

J#0497406

NIR

#3740

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		18-062164	
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		# Weapon Seized Enter Type	
Location of Arrest (Including Name of Business) 10702 MAPLE CHASE DR		BOCA RATON, FL. 33498		Location of Offense (Including Name of Business) 10702 MAPLE CHASE DR		BOCA RATON, FL. 33498		Multiple Clearance Indicator	
Date of Arrest 4/13/2018		Time of Arrest 1609		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle) ROSEN		<input checked="" type="checkbox"/> BRANDON		H		Alias (Name, DOB, Soc. Sec. #, Etc.) NA			
Race W - White 1 - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 7/20/95		Height 5'8		Weight 180	
Eye Color BROWN		Hair Color BROWN		Complexion MEDIUM		Build MEDIUM			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NA				Marital Status SINGLE		Religion CATHOLIC		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unit <input type="checkbox"/>	
Local Address (Street, Apt. Number) 10702 MAPLE CHASE DR		City BOCA RATON		State FL		Zip 33498		Phone NA	
Permanent Address (Street, Apt. Number) 10702 MAPLE CHASE DR		City BOCA RATON		State FL		Zip 33498		Residence Type: 1. City 3. Florida 4. Out of State 2. County	
Business Address (Street, Apt. Number)		City		State		Zip		Address Source VERBAL	
Occupation									
D/L Number, State R-250-068-95-260-0		Social Security Number		INS Number		Place of Birth BOCA RATON, FL		Citizenship Y	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>	
Parent Legal Guardian Other		Name (Last, First, Middle)		Address (Street, Apt. No.)		City		State	
Zip		Business Phone		Notified By (Name)		Date		Time	
Arrested/Processed within Dept. and Released		2. TOT HRS/DYS		3. Incarcerated		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 561 355-2528) informed of any address change		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Property		Value of Property		Drug Activity		Drug Type		Amount/Unit	
Offense #		Warrant/Capias Number		Bond		Charge Description DOMESTIC BATTERY		Counts 1	
Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(A)(1)		Violation or ORD. #		Drug Activity N		Drug Type N	
Offense #		Warrant/Capias Number		Bond		Charge Description		Counts	
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #		Drug Activity		Drug Type	
Offense #		Warrant/Capias Number		Bond		Charge Description		Counts	
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #		Drug Activity		Drug Type	
Offense #		Warrant/Capias Number		Bond		Charge Description		Counts	
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #		Drug Activity		Drug Type	
Offense #		Warrant/Capias Number		Bond		Location (Court, Address, Room Number)		Court Date and Time	
Month		Day		Year		Time		AM <input type="checkbox"/> PM <input type="checkbox"/>	
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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				
Name		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Name of Arresting Officer		ID #	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Reissued Arrest <input type="checkbox"/> Other		DEPUTY RAINEY		8540		8540	
ID #		Transposing Officer		ID #		Agency		Page	
8540		8540		8540		8540		1 of 1	

SCANNED
APR 15 2018

2018 APR 14 AM 5:28
Palm Beach County Sheriff's Office
GUN CONTROL BRANCH

Witness here if subject signed with an "X"

VICTIM NOTIFICATION FORM

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

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

1. Incident Report #: 18-062164 Agency: Palm Beach County Sheriff's Office
Offense: DOMESTIC BATTERY
Suspect/Offender: ROSEN ■ BRANDON H
DOB: 7/20/95 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: ROSEN IRWIN J DOB: 9/5/63 Race: W Sex: M
Address: 10702 MAPLE CHASE DRIVE
City: BOCA RATON State: FL Zip: 33498
Home #: 954-805-8498 Work #: _____ Other #: (954) 661-0106

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

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: _____

Deputy's Name: DEPUTY RAINEY ID #: 8540 Date: _____

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause Affidavit)

Defendant: ROSEN ■ BRANDON H DOB: 7/20/95 Case #: 18-062164

Victim: ROSEN IRWIN J DOB: 9/5/63 Race: W Sex: M

Relationship between Victim and Defendant: FATHER AND SON

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: BRANDON ROSEN

Weapon Used: Yes No Type: NA

Witness: Yes No Name: NA

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: NA

Medical Treatment: Yes No

At Scene: Yes No Paramedics: NA

At Hospital: Yes No Hospital: NA Physician: NA

Are children living in the home? Yes No DCF Notified? Yes No

Name: NA DOB: NA

Name: NA DOB: _____

Name: NA DOB: _____

Injunction: Yes No Case #: _____

No Contact Order: Yes No Case #: _____

Alcohol or Drugs: Yes No Unknown

Prior history of Domestic/Dating Violence Yes No

Defendant's statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: STATED, "I PUT MY HANDS ON HIS NECK TO PROTECT MYSELF"

Victim's statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: STATED, "MY SON HAS A MENTALL ILLNESS AND HE HAS NOT BEEN TAKING HIS PRESCRIBED MEDICATION."

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?
 Yes No If yes, name: NA phone: _____

Observations of Victim (Physical & Emotional): HE SEEM UPSET

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim contact information:

Local Address: 10702 MAPLE CHASE DRIVE

BOCA RATON FL 33498

Phone: Home: 954-805-8498 Work: _____ Cell: _____

Employer: NA

Name of Relative: NA Phone: _____