

0711710

18MM745

0157

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1
Juvenile N

OBTS Number	Agency ORI Number FLO 5 0 2 6 0 0	Agency Name PALM BEACH GARDENS POLICE DEPT.	Agency Report Number (N.T.A.'s only) 7 8 1 1 8 1 0 0 3 9 5 0 (1)
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 2515 25th LN PBG, FL 33410		Location of Offense (Business Name, Address) 2515 25th LN PBG, FL 33410	
Date of arrest 0 7 0 2 1 8 0 0 3 8	Time of Arrest	Booking Date	Booking Time

Name (Last, First, Middle) Dunkelberger, Brad A		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black	Sex M	Date of Birth 1 1 2 4 7 3	Height 5 0 8
Weight 1 8 0	Eye Color GRN	Hair Color BRN	Complexion FAIR
Build HEAVY		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE	
Local Address (Street, Apt. Number) 2515 25th LN PBG, FL 33418		Phone (561) 201-7540	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Ujk <input checked="" type="checkbox"/>
Permanent Address (Street, Apt. Number) 2515 25th LN PBG, FL 33418		Phone (561) 201-7540	Residence Type: 1. City 2. County 3. Florida 4. Out of State
Business Address (Name, Street)		Phone	Address Source FL DL
DL Number, State D504 061 734240 FL		INS Number	Place of Birth (City, State) Redding, PA
Co-Defendant Name (Last, First, Middle)		Race	Sex

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
Parent Legal Custodian Name (Last) (First) (Middle)	Address (Street, Apt. Number) (City) (State) (Zip)			Residence Phone () () ()	
Address (Street, Apt. Number)	Business Phone () () ()				

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 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 parent. 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: (Name) <input type="checkbox"/> No: (Reason)			School Attended
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property	

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 F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description Simple Battery		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7 8 4 1 0 3 (1)(A)(1)	Violation of ORD #					
Drug Activity N	Drug Type N/A	Amount / Unit N/A	Offense # 18003950	Warrant / Capias Number N/A	Bond No Bond					

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address) North County Courthouse - 3188 PGA Blvd PBG FL 33410
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and Time Month 8 Day 1 Year 2018 Time 10:00 P.M.
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) <i>[Signature]</i>	Date Signed 7/2/18

HOLD for other Agency Name:	Signature of Arresting Officer x <i>[Signature]</i> #478	Name Verification (Printed by Arrestee) JUL 2 AM 3:04
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) A. Luciano I.D.# 478	(PRINT) SCANNED
Intake Number 7622 I.D.#	Pouch #	Transporting Officer Anthony Luciano I.D.# 478 Agency PBGPD
Witness here if subject signed with an "X"		JUL 02 2018

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/01/2018 23:57	
	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE
D E F	Name (Last, First, Middle) DUNKELBERGER, BRAD ALAN	Agency Report Number 7 8 18-003950
	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)	Race W
C R I M I N A L	Victim's Name (Last, First, Middle) GRUBB, CECILIA C	Sex M
	Local Address (Street, Apt. Number) 2515 25TH LN, PALM BEACH GARDENS, FL 33418	Date of Birth 11/24/1973
V I C T I M	Business Address (Name, Street) (561) 768-3750	Address Source
	Occupation	
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET, FAINT RED MARK LFT ARM
VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral		
RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE		
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER: CECILIA GRUBB
	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE: HANDS
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(if YES, attach witness list)
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS:
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL:
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAMES/AGES:
	H. R. S. NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CASE #:
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
N A R R O N 7/1/2018 at 11:57pm, I responded to 2515 25th Lane, Palm Beach Gardens, FL 33410 in response to a report of a disturbance.		
On my arrival I spoke with the complainant, Cecilia Grubb, who provided a sworn oral statement of her account.		
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 <i>[Signature]</i> # 478		SCANNED JUL 02 2018
Sworn to and subscribed to before me this <u>1</u> day of <u>July</u> , <u>2018</u> .		
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <i>[Signature]</i> # 290 CESARI, KIM		

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time	07/01/2018 23:57	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0502600	PALM BEACH GARDENS POLICE	7 8 18-003950

Grubb stated she went outside the house to get her gym bag out of her vehicle. When Grubb exited the residence, her dogs began to whine. Grubb's husband, Brad Dunkelberger, sent her a text telling her to keep the dogs quiet because he was trying to sleep in the bedroom downstairs. Once Grubb was back in the home, Dunkelberger came out of the bedroom and began arguing with Grubb in the dining room area. Grubb used her cell phone to take a video of the argument, due to his use of profanity, and told him so. Grubb advised Dunkelberger then went back into the room, and then came out with his phone in his hand holding it toward her as if he was also recording her. Dunkelberger then walked fast toward Grubb, and hit her phone as she was holding it, and pushed her left arm, causing her to fall onto the dining room table behind her. Grubb had a faint red mark on the upper outer portion of her left arm, consistent with her statement. Grubb declined any medical treatment and did not have any further injuries.

Grubb then showed me the video she took. Dunkelberger is seen approaching her in a fast-paced manner, then he knocked the phone out of her hand and the video screen went black. Grubb can be heard yelling in the video and it sounds as though a physical altercation occurred. Grubb then called police and Dunkelberger returned to the bedroom downstairs.

I spoke with Dunkelberger outside the residence and read him his Miranda warnings from a pre-printed card with him stating he understood and was willing to answer questions. Dunkelberger stated the dogs began barking as his wife was outside the residence. Dunkelberger sent Grubb a text telling her to keep the dogs quiet because he was trying to sleep. Dunkelberger then exited the bedroom and an argument ensued between him and Grubb. Dunkelberger stated he hit the phone out of Grubbs hand as she was recording him. Dunkelberger denies hitting or pushing Grubb, he stated that he only hit the phone out of her hand.

Based on the totality of the circumstances, physical evidence, and a result of my investigation, I find probable cause to charge Brad Dunkelberger with Simple Battery (Touch or Strike) - F.S.S. 784.03(1)(A)(1). My body worn camera was activated during this investigation.

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.

Arly L. # 478
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 1 day of July, 2018.

[Signature]
CESARI, KIM
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
JUL 02 2018

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-003950 Agency: Palm Beach Gardens PD
 Offense: DOMESTIC BATTERY
 Suspect/Offender: BRAD DUNKELBERGER
 D.O.B. 11/24/1973 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: CECILIA C. GRUBB (U/F DOB: 08/13/1980)
 Address: 2515 25TH LANE
 City: PAGE State: FL Zip: 33410
 Home #: 561-768-3750 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):

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.

SCANNED

JUL 02 2018

Signature of person waiving notification: N/A
Printed name of person waiving notification: _____

Officer's Name : M. KOEGL I.D.: 456 Date: 07/02/18

SUSPECT/OFFENDER: DUNKELBERGER, BRAD A. COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018021895	Date: 07/02/2018
	Specialist Name/ID: howardt/7185

SCANNED
JUL 02 2018