

0569929		26mm6445 AMB		3340	
OBTS NUMBER		ARREST / NOTICE TO APPEAR Juvenile Referral Report		DOCUMENT TYPE 1 - Arrest	
ADMINISTRATIVE					
AGENCY ORI NUMBER FL0500000		AGENCY NAME PALM BEACH COUNTY SHERIFF'S OFFICE		AGENCY REPORT NUMBER 26081290-1-	
CHARGE TYPE MISDEMEANOR		OTHER CHARGE TYPE		WEAPON SEIZED No	
				WEAPON TYPE	
LOCATION OF ARREST (BUSINESS NAME, ADDRESS)		LOCATION OF OFFENSE (BUSINESS NAME, ADDRESS)			
DATE OF ARREST 07/29/2026		TIME OF ARREST 22:38		BOOKING DATE	
				BOOKING TIME	
				JAIL DATE	
				JAIL TIME	
		LOCATION OF VEHICLE			
DEFENDANT					
NAME (LAST, FIRST, MIDDLE) Fomin, Gabriela,			ALIAS (FIRST, MIDDLE, LAST) : : : :		
RACE W	SEX F	DATE OF BIRTH 06/07/1998	HEIGHT 5' 4"	WEIGHT 110	EYE COLOR Brown
					HAIR COLOR Brown
					COMPLEXION Olive
					BUILD Medium
SCARS, MARKS, TATTOOS, ETC.			MARITAL STATUS Single		RELIGION anogstic
					ALCOHOL INDICATION No
					DRUG INDICATION No
LOCAL ADDRESS (STREET & APT #, CITY, STATE, ZIP)			MOBILE PHONE		RESIDENCE TYPE
PERMANENT ADDRESS (STREET & APT #, CITY, STATE, ZIP) Same as local			PHONE (561) 609-7950		ADDRESS SOURCE
BUSINESS ADDRESS (STREET & APT #, CITY, STATE, ZIP)			PHONE		OCCUPATION
DRIVER'S LICENSE NUMBER F233147486000		STATE FL	INS NUMBER		PLACE OF BIRTH New York NEW YORK
					CITIZENSHIP USA
CHARGE					
STATUS NUMBER & CHARGE DESCRIPTION / VIOLATION OF ORD # 784.03(1)(a)(1) - TOUCH OR STRIKE - MS					
COUNTS 1	DOMESTIC Yes	DRUG ACTIVITY Not Applicable		DRUG TYPE Not Applicable	AMOUNT
OFFENSE # 26081290		WARRANT / CAPIAS #		VICTIM NOTIFICATION REQUIRED	
NOTICE TO APPEAR					
COURT LOCATION Criminal Justice Complex - 3238 Gun Club Rd, West Palm Beach 33406			COURT DATE 07/29/2026		COURT TIME 08:00
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 / JUVENILE AND PARENT OR CUSTODIAN					DATE
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					
ADMINISTRATIVE					
HOLD FOR OTHER AGENCY		SIGNATURE OF ARRESTING OFFICER <i>[Signature]</i> 4/7/11		NAME VERIFICATION (PRINT BY ARRESTEE)	
CAUTIONS		NAME OF ARRESTING OFFICER Knight, Dillon (45111)			
INTAKE DEPUTY / ID # CPL HODGAL 7216	POUCH #	TRANSPORTING OFFICER / ID # / AGENCY 015 01-060 8052 P110		WITNESS ABOVE IF SUBJECT SIGNED WITH AN "X"	

FILED PBC - GUN CLUB--
26 JUL 30 AM 6:11

ORIS NUMBER	PROBABLE CAUSE AFFIDAVIT		DOCUMENT TYPE 1 - Arrest	JUVENILE
ADMINISTRATIVE				
AGENCY ORI NUMBER FL0500000	AGENCY NAME PALM BEACH COUNTY SHERIFF'S OFFICE	AGENCY REPORT NUMBER 26081290		
CHARGE TYPE MISDEMEANOR	OTHER CHARGE TYPE	SPECIAL NOTES		
DEFENDANT				
NAME (LAST, FIRST, MIDDLE) Fomin, Gabriela,		RACE W	SEX F	DATE OF BIRTH 06/07/1998
CHARGE				
STATUTE NUMBER & CHARGE DESCRIPTION / VIOLATION OF ORD # 784.03(1)(a)(1) - TOUCH OR STRIKE - MIS				
VICTIM				
VICTIM'S NAME (LAST, FIRST, MIDDLE) [REDACTED]		RACE W	SEX M	DATE OF BIRTH [REDACTED]
LOCAL ADDRESS (STREET & APT #, CITY, STATE, ZIP) [REDACTED]		PHONE [REDACTED]	ADDRESS SOURCE DL	
BUSINESS ADDRESS (STREET & APT #, CITY, STATE, ZIP) [REDACTED]		PHONE [REDACTED]	OCCUPATION	
PROBABLE CAUSE STATEMENT				
<p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law. The Person taken into custody:</p> <p> ☐ Committed the below acts in my presence. ☐ Confessed to [WITNESS] admitting to the below facts. ☐ Was observed by [WITNESS] who told [WITNESS] that he/she saw the arrested person commit the below acts. ☒ Was found to have committed the below acts, resulting from my (described) investigation. </p> <p>The above-mentioned defendant committed the act of Battery in violation of FSS 784.03(1)(a)(1), when they, against the will of their father, the victim slapped them in the face multiple times.</p> <p>[REDACTED]</p> <p>The defendant stated the victim entered the room yelling and throwing their belongings around; in response, they yelled for him to get out. The victim then grabbed the defendant's arm. The defendant showed me her forearm, which had a slight red mark. The defendant's room was clean with no signs of a fight.</p> <p>The victim stated he entered the defendant's room to discuss her leaving a mess in the kitchen. The defendant began yelling and then smacked the victim 3 or 4 times and then punched him in the face twice with a closed fist. The victim had cracked glasses and a red mark on his cheek.</p> <p>Due to the totality of the circumstances, the marking on the victim was more prevalent than the slight mark on the defendant, and the defendant's room showed no signs of the altercation they described. I found the defendant to be the primary aggressor and probable cause to charge them in violation of FSS: FSS 784.03(1)(a)(1) Battery. The defendant was placed in handcuffs, which were checked for proper fit and double locked. They were then placed in the transport compartment of my marked patrol vehicle, which was searched prior to and post transport. They were then handed off to PBSO transport for transport to PBSO Main Detention Center.</p>				
ADMINISTRATIVE				
State of Florida, County of Palm Beach The foregoing instrument was sworn to or affirmed and subscribed before me:				
Signature of Arresting / Investigating Officer [Signature] 4/711		Signature of Notary Public / Clerk of Court / Officer (F.S. 117.10) [Signature]		
Name of Arresting/Investigating Officer Knight, Dillon (45111)		Name of Notary Public / Clerk of Court / Officer (F.S. 117.10) [Signature] 01020 048052		
Date 7/29/26		Date 7/29/26		

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

Suspect: Gabriela Fomin DOB: 06 / 07 / 1998 Case #: 26081290-1-

Victim: [REDACTED] DOB: [REDACTED] Race: W Sex: M

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene ☐ Yes ☒ No Victim ☐ Yes ☒ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No Caller: Gabriela

Weapon Used: ☐ Yes ☒ No Type: -

Witness: ☐ Yes ☒ No Name: -

Victim Pregnant: ☐ Yes ☒ No If yes, - weeks - months

Injuries: ☐ Yes ☒ No Description: -

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): calm

☐ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☒ Calm ☐ Nervous

☐ Complained of pain ☐ Other -

Victim Contact Information:

Local Address: [REDACTED]

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

Employer: -

Name of Relative: - Phone () - - -

Address: -



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	Click or tap here to enter text.
	☒	119.071(2)(e)	Confession	3
	☐	119.071(2)(j)1.e.	Name of a law enforcement officer who, in the course of their duties became a victim, is confidential and exempt for 72 hours after the incident. This information is exempt for an additional 60 days after the initial 72 hours.	Click or tap here to enter text.
Public Info. Exemptions	☒	119.071(2)(j)1.b.(i)	Identity, home or employment phone number, home or employment address, or any other information that could be used to locate or harass the victim.	1-5
	☐	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	Click or tap here to enter text.
	☐	119.0712(2)	Personal information contained in a motor vehicle record	Click or tap here to enter text.
	☐	316.650(11)	Driver information contained in a uniform traffic citation	Click or tap here to enter text.
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	Click or tap here to enter text.
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2-3
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	Click or tap here to enter text.
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
Other	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
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	☐	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

REVIEW COMPLETED BY

Booking Number: 2026020524	Date: 7/30/2026
	Specialist Name/ID#: ANGELA PINKNEY/7796