50-2023-MM-006237 AMB

ARREST NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400 | Agency Name: Delray Beach Police Department | Agency Report Number (Max 10 char): 40 23-010036

Charge Type (Check as many as apply): 1 Felony; 3 Misdemeanor; 5 Ordinance; 2 Traffic Felony; 4 Traffic Misdemeanor; 6 Other | Weapon Seized: Type UNARMED | Multiple Clearance Indicator: 1

Location of Arrest (Include Name of Business): 365 SE 6TH AVE APT 306 DELRAY BEACH, FL

Location of Offense (Business Name, Address): 365 SE 6TH AVE 306, DELRAY BEACH, FL 33483

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/30/2023	23:04	07/30/2023	23:37	07/30/2023	23:40	

DEFENDANT

Name (Last, First, Middle): BRUTTI, LAURA ORIANA | Alias: | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/22/1986	5'07	130	BROWN	BROWN	LIGHT	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | Marital Status: S | Religion: NOT INDICA | Indication of Alcohol Influence: Yes ☒ No ☐ Unk ☐ Drug Influence: Yes ☐ No ☐ Unk ☐

Local Address (Street, Apt. Number, City, State, Zip): 365 SE 6TH AVE 306, DELRAY BEACH, FL 33483 | Phone: (941) 203-0498 | Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 4

Permanent Address (Street, Apt. Number, City, State, Zip): 365 SE 6TH AVE 306, DELRAY BEACH, FL 33483 | Phone: (941) 203-0498 | Address Source: VERBAL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
/			COLOMBIA, OT.	CO

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 ☐ Other ☐ Legal Custodian | Name (Last, First, Middle): CITO BOND | 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 ☐ defendant and/or ☐ 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. ☐ Yes, by ☐ No

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 Disperses/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/Derv, P Paraphernalia/Equipment, S Synthetic, U Unknown, Z Other

CHARGE

Charge Description	Statute/Violation Number	Violation of ORD #
SIMPLE BATTERY(TOUCH OR STRIKE)	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		

CHARGE (F)

Charge Description	Statute/Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE (F)

Charge Description	Statute/Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Acknowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries. Explain.

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail | PROPERTY - Received By | Released By | Released For: FILED PBC - CIRCUIT 23 JUL 31 AM 5:28

Transported By | Date Transported: / / | Time Transported: : | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 08/24/2023 08:30:00

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 (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer | ID # 1233

Name of Arresting Officer (Print): MONTERREY, JACQUELINE | ID # 1233

Issuing Deputy: OPI NONE Code | Pouch #

Transporting Officer: MONTERREY | ID # 1233 | Agency: DBPD

Name Verification (Printed by Arrestee): (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☒ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☒ DEFENDANT

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2171

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
07/31/2023 00:36	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 23-010036

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
BRUTTI, LAURA ORIANA		W	F	11/22/1986

CHRG

Charge Description: 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
TRACY, PATRICK DANIEL	W	M	10/05/1959

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
365 SE 6TH AVE 306, DELRAY BEACH, FL 33483		

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

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☒	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **LACERATION**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **MARRIED**

		YES	NO	
PHOTOGRAPHS:	Scene:	☒	☐	
	Victim:	☒	☐	
911 CALL:		☒	☐	CALLER:
WEAPON USED:		☐	☒	TYPE:
WITNESSES:		☐	☒	(If YES, attach witness list)
INJURIES:		☒	☐	
MEDICAL TREATMENT:		☐	☒	
AT:	Scene:	☐	☒	PARAMEDICS:
	Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:		☐	☒	
VICTIM PREGNANT:		☐	☒	
VIOLATION OF RESTRAINING ORDER:		☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		☐	☒	
ALCOHOL OR DRUGS INVOLVED:		☒	☐	

NARR

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.

1233
_____
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 31 day of July, 2023.

RUSCZYK, JONATHAN N
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
07/31/2023 00:36		
Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 23-010036

NARRATIVE

The following occurred in the City of Delray Beach, Palm Beach County, Florida:

On 7/30/23, Officers responded to 365 SE 6th Ave apt 306 in reference to a domestic incident.
Upon arrival, I met with the defendant Laura Brutti who provided the following sworn statement:
It should be noted that Brutti stated both parties had consumed wine. When Brutti provided the following statement, she advised she did not have recollection on certain events that took place during the incident.

The defendant Brutti advised that her husband Patrick Tracy, began verbally abusing her. Brutti then went downstairs in a room inside the apartment to avoid escalation. Brutti advised that Tracy then went downstairs to the room and began verbally abusing her again. Tracy then grabbed Brutti and pushed her. When I asked Brutti where Tracy pushed her, she advised she did not know or have any recollection. Brutti further advised that she was not sure how she got the scratch on her neck but that she believed the scratch was from the wine glass. It should also be noted that when I asked Brutti specific questions in regard to how she was scratched she seemed disoriented and did not provide an answer.

I observed a scratch on the left side of Brutti`s neck.

I then made contact with victim Patrick Tracy who provided the following sworn statement:
Tracy advised that Brutti and himself went out for dinner and had a verbal argument at the residence. Tracy advised that both parties continued verbally arguing. Brutti then went downstairs to sleep in a separate room. Tracy then followed Brutti and she became physically aggressive. Tracy stated that Brutti began striking him to the face causing minor abrasions to his face. Brutti grabbed and scratched his genital area causing minor abrasions.

I observed Tracy had scratches below the eye and nose area. Tracy also had redness in the chin area.

Based on the aforementioned facts, probable cause exists to charge the defendant Laura Brutti with, pursuant to Florida State Statue, 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)

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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.

1233
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 31 day of July, 2023

RUSCZYK, JONATHAN N
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:_____

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **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 #: 23-0100306 Agency: DBPD
   Offense: Domestic Violence
   Suspect/Offender: Laura Brutti
   D.O.B. 11/22/86 Race: White Sex: Female

2. Warrant #(s):_____

3. Complete one (1) of the following:

   a. Victim's name: Patrick Tracy
   Address: 365 SE 6th Ave apt 306
   City: Delray Beach State: FL Zip: 33483
   Home #: No phone # Given Work #:_____ Other:_____

   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):
   _____

COURT CASE/WARRANT #:_____
(FOR WARRANTS USE ONLY)

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 : Monterrey I.D.: 1233 Date: 7/30/23

White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

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