

# ARREST / NOTICE TO APPEAR

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

JUVENILE

OBTS Number	Agency ORI Number <b>0500900</b>		Agency Name <b>Atlantis Police Department</b>		Agency Report Number (N.T.A.'s only) <b>17-000100</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	If Weapon Seized		Enter Type <b>NONE</b>		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <b>5300-BLK S CONGRESS AVE ATLANTIS FL</b>				Location of Offense (Business Name, Address) <b>1109 NW 30TH CT 6, WILTON MANOR, FL 33311</b>		
Date of Arrest <b>03/01/2017</b>	Time of Arrest <b>03:58</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>BRUTON, KAYLA K</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)		
Alias:						
Race W - White B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>06/25/1985</b>	Height <b>5'08</b>	Weight <b>145</b>	Eye Color <b>GRAY</b>	Hair Color <b>BROWN</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>	Religion <b>none</b>	Complexion <b>LIGHT</b>
Local Address (Street, Apt. Number) <b>1109 NW 30TH CT 6, WILTON MANOR, FL 33311</b>				Phone <b>(954) 405-3345</b>	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) <b>1109 NW 30TH CT 6, WILTON MANOR, FL 33311</b>				Phone <b>(954) 405-3345</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>	
Business Address (Name, Street) <b>Unemployed</b>				Phone	Address Source	
D/L Number, State				Soc. Sec. Number	INS Number	
Place of Birth (City, State) <b>POINT PLEASANT, NJ</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 <input type="checkbox"/> Other: <input type="checkbox"/> Name (Last, First, Middle)				Residence Phone		
Legal Custodian <input type="checkbox"/> Name (Last, First, Middle)				Business Phone		
Address (Street, Apt. Number)				(City)	(State)	(Zip)
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name)				Relationship	Date	Time
The above address was 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's Office (Phone 355-2526) informed of any change of address.				School Attended		
Grade				Value of Property		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		
Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ Distribute
M. Manufacture/ Product/ Cultivate				Z. Other	B. Barbiturate C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana O. Opium/Deriv.				P. Paraphernalia/ Equipment	S. Synthetic	
U. Unknown Z. Other						
Charge Description <b>LOITERING OR PROWLING</b>				Statute Violation Number <b>856.021</b>		Violation of ORD #
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense # <b>17-000100</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		
Transported By				Date Transported	Time Transported	Other
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) <b>Criminal Justice WEST PALM BEACH</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.				Court Date and Time <b>03/30/2017 08:00:00</b>		
Signature of Defendant (or Juvenile and Parent Custodian)				Date Signed		
HOLD for Other Agency				Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				(PRINT)		
Intake Deputy <b>Spinn B101</b>				Name of Arresting Officer (Print) <b>KERNER, JACQUELINE</b>		
Pouch #				I.D. # <b>128</b>		
Signature of Arresting Officer <b>Kerner, Jacqu</b>				I.D. # <b>128</b>		
Witness here if subject signed with an "X".				PAGE <b>1 OF 1</b>		

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

MAR 1 AM 5:23

ATLANTIS POLICE DEPARTMENT

STATEMENT

☒ WITNESS ☐ VICTIM ☐ OTHER \_\_\_\_\_

DATE 3-1-17 Time 0341

Case # 17-0000100

NAME Gayle Ramlakhani DOB 6/15/68 RACE \_\_\_\_\_ SEX F

ADDRESS JFK Medical Center ER

HOME PHONE 561-548-3836 WORK PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

I, Gayle Ramlakhani do hereby make the following voluntary statement of my own free will and without threat, coercion or promise of reward.

I saw pt who was discharged from the ER. Trying to lift doors of vehicles to see if they were unlocked. White minivan and other vehicle in the valet parking lot. Reported to security & ASP

I Swear & Affirm that the statement I have provided is true and accurate.

Sworn to and Subscribed before me this 1 day of March 20 17. Personally known ☐  
Produced ID ☒ Hospital ID (Type).  
☒ Officer ☐ Notary (F.S. 117.10)



SIGNATURE

 Duncan, Jonathan #129  
SIGNATURE: Officer/Notary Public

# RECEIPT FOR PRISONER'S PERSONAL PROPERTY PALM BEACH COUNTY

<b>JAIL</b>	Jacket # <u>0485742</u>		Cell # _____		Pouch # <u>2152</u>	
<b>ARRESTING AGENCY</b>	Arrest Agency <u>Alameda PD</u>		Arrest Date <u>3/1/17</u>		Arrest Time <u>6:50</u>	
	Print Prisoner's <u>Brandon Burton</u>		TAMPER-PROOF BAG # <u>312</u>			
	Prisoner's <u>65-125</u>		DATE OF BIRTH <u>06-16-13</u>		MI <u>59</u>	
	LAST NAME		FIRST NAME			
	MALE <input type="checkbox"/>		FEMALE <input checked="" type="checkbox"/>		WHITE <input type="checkbox"/>	
	BLACK <input type="checkbox"/>		HISPANIC <input type="checkbox"/>		OTHER <input type="checkbox"/>	
	1's		5's		10's	
	20's		50's		100's	
	Other		U.S. Bills Total		U.S. Coin Total	
	Check/M.O. Total					
Total Amount of Money in Writing		Total Amount of Money Numerical				
DESCRIPTION OF PERSONAL PROPERTY		BAG 1 OF _____ - BULK PROPERTY - BAG 2 OF _____				
1. <u>1/2 metal ring</u>		1. <u>State of Florida</u>				
2. <u>1/2 metal ring</u>		2. <u>misc. paperwork</u>				
3. _____		3. <u>1/2 metal ring</u>				
4. _____		4. _____				
5. _____		5. _____				
6. _____		6. _____				
7. _____		7. _____				
8. _____		PRISONER IS WEARING				
9. _____		1. <u>Black pants</u>				
10. _____		2. <u>Black glasses</u>				
11. _____		3. <u>Black top</u>				
By my signature, I acknowledge that the above-described property is all the property, other than that held as evidence, in my possession at the time of my arrest.						
SIGNATURE OF PRISONER <u>[Signature]</u>		PRINT NAME OF OFFICIAL TAKING PROPERTY <u>[Signature]</u>		ID # _____		
				SIGNATURE _____		
<b>TRANSPORT</b>	<b>CHAIN OF CUSTODY</b>					
	I certify the above inventory is correct and I have received all items listed above.					
	Name		ID Number		Agency	
	Date					
<b>INTAKE</b>	Shower/Uniform Issuance. D/S Print Name and ID #:					
	Items retained by inmate			Additional property/clothing placed into Property		
<b>RELEASE</b>	By my signature, I acknowledge receipt of all my listed property and money in the amount of:					
	Check Total \$ _____			Cash Total \$ _____		
SIGNATURE OF PRISONER _____		SIGNATURE /ID # OF WITNESS _____		DATE _____		

CANARY - PBSO PROPERTY

GREEN - TRANSPORTING OFFICER

PINK - ARRESTING OFFICER/AGENCY

WHITE - INMATE

		Agency Name <i>Atlantis Police Department</i>		INCIDENT/INVESTIGATION REPORT				Case# <i>17-000100</i>			
								Date / Time Reported <i>03/01/2017 04:00 Wed</i>			
		ORI <i>FL0500900</i>		Location of Incident <i>5300 S Congress Ave, Atlantis FL 33462-</i>		Premise Type <i>Parking Lot / Area</i>		Zone/Tract <i>ATL, 2003</i>			
		Last Known Secure <i>03/01/2017 03:31 Wed</i>		At Found <i>03/01/2017 03:31 Wed</i>							
I N C I D E N T  D A T A	#1	Crime Incident(s) <i>Loitering Or Prowling</i> <i>856.021</i>		(Com)	Weapon / Tools <i>NONE</i>		Activity				
				M	Entry		Exit	Security			
	#2	Crime Incident		( )	Weapon / Tools		Activity				
					Entry		Exit	Security			
	#3	Crime Incident		( )	Weapon / Tools		Activity				
					Entry		Exit	Security			
MO											
V I C T I M	# of Victims <i>1</i>		Type: SOCIETY / PUBLIC		Injury:		Domestic: N				
	V1	Victim/Business Name (Last, First, Middle) <i>State Of Florida</i>			Victim of Crime # <i>1,</i>	DOB <i>Age</i>	Race	Sex	Relationship To Offender	Resident Status <i>N/A</i>	Military Branch/Status
	Home Address								Home Phone		
	Employer Name/Address						Business Phone		Mobile Phone		
	VYR	Make	Model	Style	Color	Lic/Lis	VIN				
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) Type: Injury:										
O T H E R  I N V O L V E D	Code	Name (Last, First, Middle)			Victim of Crime #	DOB <i>Age</i>	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	Home Address								Home Phone		
	Employer Name/Address						Business Phone		Mobile Phone		
	Type: Injury:										
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB <i>Age</i>	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	Home Address								Home Phone		
Employer Name/Address						Business Phone		Mobile Phone			
P R O P E R T Y	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)										
	VI #	Code	Status Frm/Tc	Value	OJ	QTY	Property Description		Make/Model	Serial Number	
Officer/ID# <i>KERNER, J. (128)</i>											
Invest ID# <i>KERNER, J. (128)</i>					Supervisor <i>BROWN, C. (108)</i>						
Status	Complainant Signature			Case Status <i>Closed/cleared</i>		<i>02/28/2017</i>		Case Disposition: <i>Cleared By Arrest</i>		<i>02/28/2017</i>	

# Incident Report Additional Name List

Atlantis Police Department

OCA: 17-000100

## Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1 ) WI 1	RAMLAHHAN, GAYLE		06/15/1968	48	W	F
	Address 5301 S Congress Ave , Atlantis, FL 33462-		H: 561-548-3836			
	Emp/Addr Jfk Medical Center, 5301 S Congress Ave		B: 561-965-7300			
			Mobile #: - -			

NOT A CERTIFIED COPY

# INCIDENT/INVESTIGATION REPORT

Atlantis Police Department

Case # 17-000100

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found						
D R U G S	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity

Assisting Officers  
*FURNESS, S. (119), DUNCAN, J. (129)*

Suspect Hate / Bias Motivated: *None (No bias)*

## INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 17-000100

Atlantis Police Department

NARRATIVE

**REPORTING OFFICER NARRATIVE***Atlantis Police Department*

OCA 17-000100
Date / Time Reported Wed 03/01/2017 04:00

Victim Society	Offense LOITERING OR PROWLING
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ON WEDNESDAY 03/01/2017 AT APPROX 0330 HOURS, OFC. DUNCAN ADVISED OVER THE RADIO THAT A WHITE FEMALE, DRESSED IN ALL BLACK, JUST LEFT THE ER PARKING LOT AT JFK MEDICAL CENTER AT 5301 S CONGRESS AVE ATLANTIS FL, IN PALM BEACH COUNTY AND WAS HEADING SOUTH. HE SAID THAT A STAFF MEMBER FROM THE HOSPITAL STATED THAT SHE SAW THE FEMALE IN THE PARKING LOT WALKING ON FOOT AND LIFTING CAR DOOR HANDLES, TRYING TO GAIN ACCESS INSIDE. WHEN I APPROACHED THE W/F KAYLA BRUTON (06/25/1985), AT 5503 S CONGRESS AVE, JUST OUTSIDE OF THE PARKING LOT, SHE STATED THAT SHE WAS GOING THROUGH THE PARKING LOT LOOKING FOR CIGARETTES. AFTER FUTHER QUESTIONING SHE THEN SAID THAT SHE WAS LIFTING HANDLES BECAUSE SHE WANTED TO FIND A SWEATER. BASED ON MY INVESTIGATION, BURTON WAS IN VIOLATION OF FSS. 856.021 LOITERING OR PROWLING. BRUTON WAS PLACED IN HANDCUFFS WHICH WERE CHECKED FOR PROPER FITTING AND DOUBLE LOCKED. SHE WAS SEARCHED, AND PLACED INTO MY MARKED PATROL VEHICLE. SHE WAS BROUGHT TO THE ATLANTIS POLICE STATION TO BE PROCESSED. HER PROPERTY WAS INVENTORIED, AND SHE WAS GIVEN A PROPERTY RECEIPT. SHE WAS THEN TRANSPORTED TO THE PALM BEACH COUNTY SHERIFF'S OFFICE FOR BOOKING ON FSS 856.021 LOITERING OR PROWLING. SHE WAS ALSO GIVEN A COURT DATE ON 03/30/2017 AT THE CRIMINAL JUSTICE COMPLEX. THE WITNESS FILLED OUT A WITNESS STATEMENT. THIS CASE IS CLOSED.

NOT A CERTIFIED COPY

# Incident Report Suspect List

Atlantis Police Department

OCA: 17-000100

1	Name (Last, First, Middle) <b>BRUTON, KAYLA KIRK</b>						Also Known As				Home Address <b>1109 NW 30TH CT - 6 WILTON MANOR, FL 33311 954-405-3345</b>																																					
	Business Address																																															
	DOB <b>06/24/1985</b>	Age <b>31</b>	Race <b>W</b>	Sex <b>F</b>	Eth <b>N</b>	Hgt <b>508</b>	Wgt <b>145</b>	Hair <b>BRO</b>	Eye <b>GRY</b>	Skin <b>LBR</b>	Driver's License / State.																																					
	Scars, Marks, Tattoos, or other distinguishing features																																															
<table border="1"> <tr> <td colspan="2"><b>Reported Suspect Detail</b></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td>SSN</td> </tr> <tr> <td>Weapon, Type</td> <td>Feature</td> <td colspan="2">Make</td> <td colspan="3">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="2">Dir of Travel</td> <td>Mode of Travel</td> </tr> <tr> <td colspan="2">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="2">VIN</td> <td></td> </tr> </table>													<b>Reported Suspect Detail</b>		Suspect Age		Race	Sex	Eth	Height		Weight		SSN	Weapon, Type	Feature	Make		Model			Color	Caliber	Dir of Travel		Mode of Travel	VehYr/Make/Model		Drs	Style		Color		Lic/St		VIN		
<b>Reported Suspect Detail</b>		Suspect Age		Race	Sex	Eth	Height		Weight		SSN																																					
Weapon, Type	Feature	Make		Model			Color	Caliber	Dir of Travel		Mode of Travel																																					
VehYr/Make/Model		Drs	Style		Color		Lic/St		VIN																																							
Notes						Physical Char <b>Build, Medium</b>																																										



# PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number

Agency ORI Number

Agency Name

Agency Report Number

FL FL0500900

ATLANTIS POLICE DEPARTMENT

17-000100

Charge Type:  
Check as many  
as apply.

☐ 1. Felony

☒ 3. Misdemeanor

☐ 5. Ordinance

☐ 2. Traffic Felony

☐ 4. Traffic Misdemeanor

☐ 6. Other

Special Notes:

Name (Last, First, Middle)

Alias

Race

Sex

Date of Birth

BRUTON, KAYLA KIRK

W

F

06/25/1985

Charge Description

856.021 LOITERING OR PROWLING

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)

Race

Sex

Date of Birth

Local Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

Address Source

Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

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.

☐ was observed by

who told

☐ confessed to

admitting to the below facts.

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

On the 1 day of March, 2017 at 04:27 (Specifically include facts constituting cause for arrest.)

ON 03/01/2017 AT APPROX 0330 HOURS, OFC. DUNCAN ADVISED THAT A WHITE FEMALE JUST LEFT THE ER PARKING LOT AT JFK MEDICAL CENTER AT 5301 S CONGRESS AVE ATLANTIS FL, IN PALM BEACH COUNTY. A STAFF MEMEBER FROM THE HOSPITAL STATED THAT SHE SAW THE FEMALE IN THE PARKING LOT LIFTING CAR DOOR HANDLES. WHEN I APPROACHED THE W/F KAYLA BRUTON (06/25/1985), AT 5503 S CONGRESS AVE JUST OUTSIDE OF THE PARKING LOT SHE STATED THAT SHE WAS GOING THROUGH THE PARKING LOT LIFTING HANDLES BECAUSE SHE WANTED TO FIND A SWEATER. AT THIS TIME BRUTON WAS PLACED IN HANDCUFFS WHICH WERE CHECKED FOR PROPER FITTING AND DOUBLE LOCKED. SHE WAS SEARCHED, AND PLACED INTO MY PATROL VEHICLE.

SWORN AND SUBSCRIBED BEFORE ME

FURNESS, SCOTT

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/01/2017

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KERNER, JACQUELINE (128)

NAME OF OFFICER (PLEASE PRINT)

03/01/2017

DATE

PAGE

1 OF 1

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.