

J# 0542723

23mm6867MB

D# 1764

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTs Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-23-101112				
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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business)				Location of Office (Business Name, Address)						
Date of Arrest 08/19/23	Time of Arrest 0330	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) McCullough, Brandon		Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 1/12/1987	Height 5-10	Weight 195	Eye Color BLUE	Hair Color BROWN	Complexion MEDIUM	Build MEDIUM		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none visible				Marital Status married	Religion None	Indication of Alcohol/Drug Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number, City, State, Zip)			Phone 561-260-7213		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
Permanent Address (Street, Apt. Number, City, State, Zip) same as above			Phone		Address Source FL DL					
Business Address (Name, Street, City, State, Zip)			Phone		Occupation					
D/L Number, State MZ42072870120		Soc. Sec. Number		INS Number		Place of Birth (City, State) Palm Beach, Florida USA		Citizenship		
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			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other		(Last, First, Middle)				Residence Phone				
Address (Street, Apt. Number, City, State, Zip) (N) NO BOND				Business Phone						
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated						
Released To: (Name)		Relationship		Date	Time					
The above address 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 (Phone 355-2528) 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 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. Dispense/ 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. Synthetics	U. Unknown Z. Other
Charge Description Battery (Domestic)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 23-101112	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Location (Court, Room, Room# Address)		FILED PBC - GUN CLUB 23 AUG 20 AM 6:02								
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>		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 (for Juvenile and Parent/Custodian)				Date Signed						
I consent to receive text reminders of court date(s) and those 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 [Signature]		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Sublethal		Restricted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) [Signature]		LD # [Signature]				
Initiate Disposition [Signature]		LD #	Pouch #	Transporting Officer [Signature]		LD #	Agency PBSO			
Witness here if subject signed with an "X"		PAGE 1 OF 1								

NOT A CRIMINAL RECORD

FILED PBC - GUN CLUB
23 AUG 20 AM 6:02

CP Siegel 12460

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMIN	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	
		Agency Report Number 06- 23-101112		Special Notes:	
	Charge Type Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	
DEF	Name (Last, First, Middle) MCCULLOUGH BRANDON LOGAN		Alias	Race W	Sex M
				Date of Birth 01/12/1987	
CHARGES	BATTERY - DOMESTIC		att		
VICTIM	Victim's Name (Last, First, Middle)		Race W	Sex F	Date of Birth
	[REDACTED]				
	Home Address (Street, Apt. Number) (City) (State) (zip)		Phone	Address State	
	[REDACTED]		[REDACTED]	FL DL	
	Business Address (Name, Street) (City) (State) (zip)		Phone	Occupation	
	[REDACTED]		[REDACTED]	[REDACTED]	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>19</u> day of <u>AUG</u> 20<u>23</u> at <u>3:40</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>					
<p><input checked="" type="checkbox"/> Marsy's Law CVI FL. Const. Art.1 § 16(b)</p> <p>On August 19th 2023, at approximately 0215 hours, I responded to [REDACTED] in unincorporated [REDACTED] reference a report of a domestic problem at location.</p> <p>Upon arrival, I met and spoke with victim [REDACTED] who was sworn in on a video providing her statement of this domestic incident. She stated that she was at the Connolly's Sports Bar (10045 Belvedere Road - Royal Palm Beach) with [REDACTED] (Brandon McCullough). According to [REDACTED] Brandon started saying that [REDACTED] him with her ex-husband. She stated further they got into her [REDACTED] sedan FL tag # [REDACTED] and they drove back to [REDACTED] where [REDACTED] was driving. The dispute became heated and she stopped in the roadway in front of the [REDACTED] and Brandon then started to exit the vehicle when she was struck by a plastic Yeti cup to the right side of her face causing an injury to her face. [REDACTED] then stated that she then picked up another Yeti and threw it at Brandon [REDACTED] said she then pulled [REDACTED] and screamed and [REDACTED] who was in the [REDACTED] came out. [REDACTED] came out to the front of the [REDACTED]. I observed a golf ball size injury with fresh blood coming from the lower right side of [REDACTED] jaw; swollen and bruised black and blue. [REDACTED] further stated that afterwards, Brandon began punching himself repeatedly in his own face.</p> <p>[REDACTED] stated her observed Brandon by the front door and told him he had better leave now, he observed Brandon leave in his vehicle.</p> <p>D/S Noel 7660 met with Brandon McCullough on Lyons Road just south of Lantana Road and he consented to return to the scene of this incident. I met with Brandon McCullough outside of [REDACTED] and he consented to provide a sworn statement of this incident. He was given his "Miranda Warning" from a PBSO Miranda card and he stated he understood his rights and still wished to provide a sworn statement. He stated he exited the vehicle from the front passenger seat and then he was struck by the cup in his face while standing outside the vehicle and then [REDACTED] threw a second cup, which he was able to deflect it back into the vehicle where it struck the victim in the face (victim [REDACTED] was seated in the drivers seat). I observed light redness on the left side of Brandon's face along with his left eye area. The evidence did not indicate and or did not support that all of this redness to include Brandon's left cheek and left eye could have come from the Yeti cup as Brandon explained.</p> <p>I discovered through the evidence that the injuries sustained by [REDACTED] were inconsistent from Brandon's statement that he only "deflected" the cup; as evidence showed the injuries to her face were more substantial and serious. With this discovery, I found probable cause for the arrest of Brandon McCullough for domestic battery and transported to the Palm Beach County Main Jail for booking.</p>					
<p>STATE OF FLORIDA COUNTY OF PALM BEACH D/S Shears <u>[Signature]</u> (ID # <u>7047</u>) (Signature of Arresting/Investigative Officer)</p>					
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>19</u> day of <u>Aug</u> 20<u>23</u> by <u>D/S Shears</u> <u>7047</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: <u>KNOWN</u></p>					
<p><u>[Signature]</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>					

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)
Suspect: MCCULLOUGH BRANDON LOGAN DOB: 01/12/1987 Case #: 23-101112

Name (Last, First)
Victim: [REDACTED] DOB: [REDACTED] Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No **Caller:** [REDACTED]

Weapon Used: Yes No **Type:** Yeti Cup

Witness: Yes No **Name:** (Last) _____ (First) _____ (Middle) _____

Victim Pregnant: Yes No **If yes,** _____ weeks _____ months

Injuries: Yes No **Description:** golf ball size injury with fresh blood coming from the lower right side of [REDACTED] jaw;

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** Refused medical aid

At Hospital: Yes No **Hospital:** _____ **Doctor:** _____

Are Children Living in Home? Yes No **DCF Notified?** Yes No

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Injunction Yes No **Case #:** _____

No Contact Order Yes No **Case #:** _____

Alcohol or Drugs Yes No **Unknown**

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No **If yes, written** recorded oral

First words Defendant said when you responded to scene: I just wanted to get out of there, she did this.

Victim's Statements Yes No **If yes, written** recorded oral

First words Victim said when you responded to scene: He hit me with the cup

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No **If yes, name:** [REDACTED] **phone:** [REDACTED]

Observations of Victim (Physical & Emotional) _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other

Victim Contact Information: (Last) [REDACTED] (first) [REDACTED]

Local Address: [REDACTED]

Phone: [REDACTED]

Employer: (Name) [REDACTED] (Employer Address) [REDACTED]

Name of Relative: (Last) [REDACTED] (First) [REDACTED] **Phone:** _____

Address: [REDACTED]

VICTIM NOTIFICATION FORM

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 #: 23-101112 Agency: PBSO
Offense: BATTERY - DOMESTIC att
Suspect/Offender: Name (Last) MCCULLOUGH (First) BRANDON (Middle) LOGAN
D.O.B. 01/12/1987 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: [REDACTED] Name (Last, First) D.O.B. [REDACTED] Race: W Sex: F
Address: [REDACTED]
City: _____ State: _____ Zip: _____
Home #: [REDACTED] Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: (Last) [REDACTED] (First) [REDACTED]
Address: [REDACTED]
City: [REDACTED] State: FL Zip: [REDACTED]
Home #: _____ Work #: _____ Other: [REDACTED]

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: Name (Last, First) [REDACTED]

Deputy's Name: D/S Shears I.D. # 7047 Date: 11/10/19

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER MCCULLOUGH BRANDON LOGAN
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"/>	316.650(b)	Other: Driver information contained in a uniform traffic citation.	
	<input checked="" type="checkbox"/>	FL Constitution, Article 1, 16(b)	Other: Marsy's Law	1-6

REVIEW COMPLETED BY

Booking Number: 2023021687	Date: 8/20/2023
	Specialist Name/ID: R.Castro/40259