

0487530

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-006211		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE			
D E F E N D A N T	Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator						
	Location of Arrest (Including Name of Business) 900 S OCEAN BLVD				Location of Offense (Business Name, Address) 900 S OCEAN BLVD 739, BOCA RATON, FL 33432									
	Date of Arrest 04/30/2017	Time of Arrest 04:13	Booking Date 04/30/2017	Booking Time 04:23	Jail Date	Jail Time	Location of Vehicle NONE							
	Name (Last, First, Middle) GALA, BLAIN MICHAEL													
J U V E N I L E	Alias:													
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 05/31/1977	Height 5'09	Weight 220	Eye Color GREEN	Hair Color BALD	Complexion LIGHT	Build Medium				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion CHRISTIAN	Indication of: Alcohol Influence Drug Influence		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 7227 HENDRY CREEK DR, FORT MYERS, FL 33908						Phone (239) 839-1139		Residence Type: 1. City 3. Florida 2. County 4. Out of State		3			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 7227 HENDRY CREEK DR, FORT MYERS, FL 33908						Phone (239) 839-1139		Address Source FL ID CARD					
	Business Address (Name, Street) (City) (State) (Zip) SELF EMPLOYED,						Phone		Occupation Marine Tech					
	D/L Number, State GA00073771910 / FL		Soc. Sec. Number		DNS Number		Place of Birth (City, State) NAPLES, FL, United		Citizenship US					
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
	C O D E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Notified by: (Name) _____ Date _____ Time _____ 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. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____												
Drug Activity				S. Sell	R. Smuggle	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown	
N/A				B. Buy	D. Deliver	E. Use		N/A	C. Cocaine	M. Marijuana	O. Opium/Deriv.	Z. Other		
P. Possess				T. Traffic				A. Amphetamine	E. Heroin		S. Synthetic			
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				2017-006211	1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N								
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								
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD													
	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													
	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													
	PROPERTY - Received By RAFALKO													
	Released By RAFALKO													
	Released To TOT PBCJ													
	Transported By													
	Date Transported 04/30/2017													
	Time Transported 06:30													
	Other													
N O T I C E	<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) South County 200 W Atlantic Ave Delray Beach, FL 33444													
	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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.													
	Signature of Defendant (or Juvenile and Parent/Custodian)													
	Date Signed													
	HOLD for the Agency													
	Signature of Arresting Officer													
	Name Verification (Printed by Arrestee)													
	(PRINT)													
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other													
	Name of Arresting Officer (Print) RAFALKO, TRAVIS													
	ID. # 779													
	Transporting Officer CRAWFORD													
ID. # 683														
Agency BRPD														
Witness here if subject signed with an "X"														
Intake Dept SPAWN 8:01														
Pouch #														
PAGE 1 OF 1														


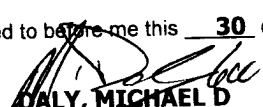
SCANNED

MAY - 1 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMINISTRATIVE	Date / Time 04/30/2017 04:13	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-006211	
	Name (Last, First, Middle) GALA, BLAIN MICHAEL					Alias	Race W
CHARGE	Charge Description DOMESTIC BATTERY 784.03(1A1)						Date of Birth 05/31/1977
	Business Address (Name, Street) [REDACTED]						
VICTIM INFORMATION	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SHAKEN				
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>						
ADDITIONAL INFORMATION	RELATIONSHIP BETWEEN VICTIM & SUSPECT FIANCE W/ CHILD						
	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>911 CALL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>CALLER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>TYPE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>(If YES, attach witness list)</p> <p>PARAMEDICS: BRFD</p> <p>PHYSICIAN(S) / HOSPITAL:</p> <p>NAMES/AGES:</p> <p>CASE #:</p>						
NOTARIZATION	STATE OF FLORIDA COUNTY OF PALM BEACH						
	<p>Travis Rafalko</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> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>30</u> day of <u>April</u>, <u>2017</u>.</p> <p> GALA, MICHAEL D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>						

COURT

STATE ATTORNEY

CENTRAL RECORDS

SCANNED

MAY - 1 2017

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

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

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. BRED 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.

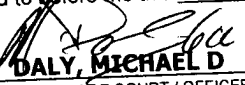
Officer D. Graham took pictures of [REDACTED] injuries and submitted them into evidence. [REDACTED] refused to provide a written statement. I provided [REDACTED] with a domestic violence victims' rights pamphlet.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Travis Rafako
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

JAIL

CRIME ANALYSIS

P. I. O.