

0492367

APREST / NOTICE TO APPEAR

17mm/22678

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2 2017-013723</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE										
	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>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator																
Location of Arrest (Including Name of Business) <b>1160 SW 2ND AVE</b>						Location of Offense (Business Name, Address) <b>1160 SW 2ND AVE 102, BOCA RATON, FL 33432</b>															
Date of Arrest <b>10/06/2017</b>		Time of Arrest <b>04:33</b>		Booking Date <b>10/06/2017</b>		Booking Time <b>04:43</b>		Jail Date		Jail Time		Location of Vehicle <b>NONE</b>									
Name (Last, First, Middle) <b>MCISAAC, KELLEY BRANSTON</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race W - White B - Black <b>W</b>		Sex M - Male F - Female <b>F</b>		Date of Birth <b>02/18/1986</b>		Height <b>5'02</b>		Weight <b>155</b>		Eye Color <b>BLUE</b>		Hair Color <b>BLONDE</b>		Complexion <b>LIGHT</b>		Build <b>Small</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATTL SHOULDER / FLOWER</b>						Marital Status <b>S</b>		Religion <b>CATHOLIC</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"/>											
Local Address (Street, Apt. Number) <b>1160 SW 1ST ST B 102, LIGHTHOUSE POINT, FL 33064</b>						(City) <b>(FL)</b>		(State) <b>(FL)</b>		(Zip) <b>(33064)</b>		Phone <b>(954) 292-3019</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>							
Permanent Address (Street, Apt. Number) <b>1160 SW 1ST ST B 102, LIGHTHOUSE POINT, FL 33064</b>						(City) <b>(FL)</b>		(State) <b>(FL)</b>		(Zip) <b>(33064)</b>		Phone <b>(954) 292-3019</b>		Address Source <b>FL DL</b>							
Business Address (Name, Street) <b>WHALES RIB,</b>						(City) <b>(FL)</b>		(State) <b>(FL)</b>		(Zip) <b>(33064)</b>		Phone <b>(561) -</b>		Occupation <b>Server</b>							
D/L Number, State <b>M222502865580 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>BOYNTON BEACH, FL</b>		Citizenship <b>US</b>													
Co-Defendant Name (Last, First, Middle)		Race		Sex		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													
Co-Defendant Name (Last, First, Middle)		Race		Sex		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													
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone									
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													
<input type="checkbox"/> Yes, by:		<input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property													
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Struggle D. Deliver E. Use		K. Disperses/ 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 Description <b>BATTERY</b>						Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #													
Drug Activity <b>N</b>		Drug Type		Amount / Unit		Offense # <b>2017-013723</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description						Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description						Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Health / Apparent Physical Condition of Defendant <b>GOOD</b>						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 Explain:															
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By <b>RAFALKO</b>		Released By <b>RAFALKO</b>		Released To <b>PBCJ</b>											
Transported By <b>RAFALKO</b>						Date Transported <b>10/06/2017</b>		Time Transported <b>07:20</b>		Other											
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time													
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF 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		No Photo Available											
HOLD for Other Agency						Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Sub		<input type="checkbox"/> Restricted Entry		Name of Arresting Officer (Print) <b>RAFALKO, TRAVIS</b>		ID # <b>779</b>		(PRINT)													
Intake # <b>D/S T. BURNSIDE</b>		Pouch # <b>#5406</b>		Transporting Officer <b>VEZINA</b>		ID # <b>581</b>		Agency <b>BRPD</b>		Witness here if subject signed with an "X"		PAGE <b>1 OF 1</b>									

VICTIM NOTIFICATION REQUIRED

2017 OCT - 7 AM 5:42

SCANNED  
OCT 07 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time <b>10/06/2017 06:56</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-013723</b>
	Agency ORI Number <b>FL 0500200</b>			

DEF	Name (Last, First, Middle) <b>MCISAAC, KELLEY BRANSTON</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/18/1986</b>

CHRG	Charge Description <b>784.03(1A1) DOMESTIC BATTERY</b>

VICTIM	[Redacted]	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/14/1977</b>
	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
	[Redacted]			
	Business Address (Name, Street)	(City)	(State)	(Zip)

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

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

On 10/6/17 at 0301 hours I responded to 1160 SW 2nd Ave Apt 102 in reference to a domestic disturbance. While en-route I was advised that the caller, W/F Kelley McIssac, said that [Redacted] W/M [Redacted], had cocaine in his apartment and that she wanted the apartment searched.

STATE OF FLORIDA  
COUNTY OF PALM BEACH Travis Rafalko  
Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

\_\_\_\_\_  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 6 day of October, 2017

**HARDING, BRANDON BLAZE**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
OCT 07 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>10/06/2017 06:56</b>	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-013723</b>
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Upon my arrival I made contact with [REDACTED] who advised that he and McIssac [REDACTED] [REDACTED] advised that McIssac had called him and told him that she was coming over. [REDACTED] was concerned because McIssac sounded intoxicated, was yelling profanities at him, but he did not want to contact the police because they both have been arrested in the past. [REDACTED] advised that he was in his bed in the bedroom when McIssac awoke him by throwing her keys at him which struck him in the head causing a small abrasion on his forehead. McIssac then started yelling at him and while she was screaming at him she grabbed him by the shirt and scratched him in the arms. McIssac then made a mess of the apartment by throwing items all over the place and knocking the TV down. [REDACTED] and McIssac end up outside of the apartment and [REDACTED] locked McIssac outside of the apartment. McIssac then got back in the apartment through another door and [REDACTED] eventually got locked outside. [REDACTED] reached through an already broken glass panel and unlocked the door. McIssac then exited the apartment.

I then made contact with a neighbor who witnessed the incident; W/F Jennifer Morris who advised that she was warned by [REDACTED] that McIssac was intoxicated and headed over to his apartment to create a problem. Later in the evening Morris heard a disturbance coming from the apartment and came outside of her apartment to see what was happening. Morris then saw [REDACTED] outside of the door and McIssac in the residence arguing. Morris advised that she did not know how the glass door broke and did not see anything physical occur.

I then made contact with McIssac who advised that she came over to the apartment after work to gather some belongings. McIssac advised that she only had two beers and [REDACTED] [REDACTED]. She stated that while she was in the apartment collecting some items she found a bag of cocaine which she believed to be [REDACTED]'s. McIssac advised that [REDACTED] then grabbed the cocaine from her hands and discarded it in the apartment. After this he took the cocaine, McIssac advised that she got locked out of the apartment by [REDACTED]. McIssac got back into the apartment through another door and advised that she locked [REDACTED] out. [REDACTED] then reached in through an already broken pane of glass and while he was opening the door he grabbed right arm in the bicep causing a small abrasion. It should be noted that McIssac advised that [REDACTED] caused the abrasion when he grabbed the cocaine from her hand. McIssac advised that she never touched [REDACTED] or caused any scratches to him.

[REDACTED] advised that he has not used cocaine since 1980 and that there were no drugs in the apartment. [REDACTED] and McIssac consented to a search of their apartment which did not yield any drugs however it appeared in disarray. It should be noted that I observed several scratches on [REDACTED]'s arms along with an abrasion on his forehead. I observed a small abrasion on McIssac's right bicep. McIssac appeared heavily intoxicated and changed her account of the incident multiple times particularly concerning when and how she was allegedly battered by [REDACTED]. [REDACTED]'s version of events remained consistent and he repeatedly advised that he did not want to see McIssac get into trouble.

Based upon my investigation, I determined McIssac to be the primary aggressor in the altercation. McIssac was placed under arrest for battery (dating violence) contrary to F.S.S. 784.03(1A1). Once she was placed in my patrol vehicle she began complaining of shortness of breath and BRFD transported her to BRRH for medical clearance. Once she was medically cleared she was TOT PBCJ.

The incident was captured on mobile video (avail). [REDACTED] did not want to provide a written statement. I took photos of [REDACTED] which were placed into evidence. Officer Tyson took photos of McIssac which were placed into evidence.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 6 day of OCTOBER, 2017

**HARDING, BRANDON BLAZE**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

# 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#: 2017013723 Agency: BRPD  
Offense: ~~AA~~ Battery  
Suspect/Offender: Kelley McISSAAC  
D.O.B. 2/18/86 Race: W Sex: F

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

3.a. Victim's name: [REDACTED] D.B. 3/14/77 Race: W Sex: M  
Address: [REDACTED]  
City: [REDACTED]  
Home: [REDACTED]

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: 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: Rafaelo I.D.# 779 Date: 10/6/17

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

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: