

0497803

(NH)

2915

ARREST / NOTICE TO APPEAR

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   2018-005912</b>	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE	<b>N</b>	
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input 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/not Applicable</b>		Multiple Clearance Indicator					
Date of Arrest <b>04/27/2018</b>		Time of Arrest <b>18:37</b>	Booking Date <b>04/27/2018</b>	Booking Time <b>18:49</b>	Jail Date <b>04/27/2018</b>	Jail Time <b>20:51</b>	Location of Vehicle				
Name (Last, First, Middle) <b>BRADSHAW, KRISTINA BROOKE</b>					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:						
Race W - White B - Black O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>10/10/1974</b>	Height <b>5'07</b>	Weight <b>130</b>	Eye Color <b>UNKNOWN</b>	Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>	Build <b>Small</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>S</b>	Religion <b>BUDHIST</b>	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input 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>1400 NW 9TH AVE 6, BOCA RATON, FL 33486</b>			(City)	(State)	(Zip)	Phone <b>(305) 905-2165</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State			
Permanent Address (Street, Apt. Number) <b>1400 NW 9TH AVE 6, BOCA RATON, FL 33486</b>			(City)	(State)	(Zip)	Phone <b>(305) 905-2165</b>		Address Source <b>SUBJECT</b>			
Business Address (Name, Street) <b>UNEMPLOYED,</b>			(City)	(State)	(Zip)	Phone		Occupation			
D/L Number, State <b>B632502748700 /</b>		INS Number		Place of Birth (City, State) <b>WALA WALA, WA</b>		Citizenship					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)				Residence Phone					
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)				(City)	(State)	(Zip)	APR 27 PM 10:05		
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. Smuggle D. Deliver E. Use	K. Disperse/ 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 Neglect <b>NEGLECT OF A CHILD</b>					Statute Violation Number <b>827.03(2D)</b>		Violation of ORD #				
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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		Released By		Released To	
Transported By <b>DE ARMAS</b>		Date Transported <b>04/27/2018</b>	Time Transported <b>20:51</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 SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
Signature of Defendant (or Juvenile and Parent/Guardian)					Date Signed						
HOLD for Other Agency					Signature of Arresting Officer		Name Verification (Printed by Arresting Officer)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Susceptible		<input type="checkbox"/> Substance Abuse <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>DE ARMAS, D.</b>		I.D. # <b>790</b>		(PRINT) <b>APR 28 2018</b>			
Inmate Deputy #		Pouch #		Transporting Officer <b>DE ARMAS</b>		I.D. # <b>790</b>		Agency <b>BOCA</b>		PAGE <b>1 OF 1</b>	
Witness here if subject signed with an "X".											

APR 28 2018 PM 12:03  
SOUTH COUNTY JUVENILE COURT CLERK'S OFFICE

SCANNED  
APR 28 2018

No Photo Available

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N	OBTS Number		Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2018-005912</b>			
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
D E F	Name (Last, First, Middle) <b>BRADSHAW, KRISTINA BROOKE</b>						Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/10/1974</b>
	Charge Description <b>827.03(2D) NEGLECT OF A CHILD</b>				Charge Description					
C H A R G E S	Charge Description				Charge Description					
	Charge Description				Charge Description					
V I C T I M	Victim's Name (Last, First, Middle)						Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/22/2014</b>	
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation			
<p>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.</p> <p>The Person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27</u> day of <u>April</u>, <u>2018</u> at <u>18:37</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 4/27/18, at approximately 1723 hours, I responded to _____ in reference to a welfare check. BRPD dispatch advised that the complainant, W/M _____ stated that he called _____ W/F Kristina Bradshaw and she was mumbling and appeared to be under the influence of alcohol. According to dispatch, _____ was worried about _____ W/M/J _____ (three years old) wellbeing.</p> <p>I arrived at the residence at 1742 hours, I knocked on the front door and a child later identified as _____ opened the door. When _____ opened the door, I noticed that he had to stand on top of the stool to reach the door knob and open the door. There was very loud music playing inside of the house and due to the house being two stories this would make it difficult to hear _____. I asked _____ where _____ was and he said that she was sleeping. I asked _____ to go wake her up and tell her that the police were here. _____ went to wake her up, and then ran back down the stairs from Bradshaw's room and told me that she was not waking up. Due to the exigency of the circumstances, I went into the house and went into Bradshaw's room and I was able to wake her up.</p> <p>Bradshaw got up from her bed and she went down stairs with me. While I spoke with Bradshaw, I noticed a very strong alcoholic odor emitting from her person, and I noticed that she appeared lost, and disoriented. I explained to Bradshaw why I was at the house, and I asked Bradshaw if anyone else lived at the house and she responded no. I asked Bradshaw how many drinks she had and she said three; however, she later told me that she had been drinking since early in the morning. Bradshaw told me that she was an alcoholic and that she needed help. While in the kitchen area of the residence, I observed multiple alcoholic bottles that were in plain sight within reach of _____</p> <p>I called _____ and I informed him that as a result of my investigation Bradshaw was going to be arrested for child neglect. Officer Coon arrived on scene and she conducted a search of Bradshaw's person. Officer Coon stayed at the residence with _____ until _____</p>										
P R O B A B L E C A U S E S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME									
	<u>VAZQUEZ-BELLO, YVETTE D.</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>04/27/2018</u> DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>DE ARMAS, DIANEL (790)</b> NAME OF OFFICER (PLEASE PRINT) <u>04/27/2018</u> DATE					
A D M I N I S T R A T I V E	SCANNED								PAGE	
	APR 28 2018								1 OF 2	

OETS Number

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

**1** JUVENILE

Agency ORI Number  
**FL 0500200**

Agency Name  
**BOCA RATON POLICE DEPARTMENT**

Agency Report Number  
**3 | 2 | 2018-005912**

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

Special Notes:

Name (Last, First, Middle)  
**BRADSHAW, KRISTINA BROOKE**

Alias  
Race: **W** Sex: **F** Date of Birth: **10/10/1974**

arrived to take custody of him.

Bradshaw was placed under arrest for child neglect under F.S.S 827.03 (2D) after my investigation revealed she was intoxicated and asleep leaving [REDACTED] without proper supervision. Bradshaw was transported to BRPD booking and then to PBSO jail without incident.

NOT A CERTIFIED COPY

SCANNED  
APR 28 2018

SWORN AND SUBSCRIBED BEFORE ME

**VAZQUEZ-BELLO, YVETTE D**

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

**04/27/2018**

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**DE ARMAS, DIANEL (790)**

NAME OF OFFICER (PLEASE PRINT)

**04/27/2018**

DATE

PAGE  
**2 OF 2**