

J#0485441

17mm 2041

P#1603

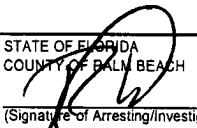
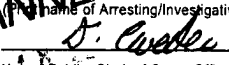
ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.3. Request for Warrant
4. Request for Capias

1

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17041260	
	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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicators <input type="checkbox"/> 1 <input type="checkbox"/> 01			
DEFENDANT	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							
DEFENDANT	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian	Sex F	Date of Birth 08-16-95	Height 5'03	Weight 103	Eye Color Brown	Hair Color Black	
DEFENDANT	Complexion Light							
	Build Small							
DEFENDANT	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Right Bicep, Tattoo, Assault Rifle							
	Marital Status Single							
DEFENDANT	Religion NONE							
	Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
DEFENDANT	Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N							
	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2							
DEFENDANT	Address Source FL DL							
	Occupation ()							
DEFENDANT	D/L Number, State D-124-076-95-796-0, FL							
	Soc. Sec. Number ()							
DEFENDANT	INS Number N/A							
	Place of Birth (City, State) West Palm Beach, FL							
DEFENDANT	Citizenship US							
	Co-Defendant Name (Last, First, Middle)							
DEFENDANT	Race							
	Sex							
DEFENDANT	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							
DEFENDANT	Co-Defendant Name (Last, First, Middle)							
	Race							
DEFENDANT	Sex							
	Date of Birth							
DEFENDANT	<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							
	Parent Name (Last) ()							
DEFENDANT	Legal Custodian Name (Last) ()							
	Other: Name (Last) ()							
DEFENDANT	Residence Phone ()							
	Address (Street, Apt. Number) ()							
DEFENDANT	(City) ()							
	(State) ()							
DEFENDANT	(Zip) ()							
	Business Phone ()							
DEFENDANT	Notified by: (Name) ()							
	Date 02-18-17							
DEFENDANT	Time ()							
	Juvenile Disposition 1. Handled / processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated 1							
DEFENDANT	Released To: (Name) ()							
	Relationship ()							
DEFENDANT	Date 02-18-17							
	Time ()							
DEFENDANT	The above address provided by <input checked="" 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 ()							
DEFENDANT	Grade ()							
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No							
DEFENDANT	Description of Property ()							
	Value of Property ()							
DEFENDANT	Drug Activity N. N/A							
	S. Sell P. Possess							
DEFENDANT	R. Smuggle D. Deliver							
	K. Dispense/ E. Use							
DEFENDANT	M. Manufacture/ Produce/ Cultivate							
	Z. Other ()							
DEFENDANT	Drug Type N. N/A							
	A. Amphetamine ()							
DEFENDANT	B. Barbiturate ()							
	C. Cocaine ()							
DEFENDANT	H. Hallucinogen ()							
	M. Marijuana ()							
DEFENDANT	P. Paraphernalia/ Equipment							
	S. Synthetics ()							
DEFENDANT	U. Unknown ()							
	Z. Other ()							
DEFENDANT	Charge Description Battery (Domestic)							
	Counts 01							
DEFENDANT	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
	Statute Violation Number 784.03(1)(a)(1)							
DEFENDANT	Violation of ORD # N/A							
	Drug Activity N							
DEFENDANT	Drug Type N							
	Amount / Unit N/A							
DEFENDANT	Offense # 17041260							
	Warrant / Capias Number N/A							
DEFENDANT	Bond N/A							
	Charge Description ()							
DEFENDANT	Counts ()							
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
DEFENDANT	Statute Violation Number ()							
	Violation of ORD # ()							
DEFENDANT	Drug Activity ()							
	Drug Type ()							
DEFENDANT	Amount / Unit ()							
	Offense # ()							
DEFENDANT	Warrant / Capias Number ()							
	Bond ()							
DEFENDANT	Charge Description ()							
	Counts ()							
DEFENDANT	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
	Statute Violation Number ()							
DEFENDANT	Violation of ORD # ()							
	Drug Activity ()							
DEFENDANT	Drug Type ()							
	Amount / Unit ()							
DEFENDANT	Offense # ()							
	Warrant / Capias Number ()							
DEFENDANT	Bond ()							
	Location (Court, Room Number, Address) ()							
DEFENDANT	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							
DEFENDANT	Signature of Defendant (or Juvenile and Parent / Custodian) ()							
	Date Signed ()							
DEFENDANT	HOLD for other Agency Name: ()							
	Signature of Arresting Officer ()							
DEFENDANT	Name Verification (Printed by Arresting Officer) ()							
	(PRINT) ()							
DEFENDANT	Name of Arresting Officer (Print) D/S Fuentes Jr							
	ID # 24989							
DEFENDANT	Transporting Officer ()							
	ID # 24984							
DEFENDANT	Agency PBS							
	Witness here if subject signed with an "X" ()							
DEFENDANT	PAGE 1 OF 1							
	DISTRIBUTION: WHITE - COURT COPY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)							

FEB

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
ADMIN	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 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) 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						
	Charge Description				Charge Description						
VICTIM	<div></div>										
<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 type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> confessed to <u>D/S Fuentes</u> admitting to the below facts. <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> <p>On Saturday, 02-18-17, Deputies and I responded to _____, at approximately 0215hrs, in reference to a domestic disturbance. Upon arrival, contact was made with both parties involved, W/M _____ 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. _____ advised that he and his girlfriend (mother of his child), Dipasquale, were involved in a verbal altercation that eventually turned physical. _____ 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. _____ advised he does however believe he was assaulted due to him preventing Dipasquale from leaving the area in her vehicle, while she was intoxicated. _____ 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 _____ 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>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH										
	<div></div> D/S Fuentes Jr										
	(Signature of Arresting/Investigative Officer)										
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>											
Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <div> #24975</div>											
PAGE 1 OF 1											

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

DEFENDANTS 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: _____

MEDICAL TREATMENT: ☐ YES ☒ NO

AT SCENE: ☐ YES ☒ NO PARAMEDICS: declined

AT HOSPITAL: ☐ YES ☒ NO HOSPITAL: declined PHYSICIAN: _____

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 #: _____

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

RELATIVE/FRIEND NAME: _____ PHONE: _____

RELATIVE/FRIEND ADDRESS: _____

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 #: 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

(FOR WAITING)

COURT CASE/WARRANT#.

- 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