRAPE CIR				Location of Offense (Business Name, Address) 3975 SEA GRAPE CIR, DELRAY BEACH, FL 33445			
Date of Arrest 11/27/2025	Time of Arrest 23:13	Booking Date 11/27/2025	Booking Time 23:23	Jail Date // ::	Jail Time	Location of Vehicle	
Name (Last, First, Middle) JASKIEWICZ, BRANDON CARL				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White	Sex M	Date of Birth 07/07/1991	Height 5'08	Weight 150	Eye Color BLU	Hair Color BLK	Complexion LIGHT
Local Address (Street, Apt. Number) (City) (State) (Zip) 3975 SEA GRAPE CIR, DELRAY BEACH, FL 33445				Mobile Phone (724) 681-7153		Residence Type: 1. City 3. Florida 2. County 4. Out of State Address Source FL DL	
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
DL Number, State J220063912470 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Citizenship FL, United States US	
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)				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		
Parent Name (Last) (Middle) (First) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Residence Phone		Business Phone	
Address (Street, Apt. Number) (City) (State) (Zip)				Notified by (Name)		Date	Time
Released To: (Name) Relationship				Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. JT HRS/DYS 3.arcerated		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 (561) 355-8511) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No. (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle 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		U. Unknown/ Z. Other			
Charge Description BATTERY ON OFFICER, FIREFIGHTER, EMT ETC				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 784.07(2B)	
Drug Activity Drug Type Amount / Unit Offense #				Warrant / Capias Number		Bond No Bond	
Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1A1)	
Drug Activity Drug Type Amount / Unit Offense #				Warrant / Capias Number		Bond No Bond	
Charge Description RESIST OFFICER WITH VIOLENCE				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 843.01	
Drug Activity Drug Type Amount / Unit Offense #				Warrant / Capias Number		Bond No Bond	
Charge Description				Counts	Domestic Violence	Statute Violation Number	
Drug Activity Drug Type Amount / Unit Offense #				Warrant / Capias Number		Bond	
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 COMTEMPT 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.							
Signature				Name Verification (Printed by Arrestee)			
HOLD for Other Agency				Signature of Arresting Officer EKLUND, HARRISON		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) EKLUND, HARRISON		I.D. # 1293	
Intake Deputy DSP. Kelle...		D. # Pouch #		Transporting Officer EKLUND, HARRISON		I.D. # Agency 1293 DBPD	
Witness here if subject signed with an "X".						PAGE 1 OF 1	

VICTIM NOTIFICATION REQUIRED

FILED PDC - 80M CLUB-
25 NOV 28 AM 5:47

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/27/2025 23:25	AFFIDAVIT Palm Beach County		
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 25-013346	
C R I M I N A L	Name (Last, First, Middle) JASKIEWICZ, BRANDON CARL	Alias	Race W	Sex M
	Date of Birth 07/07/1991			
C H A R G E	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)			
	Victim's Name (Last, First, Middle) WILLIAMS, NICOLE ANNE			
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 3940 SEA GRAPE CIR, DELRAY BEACH, FL 33445		Phone (561) 504-6925	Date of Birth 07/10/1992
	Business Address (Name, Street) (City) (State) (Zip) NONE		Phone	Address Source Occupation
A D D I T I O N A L	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING		
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			
I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND			
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/>	CALLER: ALAN THOMPSON		
N A R R	911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/>	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 checked="" type="checkbox"/> <input type="checkbox"/>	PARAMEDICS: DBFD		
	Hospital: <input checked="" type="checkbox"/> <input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL: DELRAY MEDICAL		
	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 checked="" type="checkbox"/> <input type="checkbox"/>		
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>27</u> day of <u>November</u> , <u>2025</u> <u>VICKERY, MEGAN N</u> <i>M. Vickery</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				

NOT A CERTIFIED COPY

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 11/27/2025 23:25	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 25-013346
------------------------------------------------------------------------	----------------------------------------	----------------------------------------	------------------------------------------------------	--------------------------------------------------

The following occurred in the City of Delray Beach, Palm Beach County, Florida.

On 11/27/2025, I responded to 3975 Sea Grape Cir regarding a domestic disturbance occurring inside the residence. Prior to arrival, dispatch advised that the altercation was about to become physical. Upon arrival, officers made contact with the caller, Alan Thompson, in the front yard. Thompson advised that the altercation had become physical.

Officer Kozak and I entered the residence and observed a large amount of blood on the living room floor. Behind the couch, we observed a white male, later identified as Brandon Jaskiewicz, on top of another male identified as Keith Williams. Next to Keith and Jaskiewicz was Nicole Williams, who was crying hysterically. It should be noted that Keith is Nicole's father and Brandon is Nicole's boyfriend.

Keith was bleeding heavily from his left arm. I instructed Jaskiewicz to get off of Keith, but he refused and became verbally aggressive. Eventually, Jaskiewicz got off of Keith. I instructed Jaskiewicz to put on clothing, as he was naked. Jaskiewicz continued to act aggressively toward me. He attempted to shut himself inside a bedroom. I told Jaskiewicz to stop resisting, but he refused. I attempted to place Jaskiewicz into handcuffs, but he grabbed both of my arms and continued to resist. I forced Jaskiewicz onto the bed in an attempt to handcuff him again, but he continued to pull away and ultimately had to be taken to the floor. After continued resistance, I was able to secure handcuffs on Jaskiewicz. Jaskiewicz then rolled over and attempted to stand up. I instructed him to stop and pushed him back to the ground. Jaskiewicz proceeded to kick me one time in the leg, causing me to step back.

The involved parties were separated, and Keith was transported to the hospital for treatment of the laceration to his left arm.

I first spoke with Alan Thompson, the caller and owner of the residence. Thompson provided the following sworn statement:

All parties had been down the street at a Thanksgiving party. Thompson left the party and returned to 3975 Sea Grape Cir. Shortly after, Jaskiewicz returned to the residence but quickly left again. Then, both Keith and Nicole Williams arrived at the residence, at which point Jaskiewicz returned. Thompson was unclear about the events leading up to the altercation but reported hearing a loud argument and banging coming from the bathroom. Thompson entered the bathroom and observed Keith, Nicole, and Jaskiewicz in a physical altercation. When Thompson entered, Keith told him to call the police. Thompson then exited the residence and remained outside until officers arrived. Thompson was unable to determine who started the physical conflict but did state that Jaskiewicz returned to the residence and started an argument with Nicole. While outside, Thompson heard additional loud bangs and glass shattering coming from the bathroom.

I then spoke with Keith Williams at the hospital. He provided the following sworn statement:

He and Nicole left the party and went to 3975 Sea Grape Cir to check on Jaskiewicz, who had left the party abruptly after making disrespectful comments toward Nicole. When they arrived, Jaskiewicz was not there. Jaskiewicz then came back to the residence and went into the bedroom. Shortly thereafter, Jaskiewicz and Nicole began arguing. Jaskiewicz proceeded into the bathroom to shower. Both Nicole and Jaskiewicz went into

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 27 day of November, 2025


VICKERY, MEGAN N
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)
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

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

1. Incident Report #: 25-013346 Agency: Delray Beach Police Department
 Offense: Simple Battery (domestic)
 Suspect/Offender: Brandon Jaskiewicz
 D.O.B. 7/7/1991 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Nicole Williams
 Address: 3940 Sea Grape Cir
 City: Delray Beach State: FL Zip: 33445
 Home #: 561 504 6825 Work #: _____ Other: _____

b. Victim's next of kin: Keith Williams
 Address: 3940 Sea Grape Cir
 City: Delray Beach State: FL Zip: 33445
 Home #: 704 746 1373 Work #: _____ Other: _____

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 : Eklw I.D.: 1243 Date: 11/27/25

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
 (FOR WARRANTS USE ONLY)



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 110 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: 2025031933	Date: 11/28/2025
	Specialist Name/ID#: Angela Pinkney/7796