

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: CENTOFANTI BREANA P DOB: 03/23/1995 Case #: 23055399

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

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No **Caller:** _____

Weapon Used: Yes No **Type:** _____

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

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

Injuries: Yes No **Description:** minor bruise and cut

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** _____

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: _____

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

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?
 Yes No **If yes, name:** _____ **phone:** _____

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) _____ (First) _____ **Phone:** _____

Address: _____

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER
CENTOFANTI
BREANA
P
COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)

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)
- **Dating Violence**
- **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.

1. Incident Report #: 23055399 Agency: PBSO
Offense: Simple Battery Domestic
Suspect/Offender: Name (Last) CENOTFANTI (First) BREANA (Middle) P
D.O.B. 03/23/1995 Race: W Sex: F

2. Warrant #(s): _____

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

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

NOTE: PURSUANT TO E.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 D.EVANS I.D. # 31294 Date: 11/10/23

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records



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"/>			
	<input type="checkbox"/>			
Other	<input checked="" type="checkbox"/>	Art. I s. 16 (b)(5)	Other: Marsy's Law	3-7
	<input checked="" type="checkbox"/>	119.071(2)(j)	Other: Address, telephone numbers and personal assets of specified crime victims	3-6

REVIEW COMPLETED BY

Booking Number: 2023009198	Date: 4/9/2023
	Specialist Name/ID: Chantel Daniels/30347