

ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE				
Agency ORI Number 0502000		Agency Name Lantana Police Department			Agency Report Number (N.T.A.'s only) 614 17-001865						
Charge Type: <input checked="" type="checkbox"/> 1. Felony <input 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				If Weapon Seized Enter Type HAND/FEET/FIST			Multiple Clearance Indicator 3				
Location of Arrest (Including Name of Business)											
Date of Arrest 07/24/2017	Time of Arrest 07:48	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) BARRAS, BLAKE READE											
Alias: Alias:											
Race W - White B - Black	Sex I - American Indian O - Oriental/Asian	Date of Birth 01/09/1972	Height 5'09	Weight 200	Eye Color BLUE	Hair Color BROWN	Complexion LIGHT	Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion CHRISTIAN			Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
Local Address (Street, Apt. Number) 116 OCEAN CAY WAY, HYPOLUXO, FL 33462				(City) (State) (Zip)			Phone (561) 405-0616	Residence Type: 1. City <input type="checkbox"/> 3. Florida 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>			
Permanent Address (Street, Apt. Number) 116 OCEAN CAY WAY, HYPOLUXO, FL 33462				(City) (State) (Zip)			Phone (561) 405-0616	Address Source OFFENDER			
Business Address (Name, Street) GEO GROUP INC., 621 NW 87TH AVE ST, #500, BOCA RATON, FL 33487				(City) (State) (Zip)			Phone	Occupation Vp Of Finance			
D/L Number, State B620076720090 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) NEW IBERIA, LA,		Citizenship US					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian								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 <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.				School Attended			Grade				
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property				
							Value of Property				
Drug Activity N/A B. Buy P. Possess	S. Sell D. Deliver T. Traffic	R. Smuggle E. Use	K. Dispenses/ 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. Synthetic	U. Unknown Z. Other	
Charge Description 784.041(2)(A) DOMESTIC BATTERY BY STRANGULATION								Statute Violation Number 784.041(2)(A)	Violation of ORD #		
Drug Activity <input checked="" type="checkbox"/>	Drug Type N	Amount / Unit /	Offense # 17-001865	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number				Bond	
Charge Description DOMESTIC BATTERY - SIMPLE TOUCH/STRIKE								Statute Violation Number 784.03 (1)(A)(1)	Violation of ORD #		
Drug Activity <input checked="" type="checkbox"/>	Drug Type N	Amount / Unit /	Offense # 17-001865	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number				Bond	
Charge Description FALSE IMPRISONMENT								Statute Violation Number 787.02(1)(1)(A)	Violation of ORD #		
Drug Activity <input checked="" type="checkbox"/>	Drug Type N	Amount / Unit /	Offense # 17-001865	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number				Bond	
Health / Apparent Physical Condition of Defendant					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 which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By			Released By		Released To		
Transported By				Date Transported	Time Transported	Other					
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room)					No Photo Available		
				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 2017/07/24			
HOLD for Other Agency				Signature of Arresting Officer FROMMER, JOSEPH L.				Name Verification (Printed by Arrestee) 859 LPO			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) FROMMER, JOSEPH L. I.D. # 859				(PRINT) Transporting Officer FROMMER, JOSEPH L. I.D. # 859 Agency LPO			
Intake Deputy				I.D. #		Pouch #	PAGE 1 OF 1				
Witness here if subject signed with an "X".											

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS S.P.A.C.E. DEFENDANT

SCANNED BY DEFENDANT
JUL 25 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/24/2017 07:48	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 17-001865
D E F	Name (Last, First, Middle) BARRAS, BLAKE READE	Alias		Race W Sex M Date of Birth 01/09/1972
C H R G	784.041(2)(A) BATTERY BY STRANGULATION			
V I C T I M			Race W Sex F Date of Birth 11/02/1983	
	(Zip)		(Zip)	Address Source
	Business Address (Name, Street)	(City)	(State)	Phone
	Occupation UNEMPLOYED			
	DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SHAKEN, SCARED, CRYING	
	VICTIM'S STATEMENTS:	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]				
A D D I T I O N A L I N F O R M A T I O N O R R	PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: VICTIM WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE: WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/> AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:		
	H. R. S. NOTIFIED:	<input type="checkbox"/> <input checked="" type="checkbox"/>		
	VICTIM PREGNANT:	<input type="checkbox"/> <input checked="" type="checkbox"/>		
	VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: LPD 16-002468		
	PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/> <input type="checkbox"/>		
	ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/> <input type="checkbox"/>		
N A R R	On Monday, July 24th, 2017, at approximately 0748 hours, I responded to [REDACTED] in reference to a female requesting the Police.			
	Upon my arrival, I observed a white female running towards my patrol vehicle. The female continued to look [REDACTED]			
	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 _____ SIGNATURE OF ARRESTING OFFICER			
	Sworn to and subscribed to before me this <u>24</u> day of <u>July</u> , <u>2017</u> . _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)			

SCANNED

JUL 25 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

A	Date / Time
D	07/24/2017 07:48
M	Agency ORI Number
I	FL 0502000
N	

Palm Beach County
Narrative Continuation

Agency Name
LANTANA POLICE DEPARTMENT

Agency Report Number
6 | 4 | 17-001865

N
A
R
R
A
T
I
V
E behind her as if someone was following her. The female, later identified as [REDACTED] (11/2/83), was crying and shaking nonstop. [REDACTED] had bruises all over her face and neck. [REDACTED] kept repeating that she needed help. Once I got [REDACTED] to calm down, she began to tell me that an incident happened last night at approximately 1800 hours between her and [REDACTED] Blake Barras (1/9/72). [REDACTED] advised that they were both consuming alcohol together. Barras became upset with the fact that [REDACTED] [REDACTED] has nude photographs of her. Both subjects continued to argue until Barras punched [REDACTED] on right side of her eye/forehead with a closed fist. The force from the punch caused [REDACTED] to fall to the ground and on her back. Barras then straddled on top of [REDACTED] and put both of his hands around her neck, blocking her airway. [REDACTED] advised that she was having a difficult time breathing. [REDACTED] attempted to scream for help but had a hard time speaking due to Barras strangling her. [REDACTED] then said to Barras "Blake let me go please let me go". Barras then told [REDACTED] to shut up and he stuck her two times on the left side of her face and one time on the right side. Barras then continued to strangle [REDACTED] and then placed a pillow over her face. [REDACTED] advised that she was begging Barras to keep her alive and Barras stated that if she called the Police that he would kill her and then put a bullet in his mouth. Barras then took [REDACTED]'s keys and cell phone and wouldn't let her leave the residence.

[REDACTED] was in fear for her life and stated that she was too scared to call for help last evening. [REDACTED] waited all night and into the morning until she felt safe to get her phone and keys and left the residence. [REDACTED] called 9-1-1 as soon as she ran outside.

Officers later made contact with Barras who confirmed that they were drinking together and got into an argument, but denied any physical allegations. At first, Barras stated that he didn't know how [REDACTED] received her injuries. Barras then changed his story saying that she fell down at the pool the other day. I then asked Barras again what happened and he changed his story one more time saying that [REDACTED] got into a fight with another female the other day. Barras was very inconsistent with his story and believes that he was being set up.

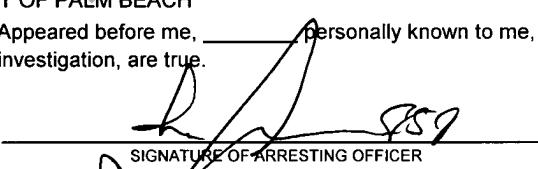
Barras was placed under arrest for Domestic Battery, Domestic Battery by Strangulation, and False Imprisonment. Barras was transported to the Lantana Police Department for processing and later lodged in the Palm Beach County Jail. A Victim Notification Form was completed and will be turned over to the booking desk at CJ.

[REDACTED] completed a written statement and the domestic violence forms. (8) digital photographs were taken and placed into evidence.

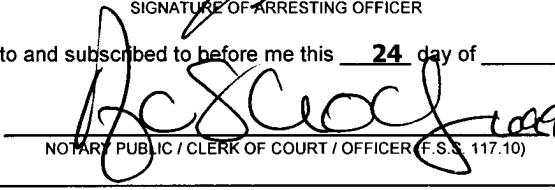
Nothing further to report at this time.

STATE OF FLORIDA
COUNTY OF PALM BEACH

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 24 day of July, 2017.


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

SCANNED

VICTIM NOTIFICATION FORM

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#: 17-001865 Agency: LANTANA PD
Offense: DOMESTIC BATTERY
Suspect/Offender: BLAKE BARRIS
D.O.B. 01/09/72 Race: W Sex: M
2. Warranty #(s): _____
3. Complete one (1) of the following:
 - a. Victim's
Address: _____
City: _____
Home #: _____
 - 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: _____ Zip: _____
Home #: _____ Other#: _____
4. Relevant identification or case numbers assigned to the case (please specify):

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: FRONMER, J. I.D.: 859 Date: 07/24/17 SCANNED