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Marsy's Law invoked - CVI present

ARREST / NOTICE TO APPEAR

O. On-View S. Summons 3. Request for Warrant T. Taken into Custody 0 JUVENILE

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500800				Agency Name West Palm Beach Police Department				Agency Report Number (N.T.A.'s only) 9, 4 2023-0012584				
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Enter Type: UNARMED		Multiple Clearance Indicator				
D E F E N D A N T	Location of Arrest (Including Name of Business) 7315						Location of Offense (Business Name, Address) [REDACTED]								
	Date of Arrest 07/20/2023	Time of Arrest 01:16	Booking Date 07/20/2023	Booking Time 01:26	Jail Date 07/20/2023	Jail Time 01:19	Location of Vehicle								
J U V E N I L E	Name (Last, First, Middle) BRICE, CHRISTOPHER THOMAS GARZAREL											Alias:			
	Race W - White <input type="checkbox"/> B - Black <input type="checkbox"/> I - American Indian <input type="checkbox"/> A - Asian <input type="checkbox"/>	Sex M	Date of Birth 01/09/1995	Height 5'06	Weight 165	Eye Color Blue	Hair Color BROWN	Complexion LIGHT	Build Small	Marital Status S			Religion CATHOLIC	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											Home Phone (845) 499-0195		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
	Local Address (Street, Apt. Number) (City) (State) (Zip)						Mobile Phone		Address Source						
	Business Address (Name, Street) (City) (State) (Zip)						Work Phone		Occupation						
	DL Number, State B620118950090 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) NISKAYUNA, NY,		Citizenship US						
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)						Residence Phone						
	Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone								
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated									
Released To: (Name)				Relationship	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 355-2526) informed of any change of address.						School Attended		Grade							
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
C H A R G E	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 - DOMESTIC						Statute Violation Number 784.03(1A1)		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond						
		N			1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N									
C H A R G E	Charge Description						Statute Violation Number		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond						
						<input type="checkbox"/> Y <input type="checkbox"/> N									
						<input type="checkbox"/> Y <input type="checkbox"/> N									
I N T A K E	Health / Apparent Physical Condition of Defendant WALKING						Any knowledge of the following: <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries								
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By YOUNG		Released By YOUNG		Released To PBCJ				
	Transported By YOUNG				Date Transported 07/20/2023	Time Transported 01:20	Other								
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room)		FILED PBC - GUN CLUB-- '23 JUL 20 AM 6:11 No Photo Available						
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 REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.						(845) 499-0195		INITIAL							
A D M I N	HOLD for Other Agency		Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee)								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) YOUNG, CHARLES				I.D. # 02252		(PRINT)						
	Inhib. Deputy Burillo		I.D. # 10342	Pouch #	Transporting Officer YOUNG		I.D. # 2252	Agency WPBPD	PAGE 1 OF 1						
	Witness here if subject signed with an "X":														

NO BOND

1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/20/2023 01:05		Agency ORI Number FL FLO500800			Agency Name WEST PALM BEACH POLICE DEPARTMENT			Agency Report Number 9 4 2023-0012584		
	D E F	Name (Last, First, Middle) BRICE, CHRISTOPHER THOMAS GARZAREL						Alias	Race W	Sex M	Date of Birth 01/09/1995
C H R G E		Charge Description 784.03(1A1) DOM BATTERY - DOMESTIC									
	V I C T I M	Victim's Name (Last, First, Middle)						Race	Sex	Date of Birth	
[REDACTED]											
A D D I T I O N A L I N F O R M A T I O N	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation		
	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):							
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			ANGRY								
RELATIONSHIP BETWEEN VICTIM & SUSPECT											
[REDACTED]											
PHOTOGRAPHS: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: NEIGHBOR WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE: WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL TREATMENT: <input checked="" type="checkbox"/> <input type="checkbox"/> AT: Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> PARAMEDICS: WPBFR Hospital: <input checked="" type="checkbox"/> <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL: GOOD SAMARITAN 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 Wednesday, July 19, 2023, at 2216 hours, while on patrol in West Palm Beach, I was dispatched to [REDACTED] regarding a possible domestic battery.										
	Upon my arrival onto the scene, I made contact with the subject, Christopher Brice, W/M, DOB 01/09/1995, who										
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>20th</u> day of <u>July</u> , <u>2023</u> . _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)											

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 07/20/2023 01:05	Agency Name WEST PALM BEACH POLICE DEPARTMENT	Agency Report Number 9 4 2023-0012584
	Agency ORI Number FL FL0500800		

stated that he had gotten into a physical fight with his [REDACTED]

Christopher Brice stated that on the above date and time, he was having a discussion with the victim, [REDACTED], concerning past family events and Christopher Brice's current psychological issues. Christopher Brice stated that [REDACTED] made demeaning comments about Christopher Brice's deceased brother, when Christopher Brice became enraged and approached [REDACTED]. Christopher Brice stated that during that time, he had never been as angry as he currently was at that time. Christopher Brice stated that he did not recall who was pushed or struck first due to "blacking out" during the incident. Christopher Brice stated that he does remember going to the ground with [REDACTED] then rolling over on top of [REDACTED], gaining control of [REDACTED], but did not recalling striking him.

Upon an examination of Christopher Brice during our interview, I could see multiple scratches and redness under and around his right eye. Christopher Brice also had multiple dirt and blood stains on the front and rear of his clothes. Christopher Brice refused medical attention on scene.

Units on scene made contact with [REDACTED] who stated that he had gotten into an argument with Christopher Brice concerning how Christopher Brice was managing his finances and the lack of respect Christopher Brice was showing [REDACTED]'s new wife. Christopher Brice stated that during the exchange between himself and Christopher Brice, Christopher Brice became angry and attacked him. [REDACTED] stated that Christopher Brice knocked him to the ground, mounted [REDACTED], then began striking him multiple times on his face with a closed fist. [REDACTED] went on to state that he had to jam his fingers into the right eye of Christopher Brice in order to make Christopher Brice stop striking him. [REDACTED] stated that upon getting away from Christopher Brice, he left the above residence and went across the street to a nearby neighbors residence in order to get help.

Upon examining [REDACTED], I could see multiple scratches, bruises and blood on his face that stemmed from the above incident. [REDACTED] also had multiple dirt and blood stains on his clothing and body. [REDACTED] received medical attention from WPBFR on scene and was transported to Good Samaritan Hospital for his injuries and other medical issues by rescue #2, run number 23-17412.

Based on the above statements and evidence, probable cause exists for the arrest of Christopher Brice, W/M, DOB 01/09/1995, for the violation of FSS 784.03(1A1)|DOM, Battery - Domestic, by intentionally touching and striking his [REDACTED] [REDACTED], W/M, DOB 06/28/1961, against his will.

Christopher Brice was arrested on scene, placed in handcuffs, double locked and checked for fit. Christopher Brice was then transported to PBCJ without incident.

Photos of [REDACTED] and his injuries were collected, along with photos of Christopher Brice and his injuries. These photos were entered into evidence.com.

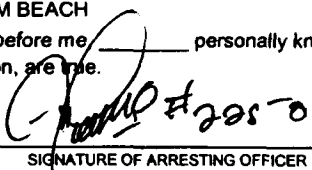
A Marsy's Law victim rights packet was provided to [REDACTED], in which he invoked his rights. A copy of the Marsy's Law victim rights notification was submitted to PBCJ.

A victim notification form was also completed and submitted to PBCJ.

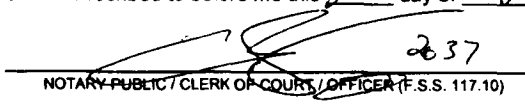
BWC was active during this event.

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 20th day of July, 2023.


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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- **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.

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

1. Incident Report #: 23-12584 Agency: W/13
 Offense: Dom Violence
 Suspect/Offender: Christopher Brice
 D.O.B. 1/9/95 Race: W Sex: M

2. Warrant #(s) _____

3. Complete one (1) of the following:

a. 

b. Victim's next of kin:
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ 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: Young I.D.: 2252 Date: 7/19/23

SUSPECT / OFFENDER:

COURT CASE / WARRANT #
(FOR WARRANTS USE ONLY)



PALM BEACH COUNTY SHERIFF'S OFFICE
 Florida State Statute Exemption Sheet

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"/>	FL CONSTITUTION ARTICLE 1,16(b)	Other: MARSY'S LAW	
	<input type="checkbox"/>	316.650(b)	Other: Driver information contained in a uniform traffic citation	

REVIEW COMPLETED BY

Booking Number: 2023018839	Date: 7/20/2023
	Specialist Name/ID: Pinkneya/7796