

0487530

## ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number			Agency Name <b>Boca Raton Police Department</b>						Agency Report Number (N.T.A. # only) <b>3 1 2 2017-006211</b>				
Agency ORI Number <b>0500200</b>									If Weapon Seized Enter Type <b>Hands, Feet, Fist, Teeth</b> Multiple Clearance Indicator				
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other													
Location of Arrest (Including Name of Business) <b>900 S OCEAN BLVD</b>			Location of Offense (Business Name, Address) <b>900 S OCEAN BLVD 739, BOCA RATON, FL 33432</b>										
Date of Arrest <b>04/30/2017</b>		Time of Arrest <b>04:13</b>		Booking Date <b>04/30/2017</b>		Booking Time <b>04:23</b>		Jail Date		Jail Time		Location of Vehicle <b>NONE</b>	
Name (Last, First, Middle) <b>GALA, BLAIN MICHAEL</b> Alias: _____													
Race W - White I - American Indian <input type="checkbox"/> W <input checked="" type="checkbox"/> M		Sex <b>W</b> <b>M</b>		Date of Birth <b>05/31/1977</b>		Height <b>5'09</b>		Weight <b>220</b>		Eye Color <b>GREEN</b>		Hair Color <b>BALD</b>	
Marital Status <b>S</b> Religion <b>CHRISTIAN</b> Complexion <b>LIGHT</b> Build <b>Medium</b>													
Scars, Tattoos, Unique Physical Features (Location, Type, Description)													
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>(239) 839-1139</b> Residence Type: 1. City 3. Florida <b>7227 HENDRY CREEK DR, FORT MYERS, FL 33908</b>													
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>(239) 839-1139</b> Address Source <b>FL ID CARD</b>													
Business Address (Name, Street) (City) (State) (Zip) Phone Occupation <b>Marine Tech</b>													
Business Name <b>SELF EMPLOYED,</b>													
D/L Number, State <b>G400073771910 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>NAPLES, FL, United</b>		Citizenship <b>US</b>					
Co-Defendant Name (Last, First, Middle) _____ Race <b>S</b> Sex _____ Date of Birth _____													
Co-Defendant Name (Last, First, Middle) _____ Race <b>S</b> Sex _____ Date of Birth _____													
Name (Last, First, Middle) _____ Residence Phone _____													
Address (Street, Apt. Number) <b>No 50</b> (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. School Attended _____ Grade _____ The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.													
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property													
Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A B. Buy D. Deliver Distribute Produce/ C. Cocaine M. Marijuana Equipment Z. Other P. Possess T. Traffic E. Use Cultivate A. Amphetamine E. Heroin O. Opium/Derv. S. Synthetic													
Charge Description <b>BATTERY Domestic</b> Statute Violation Number <b>784.03(LA1)</b> Violation of ORD # _____													
Drug Activit Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond													
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Health / Appear Physical Condition of Defendant <b>GOOD</b> Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: _____													
Check what applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail PROPERTY - Received By <b>RAFALKO</b> Released By <b>RAFALKO</b> Released To <b>TOT PBCJ</b> <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health													
Transported By Date Transported <b>04/30/2017</b> Time Transported <b>06:30</b> Other													
INSTRUCTION NO. 1 - Mandatory appearance in court Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b> <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court Court Date and Time _____													
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 _____													
HOLD for other Agency				Signature of Arresting Officer <b>RAFALKO, TRAVIS</b>				Name Verification (Printed by Arrestee) <b>779</b> (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>RAFALKO, TRAVIS</b>				I.D. # <b>779</b>					
Intake Deputy <b>SPANN</b> I.D. # <b>801</b>		Pouch #		Transporting Officer <b>CRAWFORD</b>		I.D. # <b>683</b>		Agency <b>BRPD</b>					
Witness here if subject signed with an "X" _____													

SCANNED  
MAY - 1 2017

No Photo Available

PAGE 1 OF 1

**DOMESTIC VIOLENCE PROBABLE CAUSE**

## AFFIDAVIT

## Palm Beach County

Date / Time <b>04/30/2017 04:13</b>		AFFIDAVIT Palm Beach County																				
Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>312 2017-006211</b>																		
Name (Last, First, Middle) <b>GALA, BLAIN MICHAEL</b>		Alias		Race <b>W</b> Sex <b>M</b> Date of Birth <b>05/31/1977</b>																		
Charge Description <b>DOMESTIC BATTERY 784.03(1A1)</b>				Race Sex Date of Birth																		
[Redacted]																						
<p>Business Address (Name, Street) (City) (State) (Zip)</p> <p>DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>ORAL</b></p> <p>VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>ORAL</b></p> <p><b>OBSERVATIONS OF VICTIM (PHYSICAL &amp; EMOTIONAL):</b> <b>SHAKEN</b></p>																						
<p>RELATIONSHIP BETWEEN VICTIM &amp; SUSPECT <b>FIANCE W/ CHILD</b></p> <table> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> <b>NO</b></td> </tr> <tr> <td>Victim:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>911 CALL:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> <b>CALLER:</b></td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> <b>TYPE:</b></td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>AT:</td> <td>Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> <b>PARAMEDICS: BRFD</b></td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> <b>PHYSICIAN(S) / HOSPITAL:</b></td> </tr> </table> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> <b>NAMES/AGES:</b></p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> <b>CASE #:</b></p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/></p>					PHOTOGRAPHS:	Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> <b>NO</b>	Victim:	<input checked="" type="checkbox"/> <input type="checkbox"/>	911 CALL:	<input type="checkbox"/> <input checked="" type="checkbox"/> <b>CALLER:</b>	WEAPON USED:	<input type="checkbox"/> <input checked="" type="checkbox"/> <b>TYPE:</b>	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"/> <b>PARAMEDICS: BRFD</b>	Hospital:	<input type="checkbox"/> <input checked="" type="checkbox"/> <b>PHYSICIAN(S) / HOSPITAL:</b>
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<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>Travis Rafaiko</i></p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><i>[Signatures]</i></p> <p><b>SIGNATURE OF ARRESTING OFFICER</b></p> <p>Sworn to and subscribed to before me this <u>30</u> day of <u>April</u>, <u>2017</u></p> <p><i>[Signature]</i> <b>GALA, MICHAEL D</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																						

Sworn to and subscribed to before me this 30 day of April, 2017

**DAILY, MICHAEL D**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**COURT**

**STATE ATTORNEY**

## CENTRAL RECORDS

**SCANNED**  
JAIL CRIME ANALYSIS  
**MAY - 1 2017**

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A	Date / Time	04/30/2017 04:13
D	Agency ORI Number	FL 0500200
M	Agency Name	BOCA RATON POLICE DEPARTMENT
N	Agency Report Number	3   2   2017-006211

On 4/30/17 at 0357 hours I responded to 900 S Ocean Blvd (Boca Beach Club) room #739 in reference to a domestic battery. Upon my arrival I made contact with W/F [REDACTED] who advised that she had been involved in an argument with [REDACTED] W/M Blain Gala.

[REDACTED] advised that during the argument, Gala struck her in the face with an open hand. [REDACTED] said that she pushed him back to get him off of her [REDACTED] then began screaming for him to stop.

Gala advised that [REDACTED] was yelling at him and that he covered her mouth with his hands to get her to stop yelling. Gala and [REDACTED] both stated that they had been consuming alcoholic beverages earlier in night.

I observed a laceration on the top of [REDACTED] lip which had dried blood around it, a scratch on her right arm, and dried blood on the left shoulder of her t-shirt. I observed a small scratch on the top of Gala's forehead. BRFD responded to the scene and [REDACTED] refused treatment.

Based on the results of my investigation, I placed Gala under arrest for Domestic Battery pursuant to F.S.S. 784.03(1a1). Gala was TOT PBCJ.

Officer D. Graham took pictures of [REDACTED] injuries and submitted them into evidence. [REDACTED] refused to provide a written statement. I provided [REDACTED] with a domestic violence victims' rights pamphlet.

STATE OF FLORIDA

COUNTY OF PALM BEACH

Travis Rafaiko  
Appeared before me, [REDACTED] 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 30 day of April, 2017.

Daly, Michael D.

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED

MAY - 1 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

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