

0452977

2873

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1 Arrest  
2 N T A

3 Request for Warrant  
4 Request for Capias

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-18075697</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		Weapon Seized / Type <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) <b>15317 JACKSON RD, DELRAY BEACH FL 33484</b>				Location of Offense (Business Name, Address) <b>15317 JACKSON RD, DELRAY BEACH FL 33484</b>				
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A		
	Name (Last, First, Middle) <b>BRAMMER, BRIGITTE, NOEL</b>								
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth <b>01/13/1997</b>	Height <b>5-3</b>	Weight <b>120</b>	Eye Color <b>GREEN</b>	Hair Color <b>BLONDE</b>	Complexion <b>AVG</b>	Build <b>THIN</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATTOOS BOTH THIGHS, BOTH ANKLES, BOTH FEET, INSIDE LIP</b>				Martial Status <b>Single</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>		
	Local Address (Street, Apt. Number) <b>15317 JACKSON RD, DELRAY BEACH FL 33484</b>				Phone <b>( ) 561 699-0676</b>	Residence Type 1 City 2 County 3 Florida 4 Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone ( )									
Business Address (Name, Street) (City) (State) (Zip) Phone ( ) Occupation <b>STUDENT</b>									
DL Number, State <b>B-656-074-97-513-0</b>		Soc Sec Number		INS Number		Place of Birth (City, State) <b>BOCA RATON FL</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth									
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth									
Parent Legal Custodian Name (Last) (Middle) (First) Residence Phone ( )									
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone ( )									
Notified by (Name) 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 355-2528) 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									
Drug Activity S Sell R Smuggle K Dispense/ M Manufacture/ Z Other N N/A B Buy D Deliver Produce/ Cultivate P Possess T Traffic E Use									
Drug Type N N/A A. Amphetamine B Barbiturate C Cocaine E Heroin H Hallucinogen M Marijuana O Opium/Derv P Paraphernalia/ Equipment S Synthetics U Unknown Z Other									
CHARGE	Charge Description <b>SIMPLE BATTERY DOMESTIC</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation of ORD #		
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>18075697</b>	Warrant / Capias Number		Bond		
	Charge Description <b>SIMPLE ASSAULT</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.011</b>		Violation of ORD #		
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>18075697</b>	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>									
Court Date and Time Month Day Year Time AM PM <b>05/18/2018</b>									
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 <b>D/S RONALD BLOCK</b>		Name Verification (Printed by Arrestee) (PRINT)			PAGE	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) ID # <b>D/S RONALD BLOCK 7942</b>		Witness here if subject signed with an -X"			OF	
	Intake Deputy ID # Pouch #		Transporting Officer ID # Agency <b>D/S RONALD BLOCK 7942 PBSO</b>						

1 - No Bond  
2 - No Bond

MAY 18 PM 4:25

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant  
2 N T A 4 Request for Capias

Juvenile  N  1

OBTS Number	PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile <input type="checkbox"/> N <input checked="" type="checkbox"/>
Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 18075697</b>	2 N T A	4 Request for Capias		
Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony	<input checked="" type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance	Special Notes		
	<input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 6 Other			

Name (Last, First, Middle) <b>BRAMMER, BRIGITTE, NOEL</b>	Alias	Race W	Sex F	Date of Birth 01/13/1997
Charge Description <b>SIMPLE BATTERY DOMESTIC</b>	784.03(1)(a)(1)	Charge Description <b>SIMPLE ASSAULT</b>	784.011	
Charge Description		Charge Description		

Victim's Name (Last, First, Middle) <b>BRAMMER, DEBORAH,</b>	Race W	Sex F	Date of Birth 12/13/59
Local Address (Street, Apt Number) <b>15317 JACKSON RD, DELRAY BEACH FL 33484</b>	(City)	(State)	(zip)
Phone <b>( ) 561 251-8195</b>	Address Source <b>VERBAL</b>		
Business Address (Name, Street)	(City)	(State)	(zip)
Phone <b>( )</b>	Occupation		

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

committed the below acts in my presence

confessed to \_\_\_\_\_

admitting to the below facts.

was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

was found to have committed the below acts, resulting from my (described) investigation

On the **18TH** day of **MAY** 20 **18** at **2:30**  A M  P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time I responded to 15317 JACKSON RD in unincorporated Delray Beach. Upon arrival I met with the complainant, Deborah Brammer. Deborah stated that she picked up her daughter, Brigitte Brammer from school yesterday, May 17th. While inside the vehicle leaving their neighborhood in Country Club Acres, Palm Beach County, the two got into a heated verbal argument at which point Brigitte punched Deborah on top of the head numerous times and grabbed her hand. Deborah did not suffer any injuries during this altercation. At approximately 1315 hours this date both parties got into another heated verbal altercation inside of their home, just outside of Brigitte's bedroom located at 15317 JACKSON RD, at which point Brigitte asked Deborah "if she wanted to get hit?". Deborah in fear of getting hit again ran away and called 911. Deborah's friend, Phillip Etchison signed a sworn statement stating that Brigitte did in fact ask Deborah if she wanted to be hit. The victim did not show any signs of an injury and refused to be photographed.

Based on the sworn statements I find probable cause to charge the defendant with 1 count of Simple Battery Domestic as well as 1 count of Simple Assault Domestic as per F.S.S. 784.03(1)(a)(1) & F.S.S. 784.11.

The defendant was handcuffed to the rear, checked for tightness and double-locked for safety and TOT PBCJ without incident.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S RONALD BLOCH**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of May 20 18 by Sgt R. Theiss

(Print name of Arresting/Investigative Officer), who is personally known to me and produces identification Type of identification produced Sgt - Process # 0507

Notary Public, Clerk of Court, Officer (F S S 117 10)

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

# 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)
- 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

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

1. Incident Report #: 18075697 Agency: \_\_\_\_\_  
Offense: SIMPLE BATTERY DOMESTIC  
Suspect/Offender: BRAMMER, BRIGITTE, NOEL  
D.O.B. 01/13/1997 Race: W Sex: F

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: BRAMMER, DEBORAH, D.O.B. 12/13/59 Race: W Sex: F  
Address: 15317 JACKSON RD  
City: DELRAY BEACH FL 33484  
Home #- 0 561 251-8195 Work #: 0 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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: BRAMMER, DEBORAH,

Deputy's Name: \_\_\_\_\_ I.D.# 7942 Date: 05/18/2018

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

**BRAMMER, BRIGITTE, NOEL**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018016770	Date: 05/19/2018
	Specialist Name/ID: D.Beavers/9606