

0524025 21CF5100 MB 3911

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. MTA		3. Request for Warrant 4. Request for Capias		1	JUVENILE
	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 514 21-002149					
CHARGE	Charge Type: Check as many as apply: <input 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		Location of Arrest (Including Name of Business) KE'E GRILL 14020 US1-N, JUNO, FL 33408		Location of Offense (Business Name, Address) 14020 US1-N, JUNO, FL 33408		If Weapon Seized Weapon Type UNARMED		Multiple Charges Indicated	
	Date of Arrest 06/18/2021		Time of Arrest 22:08		Booking Date 06/18/2021		Booking Time 22:18		Jail Date 06/18/2021	
DEFENDANT	Name (Last, First, Middle) GRAVILLE, CHRISTINE LYNN		Alias: Alias (Name, DOB, Sec. Sec. #, Etc.)		Race W - White A - American Indian B - Black O - Oriental/Asian H - Hispanic/Latino F - Female M - Male Date of Birth 01/07/1970		Height 5'02		Weight 130	
	Local Address (Street, Apt. Number) 4200 N OCEAN DR UNIT 1 201, RIVIERA BEACH, FL 33404		(City) Riviera Beach		(State) FL		(Zip) 33404		Phone	
CO-DEFENDANT	Permanent Address (Street, Apt. Number) 4200 N OCEAN DR UNIT 1 201, RIVIERA BEACH, FL 33404		(City) Riviera Beach		(State) FL		(Zip) 33404		Phone	
	Business Address (Name, Street) G614112705070 / FL		(City) G614112705070		(State) FL		(Zip) 33404		Phone	
CO-DEFENDANT	Co-Defendant Name (Last, First, Middle) [Redacted]		Race [Redacted]		Sex [Redacted]		Date of Birth [Redacted]		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Co-Defendant Name (Last, First, Middle) [Redacted]		Race [Redacted]		Sex [Redacted]		Date of Birth [Redacted]		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
JUVENILE	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last, First, Middle) [Redacted]		Residence Phone [Redacted]		Business Phone [Redacted]		Juvenile Disposition 1. Released/Placed with Department and Released 2. TOP JAC 3. Incarcerated	
	Address (Street, Apt. Number) [Redacted]		(City) [Redacted]		(State) [Redacted]		(Zip) [Redacted]		Business Phone [Redacted]	
CHARGE	Charge Description BATTERY - ON 65 YOA/OLDER		Statute Violation Number 784.08(2)(C)		Violation of ORD #		Bond		Status Violation Number	
	Drug Activity N		Amount / Unit /		Offense # 21-002149		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
CHARGE	Charge Description [Redacted]		Statute Violation Number [Redacted]		Violation of ORD #		Bond		Status Violation Number	
	Drug Activity [Redacted]		Amount / Unit [Redacted]		Offense # [Redacted]		Counts [Redacted]		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
CHARGE	Charge Description [Redacted]		Statute Violation Number [Redacted]		Violation of ORD #		Bond		Status Violation Number	
	Drug Activity [Redacted]		Amount / Unit [Redacted]		Offense # [Redacted]		Counts [Redacted]		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
INTELLIGENCE	Health / Apparent Physical Condition of Defendant [Redacted]		Any indication of the following: Epilepsy Mental Escape Risk Medication Deformities Injuries		[Redacted]		[Redacted]		[Redacted]	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Property - Received by <input type="checkbox"/> Released by <input type="checkbox"/> Released To		[Redacted]		[Redacted]		[Redacted]		[Redacted]	
NOTICE TO APPEAR	INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) [Redacted]		Court Date and Time [Redacted]		[Redacted]		[Redacted]	
	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.		[Redacted]		[Redacted]		[Redacted]		[Redacted]	
ADMINISTRATIVE	Signature of Defendant (or Juvenile and Parent/Custodian) [Redacted]		Date Signed [Redacted]		Name Verification (Printed by Arrestee) [Redacted]		[Redacted]		[Redacted]	
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Suspect <input type="checkbox"/> Released Arrest <input type="checkbox"/> Other ID: # [Redacted]		Signature of Arresting Officer [Redacted]		Name of Arresting Officer (Print) PARTELOW, BARRY Jr		ID # 1233		Agency JUPITER	
Transporting Officer B. PARTELOW		ID # 326		Agency JUPITER		Witness here if subject signed with an "X".		PAGE 1 of 1		

2021 JUN 19 AM 7:05
JOSEPH A. BRUNZO, CLERK
PALM BEACH COUNTY, FL
FILED
No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 06/18/2021 22:17		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-002149	
	Agency ORI Number FL 0501700					
DEF	Name (Last, First, Middle) GRAYVILLE, CHRISTINE LYNN				Race W	Sex F
					Date of Birth 01/07/1970	
CHRG	Charge Description 784.08(2)(C) BATTERY - ON 65 YOA/OLDER					
VICTIM	Victim's Name (Last, First, Middle) MCCRACKEN, MARC EDWARD				Race W	Sex M
					Date of Birth 02/16/1953	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 411 WALNUT ST PMB 7672, GREEN COVE SPRINGS, FL 32043				Phone	
	Business Address (Name, Street) (City) (State) (Zip)				Occupation	
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			CALM			
RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE						
ADDITIONAL INFORMATION	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: URGENT CARE			
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE:			
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If YES, attach witness list)			
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS:			
	Hospital: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL: BRIANA MINICH			
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES:			
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #:			
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
ARR	On 6-18-2021 at approximately 1900 hours I was dispatched to 5430 Military Trail Unit 64, Jupiter Medical Center Urgent Care. The staff at the Urgent Care had a patient walk in with injuries that they felt needed the assistance of the police. The subject who entered the facility was later identified by his Florida Driver License as, Marc Edward McCracken (W/M 2/16/1953)					
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. <i>OFC [Signature]</i> 326/1253 SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>18</u> day of <u>June</u> , 2021. KOLENICH, RYAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 06/18/2021 22:17	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-002149
	Agency ORI Number FL 0501700			

Mr. McCracken was sitting in a patient room at the Jupiter Urgent Care when I arrived. When I walked into the room I observed Mr. McCracken sitting down with noticeable injuries. Mr. McCracken's right eye was swollen and had blood surrounding the eye. On his right arm he had a bite mark just above his wrist. Mr. McCracken was also having trouble seeing out of his injured right eye. Photos of the injury were taken and uploaded to Evidence.com.

I spoke with Mr. McCracken and recorded a video sworn statement on my Jupiter Police Department agency issued Body Worn Camera(BWC). The following is a summary of what Mr. McCracken explained and not verbatim:

At approximately 1730 hours Mr. McCracken and his girlfriend who he identified as Christine Graville (W/F 1/7/1970) left Lucky Shucks Restaurant on Love Street in Jupiter. As the two were leaving the bar, Ms. Graville began bragging that a younger man gave her his number and that she was very proud of this. As the two started to travel southbound from the restaurant on ALA, the ride became physical. Ms. Graville started to become angry and started to strike Mr. McCracken in the face. Mr. McCracken explained that Ms. Graville punched him in the right eye which cut his eye open, Mr. McCracken described that he tried to hold her head and push her away to prevent the strikes, as he was pushing her head Mr. McCracken said that Ms. Graville bit his right arm just above his wrist. Mr. McCracken continues to explain that after Ms. Graville bit him, she started to kick him in his midsection from the passenger seat. At this time Mr. McCracken continued to say that Ms. Graville had a rag and tried to wipe the blood off his eye to prevent any blood being seen if he took pictures of the injury. The physical altercation was all happening as Mr. McCracken was driving south on ALA somewhere between Love Street and Donald Ross Road. Mr. McCracken pulled the vehicle over at US1 and Donald Ross Road and Ms. Graville jumped out taking the keys to their apartment. Mr. McCracken then drove to the Jupiter Urgent Care where the staff called 911. At the urgent care center he was seen by Physician Assistant Briana Minich (W/F 1/30/1994). Ms. Minich advised that Mr. McCracken was being sent to Jupiter Medical Center for further evaluation due to the injuries to his eye.

After speaking with Mr. McCracken, Juno Police Department located Ms. Graville at Ke's Grill 14040 US-1N Juno Beach and I was able to take a video sworn statement that was recorded on Jupiter Police Department agency issued Body Worn Camera(BWC). On arrival Ms. Graville was speaking with Juno Beach Officers Michael Graham and Ryan Hoffmann. My initial observation of Ms. Graville did not show any injuries or signs of being in a physical altercation. Ms. Graville did have an unknown alcoholic beverage emitting from her breath on first contact. The following is a summary of what Ms. Graville explained and not verbatim:

Ms. Graville explained that the two had been drinking at Lucky Shuck and Mr. McCracken had too many beers at dinner. When the two entered the car Mr. McCracken started to grab the back of her head, pulled her hair and started to shake her head. Ms. Graville then bit the right wrist out of not knowing what else to do to remove Mr. McCracken from her. When the bite did not work Ms. Graville took her cell phone and struck Mr. McCracken in the right eye. When Mr. McCracken finally pulled the car over she grabbed the keys to their apartment and removed herself from the vehicle.

Based on my investigation and the above statements of the two parties, I find that Ms. Graville was the primary aggressor in the altercation. I placed Ms. Graville in handcuffs and advised her that she was under arrest at approximately 2000 hours, at 14020 US-1N, Juno Beach.

Ms. Graville will be charged with the following crime:

784.08 Assault or battery on persons 65 years of age or older; reclassification of offenses; minimum sentence.-

(2) Whenever a person is charged with committing an assault or aggravated assault or a battery or aggravated battery upon a person 65 years of age or older, regardless of whether he or she knows or has reason to know the age of the victim, the offense for which the person is charged shall be reclassified as follows:

(c) In the case of battery, from a misdemeanor of the first degree to a felony of the third degree.

End of report. Nothing further to report. BWC

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

Off. [Signature] 326/1235
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 18 day of June, 2021.

[Signature]
KOLENICH, RYAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch.782)
- Attempted Murder
- 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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 21-002149 Agency: Jupiter Police Department
Offense: DOMESTIC BATTERY 65+
Suspect/Offender: CHRISTINE L GRAVILLE
D.O.B. 01/07/1970 Race: WHITE Sex: FEMALE

2. Warrant #(s): N/A

3a. Victim's Name: MARC E McCRACKEN D.O.B. 02/16/53 Race: W Sex: M
Address: 4200 N OCEAN DR; #1201
City: RIVIERA BEACH State: FLORIDA ZIP: 33404
Home #: 703-408-8772 Work #: _____ Other: _____

3b. 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:** 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: _____

Officer's Name: B. PARTELOW I.D. # 326 Date: 06/18/2021

1 copy = Corrections or State Attorney (Warrant Application)

1 Copy = Warrants Section

1 copy = Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANT USE ONLY)

COURT CASE/WARRANT #: _____



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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 28)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021014917

Date: 6/19/21

Specialist Name/ID: A. Pinkney/7796