

0490240

3139

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1 Juvenile			
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		17-109795			
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		17mm9548				Multiple Clearance Indicator 0 1					
Location of Arrest (Including Name of Business) SW 18th & CAROLWOOD LN BOCA RATON FL33428				Location of Offense (Including Name of Business) SW18TH & CAROLWOOD LN BOCA RATON FL 33428							
Date of Arrest Aug 2, 2017		Time of Arrest 0330		Booking Date		Booking Time		Jail Date			
Jail Time		Location of Vehicle									
Name (Last, First, Middle) <del>MIRAHILA</del> MIRAHA BREAUNA				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black O - Oriental/Asian		Sex W F		Date of Birth 02/03/1998		Height 5'4		Weight 130			
Eye Color BLK		Hair Color BRN		Complexion FAIR		Build SM					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNK				Marital Status S		Religion UK		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk			
Local Address (Street, Apt. Number) 23398 SERENE MEADOWS DR S BOCA RATON FL 33428				Phone 561-699-6849		Residence Type 1. City 2. County 3. Florida 4. Out of State		2			
Permanent Address (Street, Apt. Number) 23398 SERENE MEADOWS DR S BOCA RATON FL 33438				Phone 561-699-6849		Address Source FL DL					
Business Address (Street, Apt. Number)				City		State		Zip			
DIL Number, State M640-076-98-543-0				Social Security Number		INS Number		Place of Birth WEST PLAM BEACH			
Citizenship											
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth			
Parent Legal Guardian Other				Name (Last, First, Middle)				Phone			
Address (Street, Apt. No.)				City				State			
Zip				Business Phone							
Notified By (Name)				Date				Time			
Released To (Name)				Relationship				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 561 355-2526) informed of any address change <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			
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			
P. Paraphernalia/ Equipment				U. Unknown Z. Other							
Charge Description BATTERY ( DATING VIOLENCE)				Counts 1				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			
Statute Violation Number 784.03(1)M				Violation or ORD. #							
Drug Activity N				Drug Type N				Amount/Unit			
Offense # 17-109795				Warrant/Capias Number				Bond NO BOND			
Charge Description				Counts				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			
Statute Violation Number				Violation or 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 or 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 or ORD. #							
Drug Activity				Drug Type				Amount/Unit			
Offense #				Warrant/Capias Number				Bond			
Location (Court, Address, Room Number)											
Court Date and Time											
Month				Day				Year			
Time				AM				PM			
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 FULLY 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							
HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)			
Name				Name of Arresting Officer SGT A BRZENSKI				ID # 6547			
Intake Deputy Thoma				Pouch #				Transporting Officer M. Russo			
ID #				Agency				Page 1 of 1			

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>		<b>17-109795</b>		
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							
Defendant Name (Last, First, Middle) <b>MIRALLA Breanna</b>					Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>02/03/1998</b>
Charge <b>BATTERY ( DATING VIOLENCE )</b>					Charge				
Charge					Charge				
Victim Name (Last, First, Middle) <b>GAINES BRADLEY A</b>					Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>05/27/1996</b>
Local Address (Street, Apt. Number) <b>6850 PALMETTO CIR S</b>		City <b>BOCA RATON</b>		State <b>FL</b>	Zip <b>33433</b>	Phone <b>561-451-7154</b>		Address Source <b>VIC</b>	
Business Address (Street, Apt. Number)		City		State	Zip	Phone		Occupation	
The undersign 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 checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. On the <b>2ND</b> day of <b>AUG</b> 20 <b>17</b> at <b>0330</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM									

ON 08/02/17 AT APPROX 0323 HRS WHILE ON ROUTINE PATROL IN THE AREA OF SW18TH ST AND SR7 A CALL CAME OUT OF A DISTURBANCE ON SW18TH BETWEEN A MALE AND A FEMALE WHO WERE IN A BLK FORD FOCUS. WHILE TRAVELING EAST ON SW18TH I OBSERVED THE VEHICLE STOPPED IN THE ROADWAY GOING WEST ON SW18TH ST.

I PROCEEDED TO MAKE A UTURN AND PULLED UP BEHIND THE VEHICLE AS IT WAS MOVING. THE CONSTRUCTION WORKERS WHO WERE PRESENT YELLED THAT'S THE VEHICLE. I CONDUCTED A TRAFFIC STOP ON THE VEHICLE BEARING FL TAG HKKG51. THE VEHICLE PULLED OVER. A W/M ATTEMPTED TO EXIT THE VEHICLE AND WAS ORDERED BACK INTO THE VEHICLE.

I THEN MADE CONTACT WITH THE DRIVER WHO WAS LATER ID AS BRADLEY GAINES. I ASKED HIM WHAT WAS GOING ON. WHEN I LOOKED INTO THE VEHICLE I OBSERVED A W/F LATER ID AS BREANNA MIRALLA SITTING IN THE PASSENGER SEAT. SHE HAD VISABLE INJURIES TO HER FACE. WHEN I ASKED WHAT HAD HAPPENED TO HER SHE STATED THAT SHE JUMPED OUT OF THE CAR. WHILE STANDING THERE IN MY PRESENCE BREANNA MIRALLA STARTED TO STRIKE BRADLEY.

I ORDERED BRADLEY OUT OF THE VEHICLE THEN I ORDERED BREANNA OUT OF THE VEHICLE. THE MULTIPLE WITNESSES ALSO STATED THAT THEY HAD OBSERVED BREANNA STRIKING BRADLEY NUMEROUS TIMES WHEN THEY WERE STOPPED IN THE CONSTRUCTION ZONE.

BASED ON THE ABOVE INFORMATION I HAVE PROBABLE CAUSE TO ARREST BREANNA MIRALLA FOR BATTERY (DATING VIOLENCE). BREANNA MIRALLA did actually and intentionally touch or strike BRADLEY GAINES against the will of BRADLEY GAINES, contrary to Florida Statute.

**SCANNED**  
**AUG 02 2017**

The foregoing instrument was sworn to and affirmed before me this <u>2ND</u> day of <u>AUG</u> 20 <u>17</u> , by:	
<u>M. Russo</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>SGT A BRZENSKI</u> <b>6547</b> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☐ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 12.	ZONE: 2-43	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 8/2/17 0330
EVENT TYPE: Battery		DEPUTY: J. Forges	ID#: 7268

## COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Gaines		FIRST NAME: Bradley		MIDDLE INITIAL: A	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 05/27/96	YOUR HEIGHT: 5'9	YOUR WEIGHT: 187	YOUR HAIR COLOR: brown		YOUR EYE COLOR: brown	
YOUR HOME ADDRESS: 6850 Palmetto Circle S		CITY: Boca Raton		STATE: FL	ZIP: 33433	
YOUR WORK NAME & ADDRESS:		CITY:		STATE:	ZIP:	
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE 1562 451-7154	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:		<input type="checkbox"/> CHECK IF NONE	

## WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: 1 Bradley Gaines	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
--------------------------------	--

Driving and Girlfriend Started hitting me and jumped out car couple injuries

I do not want to press charges

SCANNED

AUG 02 2017

PAGE 1 OF 1

## READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 8/2/17 TIME: 0337

SIGNATURE: ID: 7268

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
EVENT TYPE:		DEPUTY:	ID#:

LAST NAME: Moller		FIRST NAME: Timothy			MIDDLE INITIAL: M	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 10/02/1998		YOUR HEIGHT: 6'3	YOUR WEIGHT: 230	YOUR HAIR COLOR: Brown		YOUR EYE COLOR: Brown / Blue	
YOUR HOME ADDRESS: 3229 East Glenn Street		<input type="checkbox"/> CHECK IF HOMELESS		CITY: Inverness		STATE: FL	ZIP: 34953
YOUR WORK NAME & ADDRESS: Pike Electric		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: West Palm		STATE: FL	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE		EMAIL:		<input type="checkbox"/> CHECK IF NONE	
( )	351 457-8908	( )					

YOUR NAME: Timothy Moller	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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The black car pulled up and we saw a throwing of hands coming from the passenger seat, as I walked up to the car there was screaming and the female in the passenger side was violently beating the male in the driver seat while not laying a hand on her and trying to protect his face.

SCANNED

AUG 02 2017

PAGE OF \_\_\_\_\_

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE.

YOUR SIGNATURE: **X** *Enble*

☐ DEPUTY SHERIFF      ☐ NOTARY PUBLIC      FSS: 117.10  
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ ID: \_\_\_\_\_

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☐ WITNESS    ☐ VICTIM    ☐ OTHER

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SCANNED  
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