



Sworn Complaint

ALACHUA COUNTY SHERIFFS OFFICE
2621 SE HAWTHORNE RD

24 CF 3098 A

Report Date / Time 9/16/2024 09:34 PM	Report Number ASOCHG00011235M	Case Number/Cad Number ASO24OFF008141 /	Reporting Officer Name MINCK, ISAAC
Originating Agency ORI FL0010000	Occur Date Time Range 09/16/2024 20:47:00 - 09/16/2024 20:50:00	Jurisdiction ASO	
OBTS Number	Other Number	Clearance	

Location of Occurrence

County ALACHUA	Location Type PUBLIC PLACE	Location Description MAJESTIC OAKS APARTMENTS			
Street Number	Street	Apt/Lot/Bldg	City ALACHUA COUNTY UNINC	State FL	Zip Code

Suspect

First Name MONTRAVIOUS	Middle Name MALIC	Last Name BRAZIL	Suffix	Race BLACK	Sex MALE	Height 5'08"	Weight 135	Hair BK	Eyes BRO
MNI # ASO17MNI008430	SSN	Date of Birth 02/04/2002	Age 22	ID Type	Drivers License or other ID B624553020440	State FL	OCA / Agency ID		
Place of Birth:	FL								
Address * RESIDENCE / [REDACTED] ALACHUA COUNTY UNINC, FL 32607 /									

Warrant Affidavit

Sent to Court Date/Time	Affidavit Status	Affidavit Disposition	Affidavit Disposition Date/Time
Court County	Court	Court Location	
Comments			

Charge :

Counts 1	Charge 784.03.2	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree T	Charge Level FELONY	IN THE CLERK'S OFFICE CLERK OF COURTS ALACHUA COUNTY, FL 2024 SEP 17 PM 1:05 FILED CK 35	
General Offense Code COMMITTED	Arrest Offense Code BATTERY		
Charge Description PRIOR CONVIC FELON BATT COMMIT 2ND SUB BATTERY	Administrative Code - Description -		

Probable Cause

Montravious Malic Brazil, hereafter referred to as the defendant, did unlawfully touch and strike [REDACTED] hereafter referred to as the victim. The defendant and victim have a biological child in common and have resided together as members of one household.

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Case: 2024 CF 003098 A



00034009486
DR: SCA-X

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This act occurred in the course of an altercation between the defendant and victim, during which the defendant, who does not currently reside in the same residence as the victim, is alleged to have driven to the apartment complex within which the victim lives for no other legitimate purpose than to confront the victim. Upon confronting the victim, the defendant physically attacked the victim, by striking her in the head and face with his fists. This act of battery was not witnessed, but the victim displayed injuries that were consistent with her statements, and identified the defendant by name.

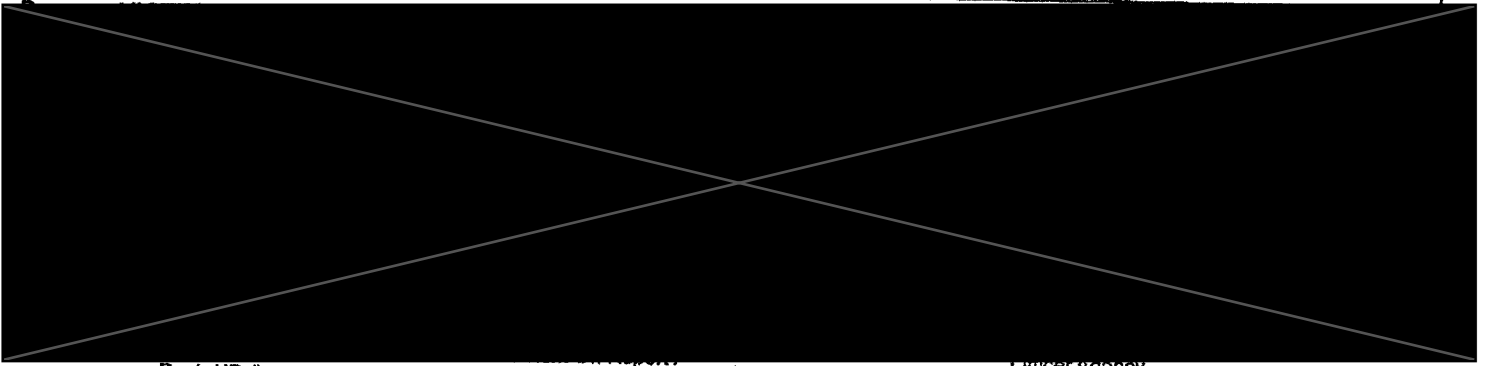
Other individuals on scene affirmed the statements made by the victim, stating that the defendant was known to show violence toward the victim and that they had heard him make threats to come to the apartment complex and do her harm.

Of note, the defendant has been convicted of battering this domestic partner at least one time prior. (See Alachua County Case #012022CF003656)

Based upon vehicle and direction of travel information provided by the victim to responding deputies, contact was made with Brazil in a vehicle, however he fled on foot from the vehicle prior to any command being given to him to stop, and was unable to be located at the time of the incident.

The defendant continued to make contact with the victim via phone after the incident, taunting her and making statements indicating that he knew that law enforcement was looking for him.

Based upon the facts gathered on scene, the defendant is being charged with violation of Florida State Statute 775.083(2) - Second or Subsequent Battery

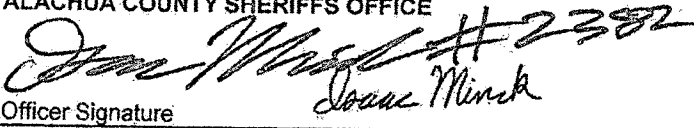
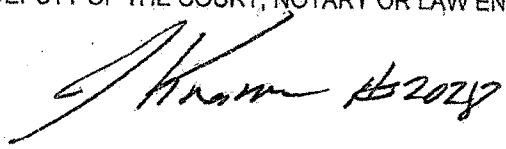


Rank / ID #	Reporting Role	Officer Agency Org/Unit
MINCK, ISAAC DEPUTY 2382	REPORTING OFFICER	ALACHUA COUNTY SHERIFFS OFFICE T1 NIGHTS

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The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name MINCK, ISAAC	Office Rank DEPUTY	Officer ID No 2382	Sworn and subscribed before me, the undersigned authority This the <u>17</u> day of <u>September</u> , <u>2024</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency ALACHUA COUNTY SHERIFFS OFFICE	 Officer Signature		 Signature of Assistant State Attorney

No Bill / Petition
 Issue Warrant
 Prosecution Approved

Signature of Assistant State Attorney _____ Date _____