

0511297 191771110 ID
ARREST / NOTICE TO APPEAR

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias
5. Juvenile Referral 1 JUVENILE

OBTS Number: _____

Agency ORI Number: **0500200** Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **3, 2 | 2019-013043**

Charge Type: 1. Felony 2. Misdemeanor 3. Ordinance 4. Traffic Felony 5. Ordinance 6. Other

Location of Arrest (including Name of Business): **2500 N FEDERAL HWY** Location of Offense (Business Name, Address): **2500 N FEDERAL HWY 117, BOCA RATON, FL 33431**

Date of Arrest: **09/27/2019** Time of Arrest: **06:13** Booking Date: **09/27/2019** Booking Time: **06:42** Jail Date: **09/27/2019** Jail Time: **06:55** Location of Vehicle: **N/A**

Name (Last, First, Middle): **MCCOSTLIN, BRITTANY TAYLOR** Alias: _____

Race: **W - White** Sex: **F** Date of Birth: **07/20/1994** Height: **5'04** Weight: **125** Eye Color: **GREEN** Hair Color: **BROWN** Complexion: **LIGHT** Build: **Small**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **TATT UR SHOULDER / ROSES; TATT R FORE ARM / FAITH; TATT L** Marital Status: **S 3R** Religion: **NONE**

Local Address (Street, Apt. Number): **2500 N FEDERAL HWY 117, BOCA RATON, FL 33431** Phone: _____

Permanent Address (Street, Apt. Number): **2500 N FEDERAL HWY 117, BOCA RATON, FL 33431** Phone: _____

Business Address (Name, Street): **LOFT,** Phone: _____

DVL Number, State: **M223078947600 / FL** DNS Number: _____ Place of Birth (City, State): **FORT LAUDERDALE, US** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____

Parent / Other: _____ Name (Last, First, Middle): _____ Residence Phone: _____

Legal Custodian: _____

Address (Street, Apt. Number): _____ (City): _____ (State): _____ (Zip): _____ Business Phone: _____

Notified by: (Name) _____ Date: _____ Time: _____

Released To: (Name) _____ Relationship: _____ Date: _____ Time: _____

JUVENILE DISPOSITION
1. Handled/Processed within Department and Released
2. TOT IAC
3. Incarcerated

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

Property Crime? Yes No Description of Property: _____ Value of Property: _____

Charge Description: **SIMPLE BATTERY** Statute Violation Number: **784.03 (I A 2) H** Violation of ORD #: _____

Drug Activity: **N** Drug Type: **N** Amount / Unit: **/** Offense #: _____ Counts: **1** Domestic Violence: Y N Warrant / Capias Number: _____ Bond: **no bond**

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Counts: _____ Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Counts: _____ Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Health / Apparent Physical Condition of Defendant: **GOOD** Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries

Check which applies: Released O.R. Released to Parent/Custodian T.O.T. County Jail Posted Bond South County Mental Health

Transported By: **HETTCHEN** Date Transported: **09/27/2019** Time Transported: **08:09** Other: _____

PROPERTY - Received By: **HETTCHEN** Released By: **HETTCHEN** Released To: **CJ**

INSTRUCTION NO. 1 - Mandatory appearance in court
 INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **South County 200 W Atlantic Ave Delray Beach, FL 33444**

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: _____

HOLD for Other Agency: _____ Signature of Arresting Officer: **J. F. HETTCHEN 836** Name Verification (Printed by Arrestee): _____

Dangerous Resisted Arrest Suicidal Other

Name of Arresting Officer (Print): **HETTCHEN, J. F.** I.D. #: **836** (PRINT)

Issuing Deputy: _____ I.D. #: _____ Fench #: _____ Transporting Officer: **HETTCHEN** I.D. #: **836** Agency: **BRPD**

Witness here if subject signed with an "X": _____

SCANNED
SEP 28 2019

No Photo Available
PAGE 1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/27/2019 07:46	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-013043	
	Name (Last, First, Middle) MCCOSTLIN, BRITTANY TAYLOR				Alias	Race W
C H R G	Charge Description 784.03 SIMPLE BATTERY					
	Victim's Name (Last, First, Middle) SHEPPARD, JOSHUA ALLAN				Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 2500 N FEDERAL HWY, BOCA RATON, FL 33431				Phone (561) 212-5994	Date of Birth 06/23/1993
	Business Address (Name, Street) (City) (State) (Zip)				Phone	Address Source SUBJECT

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
BOYFRIEND/GIRLF

PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
	Victim:	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
911 CALL:		<input checked="" type="checkbox"/>		<input type="checkbox"/>	CALLER: VICTIM
WEAPON USED:		<input checked="" type="checkbox"/>		<input type="checkbox"/>	TYPE: HANDS, FEET, TEETH
WITNESSES:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	(If YES, attach witness list)
INJURIES:		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
MEDICAL TREATMENT:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
AT:	Scene:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	PARAMEDICS:
	Hospital:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>		<input checked="" type="checkbox"/>	NAMES/AGES:
H. R. S. NOTIFIED:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
VICTIM PREGNANT:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	

On 9/27/2019 at approximately 550hrs, I responded to 2500 N Federal Hwy Apt 117 in reference to a domestic disturbance.

Upon arrival, I met with Brittany Mccostlin, Mccostlin stepped outside the residence and advised that she and

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 27 day of September, 2019

LAWLOR, MICHAEL B
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANS

SCANNED
SEP 28 2019
P.I.O.
2019 SEP 28 AM

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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#: 2019-013043 Agency: BOCA RATON PD
Offense: BATTERY - SIMPLE
Suspect/Offender: BRITTANY MCCOSTLIN
D.O.B. 07/26/1994 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: JOSHUA SHEPPARD D.O.B. 06/23/93 Race: ✓ Sex: M
Address: 2500 N FEDERAL HWY APT 117
City: BOCA RATON State: FL Zip: 33431
Home#: _____ Work#: _____ Other: 561-212-5994

b. Victim's next of kin, friend or neighbor: _____
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:** Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: J. Hettchen I.D.# 536 Date: 9/27/2019
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____

SCANNED

SEP 28 2019
9/27/2019



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019031513	Date: 09/28/2019
	Specialist Name/ID: AM/31562

SCANNED
SEP 28 2019