23mm9213mB

0544575 2938

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number			
Agency ORI Number: FLO 500000	Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number: 06- 23-123815	

Charge Type (Check as many as apply): ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): [redacted] | Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/29/23	0930					

DEFENDANT

Name (Last): Brandefine | (First): Joseph | (Middle): Michael | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	05/23/1985	6'02	240	HAZEL	BROWN	MEDIUM	MEDIUM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): LEFT CHEST TAT, LEFT FOREARM TAT

Marital Status: Single | Religion: Catholic | Indication of: Alcohol Influence ☐ Y ☒ N ☐ Unk; Drug Influence ☐ Y ☒ N ☐ Unk

Local Address (Street, Apt. Number): 6145 Balboa Cir Apt 102 | (City): Boca Raton, | (State): FL | (Zip): 33433 | Phone: 917-886-9187 | Residence Type (1 City 2 County 3 Florida 4 Out of State): 2

Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Address Source: VERBAL

Business Address (Name, Street) | (City) | (State) | (Zip) | Phone | Occupation: SALES

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B653493851830, FL	[redacted]		NEW YORK, NY	US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal ☐ Other (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 Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address provided by ☐ defendant and / or ☐ defendant's parents. The child and /or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Battery (domestic)	01	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	23-123815		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

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Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
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CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
				OCT 29 AM 11:08	

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

FILED PBC - GUN CLUB--
'23 OCT 30 AM 6:35

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time AM ☐ PM ☐

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 (or Juvenile and Parent /Custodian) | Date Signed: 10/29/23

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Arresting Officer (Print): D/S TOBEY | I.D. #: 7250

Intake Deputy | I.D. # | Pouch # | Transporting Officer | I.D. # | Agency

PAGE

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1 | Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23-123815

Charge Type (Check as many as apply): [ ] 1 Felony [ ] 2 Traffic Felony [x] 3 Misdemeanor [ ] 4 Traffic Misdemeanor [ ] 5 Ordinance [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Brandefine Joseph Michael		W	M	05/23/1985

CHARGES

Battery (domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	F	F	[redacted]

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
[redacted]	[redacted]	VERBAL
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
		UNEMPLOYED

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

[x] committed the below acts in my presence.
[x] confessed to D/S TOBEY admitting to the below facts
[ ] was observed by _____ who told D/S TOBEY that he/she saw the arrested person commit the below acts.
[ ] was found to have commited the below acts, resulting from my (described) investigation.

On the 29 day of OCTOBER 2023 at 0800 [x] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

[X] Marsy's Law (FL Const. Art. 1 § 16(b))

On October 29th, 2023 at approximately 0900hrs I was dispatched to [redacted] in reference to a domestic dispute. While enroute to the address I was flagged down by the victim at [redacted] The victim, who was identified by a NY identification card as [redacted], stated she and her [redacted] (Joseph Brandefine) were in a verbal argument last night and early this morning. [redacted] stated that during the argument Brandefine grabbed her, threw her to the ground and onto a table where she hit her face. She further stated that he used his hand to push her face on the ground. I did not observe any injuries or marks to [redacted].

I then made contact with Brandefine who admitted to holding [redacted] against her will because he did not want her to leave. He stated she has a "condition" and was in fear if she left. Brandefine could not elaborate on the condition. He stated tha[redacted] and he did not want her to leave. Brandefine denied throwing [redacted] onto a table.

Due to the above mentioned facts, probable cause exists for Joseph Brandefine fo Battery (Domestic) a violation of FSS 784.03(1a1). Brandefine was transported to PBC Jail.

The entire interaction with both parties was captured on my body worn camera and uploaded into evidence.com.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S TOBEY (ID #) 7250
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of October 2023 by D/S TOBEY 7250
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN D/S Pujol #8530

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Brandefine Joseph Michael **DOB:** 05/23/1985 **Case #:** 23-123815

Name (Last, First)

Victim: [redacted] [redacted] **DOB:** [redacted] **Race:** **Sex:** F

Relationship between Victim and Defendan [redacted]

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:**

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: ADMITTED TO HOLDING VICTIM

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

First words Victim said when you responded to scene: SEE STATEMENT

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) UNEMPLOYED (Employer Address)

Name of Relative: (Last) (First) **Phone:**

Address:

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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	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☒	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 99 of the CRTM for additional information)	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2023028561	**Date:** 10/30/2023
	Specialist Name/ID#: ANGELA PINKNEY/7796