

J#0485441

17MM 2011 P#1603

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		Agency Name		Agency Report Number (N.T.A.'s only)		17041260		1		1		1		1			
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06-															
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type		1. Yes 2. No		Multiple Clearance Indicators		1		101			
Date of Arrest 02-18-17		Time of Arrest 0242		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle N/A							
Name (Last, First, Middle) Dipasquale, Brianna, Renee																			
Alias (Name, DOB, Soc. Sec. #, Etc.)																			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W F		Date of Birth 08-16-95		Height 5'03		Weight 103		Eye Color Brown		Hair Color Black		Complexion Light		Build Small			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Right Bicep, Tattoo, Assault Rifle								Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y N Unk.					
Local Address (Street, Apt. Number) 6786 Camille Street								(City) Boynton Beach, FL 33437		(State) FL		(Zip) 33437		Phone (561) 414-7837		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number) 6786 Camille Street								(City)		(State)		(Zip)		Phone ( )		Address Source FL DL			
Business Address (Name, Street)								(City)		(State)		(Zip)		Phone ( )		Occupation			
D/L Number, State D-124-076-95-796-0 , FL				Soc. Sec. Number [REDACTED]				INS Number N/A				Place of Birth (City, State) West Palm Beach, FL				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			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last)								(Middle)								Residence Phone ( )			
Address (Street, Apt. Number)								(City)		(State)		(Zip)		Business Phone ( )					
Notified by: (Name)								Date 02-18-17		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 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 type="checkbox"/> No		Description of Property						Value of Property											
CODE	S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	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	Charge Description Battery (Domestic)				Counts 01	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)		Violation of ORD # N/A										
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17041260			Warrant / Capias Number N/A		Bond N/A										
CHARGE	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	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	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										
NOTICE TO APPEAR	Location (Court, Room Number, Address)												FEB						
NOTICE TO APPEAR	Court Date and Time												FEB						
NOTICE TO APPEAR	Month	Day	Year	Time	AM	PM	CO												
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												FEB							
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed FEB							
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Agency) FEB 18 AM 4:34 (PRINT)											
Inmate Infractions Initials FEB 18 2011				Name of Arresting Officer (Print) D/S Fuentes Jr				ID # 24989 PAGE											
DISTRIBUTION: WHITE - COURT COPY PBSO #148 REV. 8/97				Transporting Officer Sgt. Fuentes IS 54984 PBO				Witness here if subject signed with an -X" 1 OF 1											
GREEN - STATE ATTORNEY				YELLOW - AGENCY				PINK - AGENCY				GOLD - DEFENDANT (N.T.A.'s ONLY)							

FEB

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT					1	Juvenile			
	Agency ORI Number	FLO 500000	Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number	06-	17041260				
	ChargeType: Check as many as apply.			<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Special Notes:					
DEF	Name (Last, First, Middle) Dipasquale, Brianna, Renee			Alias			Race	W	Sex	F	Date of Birth	08-16-95
CHARGES	Charge Description Battery (Domestic)			784.03(1)(a)(1)			Charge Description					
VICTIM	Charge Description						Charge Description					
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> confessed to D/S Fuentes admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>18th</u> day of <u>February</u> 20 <u>17</u> at <u>0242</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>												
PROBABLE CAUSE STATEMENT	<p>On Saturday, 02-18-17, Deputies and I responded to [REDACTED] at approximately 0215hrs, in reference to a domestic disturbance. Upon arrival, contact was made with both parties involved, W/M [REDACTED] DOB: 08-12-94 (victim) and W/F Brianna R. Dipasquale DOB: 08-16-95 (defendant).</p> <p>While on scene both parties appeared to be highly intoxicated. [REDACTED] advised that he and his girlfriend (mother of his child), Dipasquale, were involved in a verbal altercation that eventually turned physical. [REDACTED] gave no specific reason as to why he was assaulted by Dipasquale, however, I observed him to have a bloody and swollen lip stemming from the apparent assault. [REDACTED] advised he does however believe he was assaulted due to him preventing Dipasquale from leaving the area in her vehicle, while she was intoxicated. [REDACTED] advised that once he prevented Dipasquale from driving off while intoxicated, he was struck in the face/mouth "ten times" with a closed fist.</p> <p>Dipasquale was then interviewed and informed me that she "beat the shit" out of [REDACTED] because he was an "asshole" who takes advantage of her. Dipasquale provided very little information of the incident due to her state of intoxication.</p> <p>Based on the statements provided to me and injuries observed on scene, probable cause exists to arrest and charge Dipasquale with Domestic Battery pursuant to FS 784.03(1)(a)(1). Dipasquale was transported to the Palm Beach County Jail without incident.</p>											
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p> D/S Fuentes Jr.</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>18th</u> day of <u>February</u> 20 <u>17</u> by <u>D/S Fuentes Jr 24989</u> (Name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Personally Known</u></p> <p><b>SCANNED</b> <b>FEB</b> Notary Public, Clerk of Court, Officer (F.S.S. 117.10) #<u>24989</u></p>												

**PALM BEACH COUNTY SHERIFF'S OFFICE**  
**DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM**  
**(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER# 17041260

DEFENDANT'S NAME: Dipasquale, Brianna, Renee

DEFENDANT'S STATEMENT  YES  NO (IF YES:  WRITTEN  TAPED  ORAL)

SYNOPSIS: Dipasquale declined to give a recorded or written statement, however, spontaneously uttered that she "beat the shit" out of Valdez due to him treating her like "shit"

VICTIM'S NAME: [REDACTED]

VICTIM'S STATEMENTS:  YES  NO (IF YES)  WRITTEN  TAPED  ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Valdez declined to give a recorded and written statement, however, gave his verbal statement. Valdez was highly intoxicated on scene and cried throughout the interview. Valdez advised that Dipasquale struck him in the face with a closed fist over "ten times"

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: [REDACTED] child in common

PHOTOGRAPHS: SCENE:  YES  NO VICTIM (S):  YES  NO

911 CALL:  YES  NO WHO CALLED: [REDACTED]

WEAPON USED:  YES  NO TYPE: [REDACTED]

MEDICAL TREATMENT:  YES  NO

AT SCENE:  YES  NO PARAMEDICS: declined

AT HOSPITAL:  YES  NO HOSPITAL: declined PHYSICIAN: [REDACTED]

ARE CHILDREN LIVING IN HOME:  YES  NO

NAME: Nani Valdez DOB: 10-31-16

NAME:  DOB:

NAME:  DOB:

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S):  YES  NO (IF YES  SAME AS ABOVE OR SPECIFY)

NAME:  DOB:

NAME:  DOB:

NAME:  DOB:

DCF NOTIFIED: (IF CHILD ABUSE)  YES  NO

VICTIM PREGNANT-  YES  NO

PRIOR HISTORY OF DOMESTIC VIOLENCE:  YES  NO

ALCOHOL OR DRUGS INVOLVED:  YES  NO

VIOLATION OF RESTRAINING ORDER:  YES  NO CASE #: [REDACTED]

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME:  PHONE:

RELATIVE/FRIEND ADDRESS:

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

(FOR WAIVER)

COURT CASE/WARRANT#.

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)

- **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 #: 17041260 Agency: PBSO  
Offense: Battery (Domestic)  
Suspect/Offender: Dipasquale, Brianna, Renee  
D.O.B. 08-16-95 Race: W Sex: F

2. Warrant # (s): N/A

b. Victim's next of kin, friend or neighbor: N/A  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: \_\_\_\_\_

Deputy's Name: D/S Fuentes Jr I.D.# 24989 Date: 02/18/17  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO 00029A REV. 4199