Jct # 0443791

18MM9795 MB/OVTD Pch # 2209

ADMINISTRATIVE

OBTS Number	ARREST / NOTICE TO APPEAR Juvenile Referral Report	1 Arrest 2 NTA. 3. Request for Warrant 4. Request for Capias	1	Juvenile

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	18-114066

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other _____

If Weapon Seized Enter Type

Multiple Clearance Indicator

Location of Arrest (including Name of Business): 9900 Sandalfoot Plaza Blvd Boca Raton, Fl. 33428

Location of Offense (Business Name, Address): 10236 Boca Entrada Blvd #316 Boca Raton, Fl. 33428

Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
8-28-18	00:05					

DEFENDANT

Name (Last, First, Middle): Skurnik, Colby, Brooke

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White I - American Indian B - Black O- Oriental/Asian	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/09/1983	5'5	150	bro	bro	light	medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: single

Religion: unknown

Indication of: Alcohol Influence ☐ Y ☐ N ☑ Unk.; Drug Influence ☐ Y ☐ N ☑ Unk.

Local Address (Street, Apt. Number): 10236 Boca Entrada Blvd #316 (City): Boca Raton (State): Fl (zip): 33428

Phone: (561) 235-9117

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 3

Permanent Address (Street, Apt. Number) (City) (State) (zip)

Phone ( )

Address Source

Business Address (Name, Street) (City) (State) (zip)

Phone ( )

Occupation

D/L Number, State: S652102839090/FL

Soc. Sec. Number: [redacted]

INS Number

Place of Birth (City, State): Bergen County, NJ

Citizenship: U.S.

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle)

Residence Phone ( )

Address (Street. Apt. Number) (City) (State) (zip)

Business Phone ( )

VICTIM NOTIFICATION REQUIRED

Notified by: (Name) | Date | Time

Juvenile Disposition 1. Handled/processed within Bond and Release 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) Relationship | Date | Time

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.
Yes, by: (Name) No: (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No

Description of Property

Value of Property

CODE

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 O. Opium/Deriv P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Battery DV	1	☑ Y ☐ N	784.03 1A1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N				N/O BOND

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time

Month Day Year Time A.M. P.M.

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

2018 AUG 28 AM 8:46

ADMIN

HOLD for other Agency Name

Signature of Arresting Officer X

Name Verification (Printed by Arrestee) (PRINT)

AUG 28 AM 2:08

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Name of Arresting Officer (Print): Deputy J Engers I.D. # 28988

Intake Deputy: Thomas # 1926 Pouch # Transporting Officer: PB 28/14 I.D. # 31807 Agency: PBSO

Witness here if suspect signed with an "X"

PAGE 1 OF 1

PBSO 4958

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PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias

1

Juvenile

ADMIN

OBTS Number

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 18-114066

Charge Type (Check as many as apply): ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other

Special Notes

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Skurnik, Colby, Brooke		W	F	11-09-83

CHARGES

Charge Description: Battery D.V.

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Smith, Brianna, A.	W	F	5-6-97

Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
10236 Boca Entrada Blvd #316	Boca Raton	Fl	33428	(561) 990-9918	

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	

PROBABLE CAUSE STATEMENT

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 28 day of August 20 18 at 2130 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

During a heated argument suspect pushed then grabbed victim by the wrists/arms and preceded to pull victim around their apartment. Victim sustained a scratch on her right wrist and an abrasion on her right forearm and bicep. Photos were taken.

Suspect and victim have been involved in an intimate relationship for two years and have been living together as a family for approximately one year.

Based on the above information suspect was placed under arrest (handcuffs checked for tightness and double locked) and transported to the county jail where she was charged accordingly.

The above incident occurred in unincorporated Palm Beach County, Fl.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

28988

(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of August 20 18 by Deputy J Engers 28988

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

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DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004A REV. 12197

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Colby Skurnik **DOB:** 11 / 09 / 1983 **Case #:** 18-114066

Victim: Brianna Smith **DOB:** 05 / 06 / 1997 **Race:** W **Sex:** F

Relationship between Victim and Defendant: dating/living together

Photographs: Scene ☑ Yes ☐ No Victim ☑ Yes ☐ No Defendant ☐ Yes ☑ No

911 Call: ☑ Yes ☐ No **Caller:** Brianna Smith

Weapon Used: ☑ Yes ☐ No **Type:** hands

Witness: ☐ Yes ☑ No **Name:** _____

Victim Pregnant: ☐ Yes ☑ No **If yes,** _____ **weeks** _____ **months**

Injuries: ☑ Yes ☐ No **Description:** scratch/abrasion

Medical Treatment: ☐ Yes ☑ No

At Scene: ☐ Yes ☐ No **Paramedics:** _____

At Hospital: ☐ Yes ☐ No **Hospital:** _____ **Physician:** _____

Are Children Living in Home? ☐ Yes ☑ No **DCF Notified?** ☐ Yes ☐ No

Name: _____ **DOB:** ___/___/_____

Name: _____ **DOB:** ___/___/_____

Name: _____ **DOB:** ___/___/_____

Injunction ☐ Yes ☑ No **Case #:** _____

No Contact Order ☐ Yes ☑ No **Case #:** _____

Alcohol or Drugs ☐ Yes ☐ No ☑ Unknown

Prior History of Domestic/Dating Violence ☑ Yes ☐ No

Defendant's Statements ☐ Yes ☑ No **If yes,** ☐written ☐recorded ☐oral

First words Defendant said when you responded to scene: n/a

Victim's Statements ☑ Yes ☐ No **If yes,** ☐written ☐recorded ☑oral

First words Victim said when you responded to scene: she pushed me

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☑ No **If yes, name:** _____ **phone** (___)_____-_____

Observations of Victim (Physical & Emotional): _____

☑ Upset ☐ Crying ☑ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: 10236 Boca Entrada Blvd #315 Boca Raton, Fl. 33428

Phone: **Home** (___)____-_____ **Work** (___)____-_____ **Cell** (561) 990 - 9918

Employer: _____

Name of Relative: _____ **Phone** (___)_____-_____

Address: _____

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VICTIM NOTIFICATION FORM

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

- **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 #: 18-114066 Agency: PBSO
   Offense: Battery DV
   Suspect/Offender: Colby Skurnik
   D.O.B. 11-9-83 Race: white Sex: female

2. Warrant #(s): _____

3.a. Victim's name: Brianna Smith D.O.B. 5-6-97 Race: W Sex: F
   Address: 10236 Boca Entrada Blvd #316
   City: Boca Raton State: Fl Zip: 33428
   Home #: 561-990-9918 Work #: _____ Other: _____

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:** **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: J Engers I.D.# 28988 Date: 8-28-18

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

PBSO #0029A REV. 4/99

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT#: _____

(FOR WARRANTS USE ONLY)

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018028788	**Date:** 8/28/2018
	Specialist Name/ID: M. Tooks #8557