

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-17107045						
	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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator								
	Location of Arrest (Including Name of Business) 22882 MARKHAM WAY BOCA RATON FL 33428						Location of Offense (Business Name, Address) 22882 MARKHAM WAY BOCA RATON FL 33428						
DEFENDANT	Date of Arrest 07/26/2017	Time of Arrest 0055	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A						
	Name (Last, First, Middle) MARIE BRAVIN ANDRE						Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian	M	Sex W	Date of Birth 11/5/68	Height 5'7	Weight 165	Eye Color BR	Hair Color BR	Complexion OLIVE	Build MED			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status SINGLE	Religion CATHOLIC	Indication of: Alcohol Influence Drug Influence		Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
CO-DEF	Local Address (Street, Apt. Number) 22882 MARKHAM WAY		(City) BOCA RATON	(State) FL	(Zip) 33428	Phone (954) 8652584	Residence Type: 1. City 2. County 3. Florida 4. Out of State		2				
	Permanent Address (Street, Apt. Number) 22882 MARKHAM WAY		(City) BOCA RATON	(State) FL	(Zip) 33428	Phone ( )	Address Source VICTIM						
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ( )	Occupation						
	D/L Number, State NONE		Soc. Sec. Number NONE		INS Number		Place of Birth (City, State) VITORIA ESPITO SANTO BRAZIL		Citizenship BRAZIL				
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				
	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				
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)	(Middle)	Residence Phone ( )						
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone ( )							
CHARGE	Notified by: (Name) BARRA MANSA		Date 07/26/2017		Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
	Released To: (Name)		Relationship		Date		Time						
	The above address provided by <input type="checkbox"/> defendant and / or <input checked="" type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade								
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property								
CHARGE	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 BATTERY (DOMESTIC)		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(2)		Violation of ORD #						
	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17107045		Warrant / Capias Number		Bond					
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond					
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond					
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond					
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond					
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
NOTICE TO APPEAR	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												
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer BARRA MANSA				Name Verification (Printed by Arrestee) SCANNED JUL 26 2017						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) BARRA MANSA 7767		(PRINT)		PAGE 1 OF 1				
	Intake Deputy		I.D. #	Pouch #	Transporting Officer BARRA MANSA 7767		ID #		Agency		Witness here if subject signed with an -X"		
	DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)												

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N		
ADMIN	Agency ORI Number	FLO 500000		Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number	06-17107045				
	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		Special Notes:						
DEF	Name (Last, First, Middle)	MARIE BRAVIN ANDRE				Alias			Race	M	Sex	W	Date of Birth	11/5/68
CHARGES	Charge Description	BATTERY (DOMESTIC)				784.03(1)(A)(2)	Charge Description							
	Charge Description						Charge Description							
VICTIM	Victim's Name (Last, First, Middle)	PIZARRO VANESSA SOCORRO				Race	W	Sex	F	Date of Birth	06/14/69			
	Local Address (Street, Apt. Number)	22882 MARKHAM WAY		(City)	BOCA RATON	(State)	FL	(zip)	33428	Phone	(904) 4181597		Address Source	FL DL
	Business Address (Name, Street)			(City)		(State)		(zip)		Phone	( )		Occupation	
ADMINISTRATIVE	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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.													
	On the 26 day of JULY 2017 at 0055 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)													
ON 7/26/17 AT APPROXIMATELY 0045 HOURS I RESPONDED TO 22882 MARKHAM WAY BOCA RATON, IN REFERENCE TO A DISTURBANCE. UPON ARRIVAL I HEARD A WOMAN SCREAMING FROM INSIDE OF THE RESIDENCE AND SHE APPEARED TO BE IN AN ACTIVE STRUGGLE. I ENTERED THE RESIDENCE AND THE SCREAMS GOT LOUDER AND LOUDER AS I APPROACHED A REAR BEDROOM. I ARRIVED AT THE BEDROOM DOOR AND I HEARD A WOMAN SCREAMED IN SPANISH "LET ME GO, GET OFF ME" AS SHE CRIED. AT WHICH POINT MYSELF AND BACK UP UNIT WERE YELLING POLICE OPEN THE DOOR. AGAIN WE HEARD THE WOMAN SCREAMING "GET OFF ME" AS SHE CONTINUED TO CRY. AT THIS TIME FEARING FOR THE WOMAN SAFETY WE WERE FORCED TO KICK THE DOOR OPEN. AS THE DOOR FLEW OPEN I SAW A WHITE MALE GRABBING THE WOMAN BY THE LEFT ARM, WITH ENOUGH FORCE THAT I OBSERVED A LARGE BRUISE TO HER INNER FOREARM. THE MALE WAS ORDER TO GET LET HER GO AND HE WAS DETAINED. THE MALE WAS IDENTIFIED BY BRAZILIAN PASSPORT AS ANDRE B. MARIEN, HE WAS REMOVED FROM THE ROOM. I SPOKE WITH THE VICTIM VANESSA AND SHE STATED THE FOOLOWING; THEY BEEN TOGETHER FOR ABOUT 8 MONTH AND TONIGHT THEY HAVE BEEN DRIKING ALCOHOL FOR A FEW HOURS. ONCE THE ALCOHOL FINISHED THE VICTIM STATED THEY ATTEMPTED TO HAVE SEX BUT THE SUSPECT WAS HAVING TROUBLE KEEPING AN ERECTION. THE VICTIM MADE A COMMENT ABOUT THE SITUATION AND THE SUSPECT BECOME VERY ANGRY. THEY BEGAN TO ARGUE AND HE BEGAN TO PUSH AND PUSHED HER ON THE FACE. BOTH OF THE VICTIMS EYES WERE SWOLLEN AND BLACK /BLUE. HER NOSE ALSO WAS SWOLLEN AND HAD A SMALL CUT THAT WAS BLEEDING. THE VICTIM HAD BRUISES ALL OVER HER BODY AND SMALL CUTS ALL OVER HER LEGS WHICH WERE BLEEDING. I ALSO OBSERVED SCRATCHES ALL OVER THE VICTIMS NECK AND CHEST. IT SHOULD BE NOTED THE VICTIM PROVIDED VERY LIMITED INFORMATION, SHE STATED SEVERAL TIMES " HE HURT ME BUT HE'S A GOOD MAN". THE SUSPECT WITHOUT ME ASKING ANY QUESTIONS STATED THE VICTIM PUCHED HERSELF ON THE FACE AND CAUSE ALL HER INJURIES TO HERSELF. HE ALSO STATED HE SLLAPED HER IN THE FACE 2 MONTH AGO BUT TONIGHT HE DID NOT TOUCH HER. BASE ON MY INVESTIGATION PROBABLE CAUSE EXITS TO CHARGE THE SUSPECT WITH DOMESTIC BATTERY. (PICTURES OF THE VICTIMS INJURIES WERE UPLOADED INTO THE DOMESTIC VIOLENCE SYSTEM.														
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>BARRA MANSA</b> (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of JULY 2017 by BARRA MANSA 7767 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification: Personally known Notary Public, Clerk of Court, Officer (F.S.S. 117.10)													
	SCANNED JUL 26 2017													
	PAGE 1 OF 1													