

J-0507059

P-318

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 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19-059804	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" 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
Location of Arrest (Including Name of Business) 9111 Carma Dr, Boynton Beach, FL 33472			Location of Offense (Business Name, Address) 9111 Carma Dr, Boynton Beach, FL 33472			Multiple Clearance Indicator 01
Date of Arrest 04/14/2019	Time of Arrest 2246	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Fiebigler, Brandon, J						Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 03/13/1980	Height 5;09	Weight 180	Eye Color Blue	Hair Color Bro	Complexion Light	Build Med	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
Local Address (Street, Apt. Number) 2541 Roosevelt St Unit B, Hollywood, FL 33020			Permanent Address (Street, Apt. Number)			Business Address (Name, Street)			Marital Status Single	Religion None	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N	Residence Type: 1. City 2. County 3. Florida 4. Out of State 3
D/L Number, State F-126-070-80-093-0, FL			Soc. Sec. Number			INS Number			Place of Birth (City, State) fairbanks, Alaska		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

VICTIM NOTIFICATION
REQUIRED

Address (Street, Apt. Number)			Residence Phone		
Notified by: (Name)			Business Phone		
Released To: (Name)			Date	Time	Relationship
The above address 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 (Phone 355-2528) informed of any change of address.			School Attended		
Property Crime? <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			Grade		
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 E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	
Charge Description Simple Battery (Dating Violence)						Counts 01	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1A1)			Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit --	Offense # 19-059804			Warrant / Capias Number			Bond No Bond		
Charge Description						Counts	Domestic Violence	Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond		
Charge Description						Counts	Domestic Violence	Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond		
Charge Description						Counts	Domestic Violence	Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond		

Location (Court, Room Number, Address)					
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM _____ PM					
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 04/14/2019

HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) D/S C. Ward		(PRINT)	
Make Deputy		ID # 16305	Agency PBSO	Witness here if subject signed	

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number _____

Agency ORI Number **FLO 50000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06-19-059804**

Charge Type: Check as many as apply. 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Special Notes: _____

Name (Last, First, Middle) **Fiebiger, Brandon, J** Alias _____ Race **W** Sex **m** Date of Birth **03/13/1980**

Charge Description **Simple Battery (Dating Violence)** Charge Description **784.03(1A1)**

Victim's Name (Last, First, Middle) **Every, Patricia,** Race **W** Sex **F** Date of Birth **07/17/1966**

Local Address (Street, Apt. Number) **9111 Carma Dr, Boynton Beach, FL 33472** (City) (State) (zip) Phone **(818) 812-2723** Address Source _____

Business Address (Name, Street) _____ (City) (State) (zip) Phone _____ Occupation _____

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **14** day of **April** 20**19** at **2320** A.M. P.M. (Specifically include facts constituting cause for arrest.)

I responded to 9111 Varma Dr, in the subdivision of Waterchase, unincorporated Boynton Beach, Palm Beach County in reference to a simple Battery (Dating Violence).

Upon arrival I met with the victim, Patricia Evert. She stated that she was on the back porch sitting on a chair. Her boyfriend of 12 years, Brandon Fiebiger, had pushed down on the chair, dumping her out of it and causing a cut to her left leg, shin area. She stated that they were having a verbal argument but would not say what it was about or how it started. She stated that she believed he pushed her out of the chair on accident and that it was not playful in nature. She refused to complete a video recorded sworn statement. She completed a written sworn statement. The cut on her left shin was actively bleeding.

Evert stated that she did not want medical attention and did not want to go to a domestic shelter. She was given a copy of the case information form as well as the domestic rights pamphlet. Photos were taken of her and her injury by D/S J. Ramirez # 26733. A call was placed to the domestic violence hotline by D/S J. Ramirez.

I spoke with Fiebiger who came out of the house. When I asked him what happened he would start to talk and stop. I explained to him that if he did not tell me what happened I would only be able to go with what Evert said. He stated that he sarcastically pushed down on the chair. He did not admit to her falling out at this time. He kept pointing out that she was intoxicated.

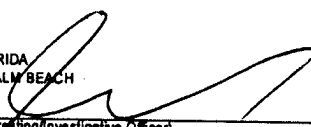
I could smell the odor of an unknown alcoholic beverage, based on my training and experience, coming from both subjects individually which would intensify as they spoke to me.

I later went to the rear porch where I was shown the chair that was knocked over. It was a love seat style patio couch.

At this time I found probable cause to arrest the defendant for Simple Battery (Dating Violence) pursuant to Florida State Statute 784.03(1A1). He was handcuffed to the rear, checked for proper fit and double locked. He was then placed in the rear of my PBSO patrol vehicle.

While being transported. Without being prompted the defendant stated that he was tipping the chair. He stopped speaking prior to saying that the victim fell out of the chair.

STATE OF FLORIDA
 COUNTY OF PALM BEACH


 D/S C. Ward
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **14** day of **April** 20**19** by **D/S C. Ward 16305**

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced **LEO**

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

ADMINISTRATIVE PROBABLE CAUSE STATEMENT

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 #: 19-059804 Agency: _____
Offense: Simple Battery (Dating Violence)
Suspect/Offender: Fiebiger, Brandon, J
D.O.B. 03/13/1980 Race: W Sex: m

2. Warrant # (s): _____

3.a. Victim's name: Every, Patricia, D.O.B. 07/17/1966 Race: W Sex: F
Address: 9111 Carma Dr
City: Boynton Beach, FL 33472
Home #- (818) 812-2723 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

Waiver: I choose not to be notified when the arrestee is released from custody.

Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: Every, Patricia,

Deputy's Name: D/S C. Ward 16305

ID.# 16305

Date: 04/14/2019 4 5 2019

White/Corrections or State Attorney (Warrant Application)
PBSO 00029A REV. 4/199

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER: **Fiebiger, Brandon, J**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

SCANNED

Palm Beach County Sheriff's Office
Domestic VIOLENCE/HATING VIOLENCE/SEXUAL VIOLENCE CASE FILE
 (Submit this form with the original Probable Cause Affidavit)

Suspect: Flebig, Brandon, J

DOB: 03/13/1980

Case #: 19-059804

Victim: Everty, Patricia

DOB: 07/17/1966

Race: W **Sex:** F

Relationship between Victim and Defendant: _____

Photographs: **Scene** Yes No **Victim** Yes No **Defendant** Yes No

911 Call: Yes No **Caller:** Everty, Patricia,

Weapon/Gun: Yes No **Type:** _____

Witness: Yes No **Name:** _____

Victim Pregnant: Yes No **If yes,** _____ weeks _____ months

Injury: Yes No **Description:** Cut to Leg shin

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** _____

At Hospital: Yes No **Hospital:** _____ **Physician:** _____

Any Children Living in Home? Yes No **DCF Notified?** Yes No

Name: _____

DOB: / /

Name: _____

DOB: / /

Name: _____

DOB: / /

Restriction: Yes No **Case #:** _____

No Contact Order: Yes No **Case #:** _____

Alcohol or Drugs: Yes No Unknown

Prior History of Domestic/Intimacy Violence: Yes No

Defendant's Statements: Yes No **If yes, written** **recorded** **oral**

First words Defendant said when you responded to scene: That he was at the residence trying

Victim's Statements: Yes No **If yes, written** **recorded** **oral**

First words Victim said when you responded to scene: That she was dumped out of a chair

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No **If yes, name:** _____ **phone:** () _____

Observations of Victim (Physical & Emotional):

Upset **Crying** **Fearful** **Hysterical** **Afraid** **Calm** **Nervous**

Complained of pain: _____ **Other:** _____

Victim Contact Information:

Local Address: 9111 Carma Dr, Boynton Beach, FL 33472

Phone: **Home** (514) 812-7223 **Work** () _____ **Cell** () _____

Employer: _____

Name of Relative: _____ **Phone** () _____

Address: _____

SCANNED
APR 15 2019



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019012466	Date: 4/15/2019
	Specialist Name/ID: Gammage/5660

SCANNED
APR 15 2019