

0521677

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21039896	
	Charge Type: Check as many as apply.		☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1	
	Location of Arrest (Including Name of Business) 9623 Boca Gardens Pkwy, Boca Raton, FL, 33496						Location of Offense (Business Name, Address) Same as arrest	
	Date of Arrest 2-27-21		Time of Arrest 1050		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) KRUPENKIN, ALEXEY							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 03/29/1980		Height 507	
	Weight 160		Eye Color Hazel		Hair Color Brown		Complexion Light	
CO-DEF	Build Medium							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) L Shouder and Back							
	Local Address (Street, Apt. Number) 9623 BOCA GARDENS BOCA RATON FL 33496		(City)		(State)		(Zip)	
	Permanent Address (Street, Apt. Number) Same as local		(City)		(State)		(Zip)	
JUVENILE	Business Address (Name, Street)		(City)		(State)		(Zip)	
	D/L Number, State K615000801090, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) St Petersburg, Russia	
	Citizenship Non US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
CHARGE	Parent Legal Custodian Other:		Name (Last)		(First)		(Middle)	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Notified by: (Name)		Relationship		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
	Released To: (Name)		Relationship		Time		Grade	
CHARGE	The above address provided by defendant and / or defendant's parents The child and / or parent was notified to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason):							
	Property Crime? ☐ Yes ☐ No		Description of Property					
	Drug Activity N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
	M. Manufacture/ Product/ Cultivate		Z. Other		Drug Type N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
CHARGE	H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		Violation of ORD #	
	Charge Description Domestic Battery		Counts 1		Domestic Violence ☐ Y ☐ N		Statute Violation Number 784.03(1a2)	
	Drug Activity N		Drug Type N		Amount / Unit N		Offense # 21039896	
	Charge Description		Counts		Domestic Violence		Statute Violation Number	
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
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	Charge Description		Counts		Domestic Violence		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence		Statute Violation Number	
NOTICE TO APPEAR	Location (Court, Room Number, Address)							
	Court Date and Time Month Day Year Time AM							
	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. 2-27-21							
	Signature of Defendant (or Juvenile and Parent /Custodian)							
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer A. Horn		Name Verification (Printed by Arrestee) SCANNED		PAGE	
	☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:		Name of Arresting Officer (Print) A. Horn		ID # 37249		Pouch #	
	Transporting Officer T. Baker		ID # 6202		Agency PBS6		Witness here if subject signed with an "X"	
	DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21039896					
	Charge Type: Check as many as apply.		☐ 1. Felony ☐ 2. Traffic Felony		☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:	
CHARGES	Name (Last, First, Middle) KRUPENKIN, ALEXEY				Alias		Race W	Sex M	Date of Birth 03/29/1980	
	Charge Description Domestic Battery				784.03(1a2)		Charge Description			
VICTIM	Victim's Name (Last, First, Middle) TYNNOVA, YULIA				Race W		Sex F	Date of Birth 01/07/1988		
	Local Address (Street, Apt. Number) 9623 BOCA GARDEN PKWY APT A BOCA RATON FL 33496				(City)	(State)	(zip)	Phone (561) 405-1765		Address Source Florida ID Card
	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 _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. admitting to the below facts. On the <u>27</u> day of <u>February</u> 20 <u>21</u> at <u>1033</u> ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)										
Cpl. Baker and I responded to 9623 Boca Gardens Pkwy, Unincorporated Boca Raton, Palm Beach County to investigate a report of a domestic dispute. Upon my arrival I made contact with Yulia Tynnova who completed a sworn written statement. Yulia reported that her husband Alexey Krupenkin of 6 years recently agreed to separate and is currently living at a different residence. Today Alexey came to pickup the children and Alexey and Yulia began to argue about money that Yulia needed to pay the bills. During the argument Alexey grabbed both of Yulia's arms with his hands and caused visible red marks to the back of Yulia's arms. I made with contact with Alexey Krupenkin and Alexey stated he came to the residence to pickup the children and that himself and Yulia began to argue about finances, however, he never grabbed Yulia during said argument. Based on the above investigation I determined that Alexey Krupenkin was the primary aggressor and that Alexey Krupenkin intentionally grabbed Yulia Tynnova against her will and during such caused red marks to both of Yulia's arms.										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <u><i>[Signature]</i> 37249</u> A. Horn (Signature of Arresting/Investigative Officer)									
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27</u> day of <u>February</u> 20 <u>21</u> by <u>A. Horn</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Personally known</u>									
	<u><i>[Signature]</i> 37249 T. BAKER</u> <u>620</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
	PAGE _____ OF _____									

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

Suspect: KRUPENKIN, ALEXEY **DOB:** 03 / 29 / 1980 **Case #:** 21039896

Victim: TYNNOVA, YULIA **DOB:** 01 / 07 / 1988 **Race:** W **Sex:** F

Relationship between Victim and Defendant: Married 6 years

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

911 Call: ☒ Yes ☐ No **Caller:** _____

Weapon Used: ☒ Yes ☐ No **Type:** _____

Witness: ☒ Yes ☐ No **Name:** _____

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

Injuries: ☒ Yes ☐ No **Description:** Red marks to both victims arms

Medical Treatment: ☒ Yes ☐ No

At Scene: ☒ Yes ☐ No **Paramedics:** _____

At Hospital: ☒ Yes ☐ No **Hospital:** _____ **Physician:** _____

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

Name: Mirelle Krupenkina **DOB:** 7 / 10 / 17

Name: Martin Tynnor **DOB:** 7 / 18 / 15

Name: _____ **DOB:** _____ / _____ / _____

Injunction ☒ Yes ☐ No **Case #:** _____

No Contact Order ☒ Yes ☐ No **Case #:** _____

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: "I didn't grab Yuli's arms"

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

First words Victim said when you responded to scene: "I asked Alexey for money for my two children and then he became crazy and grabbed both my arms while shouting at me"

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

☐ Yes ☒ No **If yes, name:** _____ **phone** () _____ - _____

Observations of Victim (Physical & Emotional): Red Marks on arm

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

☒ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: 9623 BOCA GARDEN PKWY APT A BOCA RATON FL 33496

Phone: **Home** (561) 405 - 1765 **Work** () _____ - _____ **Cell** () _____ - _____

Employer: _____

Name of Relative: _____ **Phone** () _____ - _____

Address: _____

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 #: 21039896 Agency: PBSO
Offense: Domestic Battery
Suspect/Offender: KRUPENKIN, ALEXEY
D.O.B. 03/29/1980 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: TYNNOVA, YULIA D.O.B. 01/07/1988 Race: W Sex: F
Address: 9623 BOCA GARDEN PKWY APT A
City: Boca Raton State: Florida Zip: 33496
Home #- 561 405-1765 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
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:** 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: _____

Printed name of person waiving notification: _____

Deputy's Name: A. Horn I.D.# 37249 Date: 2-27-21

White/Corrections or State Attorney (Warrant Application)
PBSO 00029A REV. 4199

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

SCANNED
FEB 28 2021



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential Informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2021004957	Date: 2/28/21
	Specialist Name/ID: A. Pinkney/7796