

0542818

3766

JACKET#

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

Check if Supplement is Attached

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile									
Agency ORI Number FL01 51000000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 016125-114133															
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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		Multiple Clearance Indicator													
Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)															
Date of Arrest 11/07/25		Time of Arrest 1921		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) Glazer Brian												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black		Sex M		Date of Birth 11/23/1960		Height 5'08"		Weight 180		Eye Color BLUE		Hair Color WHITE		Complexion FAIR		Build MEDIUM					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A												Marital Status Married		Religion None		Indication of: Alcohol Influence Drug Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) (City) (State) (Zip)						Mobile Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2													
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Address Source FL DL													
Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation Unemployed													
D/L Number, State G634776173000, FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) Brooklyn, NY		Citizenship USA											
Co-Defendant (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 (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 Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)						Residence Phone () ()													
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone () ()															
Notified by: (Name)				Date		Time		VICTIM NOTIFICATION REQUIRED													
Released To: (Name)						Relationship		Time													
The above address was provided by defendant and/or 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.								School Attended		Grade											
<input type="checkbox"/> Yes, by: (Name)		<input type="checkbox"/> No (Reason)						Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description 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. Synthetic		U. Unknown Z. Other	
Charge Description Domestic Battery by Strangulation				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.041(2)		Violation of ORD # 33677		Warrant / Capias Number		Bond NONE							
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Warrant / Capias Number		Bond							
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Warrant / Capias Number		Bond							
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED 11/07/25																					
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 NONE		Signature of Arresting Officer X <i>[Signature]</i> 33673				Name Verification (Printed by Arrestee) (PRINT) NOV 7 PM 9:19		PAGE		OF 1											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) DS K. Casazza		I.D. # 33673		Agency PBSO		Witness here if subject signed with an "X"											
Intake Deputy S/S/STAN		I.D. #		Transporting Officer DS K. Casazza		I.D. # 33673		Agency PBSO													

		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- 25-114133		
	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other	Special Notes:		
DEF	Name (Last, First, Middle)	Glazer Brian		Alias	Race W	Sex M	Date of Birth 11/23/1960			
	CHARGES	Domestic Battery by Strangulation		784.041(2)						
VICTIM	Victim's Name (Last, First, Middle)	Bohling Jennifer Marie		Race W	Sex F	Date of Birth				
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source VERBAL				
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation				
	<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. 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>7th</u> day of <u>November</u>, 20<u>25</u> at <u>1921</u> <input type="checkbox"/> A.M. <input checked="" 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 § 18(b)</p> <p>On November 7th, 2025 at approximately 1908 hours, I responded to [REDACTED] in reference to a domestic disturbance.</p> <p>When I arrived on scene, I made contact with a female identified by Oklahoma Driver's License as Jennifer Bohling. Bohling provided the following sworn statement captured on my body worn camera (not verbatim): "her and her husband (identified as Brian Glazer) got into an argument this evening, due to ongoing issues related to their imminent divorce. Bohling continued that during the argument, Glazer attempted to grab her phone from her hand, causing her to sustain a laceration on her wrist. Bohling stated the Glazer then grabbed her with both hands around her neck, obstructing her throat. Bohling stated she was able to pull away and then immediately left the residence."</p> <p>Let it be noted that there was a visible laceration approximately 2 inches in length on Bohling's right hand and visible redness on the front of her neck.</p> <p>I then made contact with Brian Glazer. Glazer was read his Miranda Rights and agreed to speak with me. Post-Miranda, Glazer admitted to trying to snatch the phone from Bohling's hands but denied ever grabbing her by the neck.</p> <p>Based on the results of my investigation, probable cause exists to charge Brian Glazer with Domestic Battery by Strangulation in violation of FSS 784.041(2)(a). 233673</p> <p>Glazer was placed into hand restraints, secured in the rear of my patrol car, and transported to the Palm Beach County Main Detention Center for booking without further incident.</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH DS K. CASAZZA		(Signature of Arresting/Investigative Officer)		(ID #) 33673					
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>7th</u> day of <u>November</u> , 20 <u>25</u> by <u>DS K. Casazza</u> <u>33673</u>									
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN									
<u>M. Petrone</u> <u>NY 43369</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										

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

Suspect: Glazer Brian DOB: 11/23/1960 Case #: 25-114133

Victim: Bohling Jennifer 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: Bohling Jennifer Marie

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

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

Injuries: Yes No Description: Laceration/Redness

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

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: Bohling Jennifer

Local Address: _____ [REDACTED]

Phone: Home (____) _____ - _____ Work (____) _____ - _____ Cell [REDACTED]

Employer: _____

Name of Relative: _____ Phone _____

Address: _____

PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)
CASE INFORMATION FORM
Date: 11/7/25 Time: 1948 Case #: 25-114133

CHECK ONE: PERSON CRIME PROPERTY CRIME DOMESTIC - NON-CRIME CASE OTHER - NON-CRIME CASE

Deputy: Casazza ID#: 33673 Dist./Div: 6 Phone: 561-688-3000 Case Type/Offense/Crime (do not use signal code): Domestic Battery

Victim Witness • Name (Last, First, M.): Bohling, Jennifer Race: W Sex: F D.O.B.: [REDACTED] Phone: [REDACTED]

Victim/Witness Address: [REDACTED] City/State/Zip: [REDACTED]

VICTIM / WITNESS RIGHTS BROCHURE – ACKNOWLEDGEMENT

BROCHURE TO BE PROVIDED TO ALL CRIME VICTIMS AND/OR WITNESSES (PBSO #0147)
I, [Initials JB], have received a copy of the Victim Rights Brochure and/or acknowledge I can view electronically via www.pbso.org.

VICTIM NOTIFICATION (V.I.N.E.) – FOR CORRECTIONS TO CONTACT VICTIM UPON JAIL RELEASE

REQUIRED IF ARREST OR WARRANT FOR HOMICIDE, ATTEMPTED MURDER, SEXUAL OFFENSES, ATTEMPTED SEXUAL OFFENSES, STALKING, DOMESTIC/DATING VIOLENCE - TO INCLUDE ANY ASSAULT, AGG. ASSAULT, BATTERY, AGG. BATTERY, SEXUAL ASSAULT, SEXUAL BATTERY, STALKING, AGG. STALKING, VIOLATION OF NCO OR INJUNCTION, 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.

Suspect Name (Last, First, M.): Glazer, Brian Race: W Sex: M D.O.B.: 11/23/1960

I understand that I may be notified when the arrestee is released from PBSO custody at the phone number I provided above. I request the following person be notified if I was not contacted (optional):

Name: Lisa White Address: [REDACTED] Primary Phone: [REDACTED]
(Next of Kin/Neighbor/Friend/etc.)

(optional) I choose **NOT** to be notified when the arrestee is released from custody. [Initial _____]
Deputy to check one: () ARREST or () WARRANT #

MARSY'S LAW – CONFIDENTIAL VICTIM INFORMATION – FL Constitution, Article 1, §16(b)

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER
I, [Initials JB] request confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:
As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number and work and business addresses of me and my family be redacted from my records indefinitely, if my records are requested pursuant to a public records request.

CONFIDENTIAL VICTIM INFORMATION – FS 960 – ONLY APPLIES TO SPECIFIC CRIMES LISTED BELOW

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER
I, [Initials _____], as a victim (or spouse/former spouse) of Harassment (FSS 784.048(1)(a)), Sexual Battery, Aggravated Child Abuse, Domestic Violence (live together, lived together or have a child in common), Aggravated Stalking (FSS 784.048 (3)(4)), or Aggravated Battery (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

AUTHORIZED RECORD EXEMPTION(S) - PUBLIC RECORDS ACT - FS 119.071(4)(d) – VERIFY EMPLOYMENT

CRIME OR NON CRIME REPORT - MUST FIT THE CRITERIA DESCRIBED
I, [Initials _____], attest that I am an individual exempt under FS 119.071(4)(d) (to include a spouse or child of), a current or former Law Enforcement Officer, Firefighter, Justice or Judge, General Magistrate, Code Enforcement Officer, Child Enforcement Hearing Officer, State Attorney, Public Defender, U.S. Attorney, U.S. Judge, U.S. Magistrate, or other authorized person and hereby request my information be redacted from public record.
CURRENT or FORMER exempt position: _____ Name of current or last agency: _____

SIGN BELOW
I have read and initialed the applicable section(s) and sign of my own free will (if a minor, a parent or guardian must sign):

MY SIGNATURE: X [Signature] Date: 11-7-25
Deputy Signature: [Signature] ID#: 33673
Print Parent/Guardian/Next of Kin name (if applicable): _____
Scanned to Victim Advocate by ID# _____



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 checked="" 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)	1-5
	<input checked="" 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	2
	<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: 2025029966	Date: 11/8/2025
	Specialist Name/ID#: Joseph Kovach/44820