
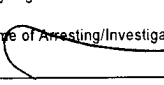


OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile													
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 17109947</b>																	
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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator <b>1</b>																	
Location of Arrest (Including Name of Business) <b>1901 U.S. Hwy 441 Boca Raton</b>				Location of Offense (Business Name, Address) <b>8840 SW 19TH CT UNIT B, BOCA RATON, FL 33433</b>																	
Date of Arrest <b>8/9/17</b>		Time of Arrest <b>1420</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) <b>Brandenburger, Richard, John William</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>03/18/1976</b>		Height <b>6'02</b>		Weight <b>220</b>		Eye Color <b>Blue</b>		Hair Color <b>Brn</b>		Complexion <b>Med</b>		Build <b>Heavy</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status <b>S</b>		Religion <b>Christian</b>		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/>		N <input type="checkbox"/>		Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>8840 Sw 19 Ct Unit B, Boca Raton, FL 33433</b>								Phone ( )		Residence Type: 1. City 2. County 3. Florida 4. Out of State		<b>2</b>									
Permanent Address (Street, Apt. Number) (City) (State) (Zip)								Phone ( )		Address Source											
Business Address (Name, Street) (City) (State) (Zip)								Phone ( )		Occupation											
D/L Number, State <b>B653750760980, FL</b>				Soc. Sec. Number <b>[REDACTED]</b>				INS Number				Place of Birth (City, State) <b>Check Towaga New York</b>				Citizenship <b>U.S</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 <input type="checkbox"/> Other:								Residence Phone ( )													
Address (Street, Apt. Number) (City) (State) (Zip)								Business Phone ( )													
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released 2. TOT HRS / DYS 3. Incarcerated				<b>1</b>									
Released To: (Name)								Relationship		VICTIM NOTIFICATION REQUIRED				Date		Time					
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								Grade													
Property Crime? <input type="checkbox"/> Yes <input 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. 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. Synthetics		U. Unknown Z. Other	
Charge Description <b>DOMESTIC BATTERY</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1A1)</b>				Violation of ORD # <b>NA</b>									
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>NA</b>		Offense # <b>17109947</b>		Warrant / Capias Number				Bond <b>No bond</b>									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address)												Court Date and Time Month Day Year Time AM PM									
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 Name: <b>D/S C. WINK</b>				Signature of Arresting Officer <b>[Signature]</b>				Name Verification (Printed by Arrestee) <b>AUG 9 PM 8:57</b>				PAGE <b>1</b> OF <b>1</b>									
<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) <b>D/S C. WINK</b>				ID # <b>6535</b>				Agency <b>PB30</b>									
Initials <b>D/S C. WINK</b>				Transporting Officer <b>D/S Wink</b>				ID # <b>6535</b>				Agency <b>PB30</b>									
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY												AUG 10 2017		OLD DEFENDANT (N.T.A.'s ONLY)							

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 17109947</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		Special Notes:		
DEF	Name (Last, First, Middle) <b>Brandenburger, Richard, John William</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/18/1976</b>		
	Charge Description <b>DOMESTIC BATTERY</b>		784.03(1A1)		Charge Description				
CHARGES	Charge Description				Charge Description				
				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/25/1981</b>			
				(State) (zip) Phone	Address Source				
				(State) (zip)	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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>2</u> day of <u>August</u> 20 <u>17</u> at <u>1:07</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
<p>I responded to _____ in reference a domestic incident. Dispatch received a call from _____ stating her boyfriend Richard Brandenburger was vandalizing their home with a knife. _____ left her apartment and went to a neighbor's apartment and called the police.</p> <p>Upon arrival I requested dispatch to have _____ exit the neighbor's apartment and walk to my patrol vehicle. I made contact with _____ who was crying and appeared worried. _____ said she has been living and dating Richard for 3 years and have a _____</p> <p>_____ said _____ was currently at _____ in Coconut Creek. _____ said Richard's step father has terminal cancer and Richard has been having financial problems recently. Today Richard became upset after a conversation with his mother and began destroying things in their home. _____ said Richard cut up the couch and threw it outside the front door, punched a picture frame cutting his hand, and damaged other items in the home. The couch could be seen outside the front door. _____ said they began arguing and Richard threw tan solution at her head and face with the fluid. _____ had a brownish fluid on her head, neck, and clothing. _____ said Richard was very angry and shoved her a few times during the argument. _____ said Richard told her that if she leaves he would end his life and hers. _____ said that's when she left in fear and went to her neighbors home to call PBSO. _____ had an abrasion on her left shin. _____ said last Saturday 7/29/17 Richard threw keys at her during an argument causing the abrasion.</p> <p>_____ and I relocated inside the neighbor's home who wished to be anonymous. _____ stated Richard has been texting her following messages: - I will not be taken alive. - Thank you for not making me do this to myself one day. - Thank you for not responding, I'm waiting for them.</p> <p>_____ completed a written sworn statement.</p>									
STATE OF FLORIDA COUNTY OF PALM BEACH  D/S C. WINK (Signature of Arresting/Investigative Officer)									
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>2</u> day of <u>August</u> 20 <u>17</u> by <u>D/S C. WINK</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u>									
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)  23/13									
PAGE <u>1</u> OF <u>2</u>									

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
ADMIN	OBTS Number			Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 17109947</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		Special Notes:
DEF	Name (Last, First, Middle) <b>Brandenburger, Richard, John William</b>			Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/18/1976</b>	
CHARGES	Charge Description <b>DOMESTIC BATTERY</b>			784.03(1A1)		Charge Description			
	Charge Description					Charge Description			
	Name (Last, First, Middle)			Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/25/1981</b>	
	Address Source			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. 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>2</u> day of <u>August</u> 20<u>17</u> at <u>1:07</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>While I was initially speaking with [REDACTED] and completing the sworn statement Sgt Slaughter ID # 5654, D/S Graham ID # 8479, and D/S Vasconcelos ID # 23113 made contact with Richard through the north side window. Richard refused to come outside and said he didn't need to. Upon further attempts to convince him to come outside or talk about the incident Richard made statements about having the Sheriff's Office kill him. Richard said he would leave his residence only in a body bag and stated he was prepared for us to come in. D/S Vasconcelos observed Richard with three knives placed on his waist area around his belt.</b></p> <p><b>Based on the above facts and circumstances I established probable cause to charge Richard with 1 count of domestic battery. Also due to the above information Richard fits the criteria to be baker acted.</b></p> <p><b>[REDACTED] stated she could leave with a family member and had somewhere to stay. According to [REDACTED] their was nobody else in the home with Richard. Due to Richard's violent behavior and all of our safety the decision was made not to make entry into the home. [REDACTED] left the scene with family. It was determined that PBSO would leave the scene and make contact with Richard at a later time.</b></p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><b>D/S C. WINK</b></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>2</u> day of <u>August</u> 20<u>17</u> by <u>D/S C. WINK</u></p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced <u>Known</u>)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p><b>23113</b></p> <p>SCAN</p> <p>PAGE 2 OF 2</p>									

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause affidavit)

Suspect: Brandenburger, Richard, John William DOB: 03/18/1976 Case #: 17109947

Victim: [REDACTED] DOB: 02/25/1981 Race: W Sex: F

Relationship between Victim and Defendant: Live in girlfriend and boyfriend

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

911 Call: ☒ Yes ☐ No Caller: [REDACTED]

Weapon Used: Yes ☐ No ☒ Type: [REDACTED]

Witness: Yes ☐ No ☒ Name: [REDACTED]

Victim Pregnant: Yes ☐ No ☒ If yes,     weeks     months

Injuries: ☒ Yes ☐ No Description: Abrasion on left shin

Medical Treatment: Yes ☐ No ☒

At Scene: Yes ☐ No ☒ Paramedics: [REDACTED]

At Hospital: Yes ☐ No ☒ Hospital: [REDACTED] Physician: [REDACTED]

Are Children Living in Home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No

Name: Brandenburger, Julia, DOB:    /   /   

Name: [REDACTED] DOB:    /   /   

Name: [REDACTED] DOB:    /   /   

Injunction Yes ☐ No ☒ Case #: [REDACTED]

No Contact Order Yes ☐ No ☒ Case #: [REDACTED]

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: [REDACTED]

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

First words Victim said when you responded to scene: [REDACTED] Richard is going crazy.

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

☒ Yes ☐ No If yes, name: Neighbor wishing to remain anonymous phone (     )     -    

Observations of Victim (Physical & Emotional): Brown fluid on her body. Crying and worried

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

Complained of pain ☐ Other [REDACTED]

Victim Contact Information: [REDACTED]

Local Address: [REDACTED]

Phone: [REDACTED] Cell (     )     -    

Employer: [REDACTED]

Name of Relative: None Given Phone (     )     -    

Address: VICTIM STATED NONE.

# 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.**

SUSPECT/OFFENDER:

**Brandenburger, Richard, John William**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

1. Incident Report #: 17109947 Agency: PBSO  
Offense: DOMESTIC BATTERY  
Suspect/Offender: Brandenburger, Richard, John William  
D.O.B. 03/18/1976 Race: W Sex: M

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

3.a. Victim: [REDACTED] D.O.B. 02/25/1981 Race: W Sex: F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: VICTIM STATED NONE  
City: \_\_\_\_\_  
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: \_\_\_\_\_ **SCANNED** **AUG 10 2017**

Printed name of person waiving notification: [REDACTED]

Deputy's Name: D/S C. WINK I.D.# 8778 Date: 08/02/2017