

J# 0358178

00MM1907

P 3824

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

OBTS Number		Agency ORI Number FLO 5 0 2 7 0 0		Agency Name PALM SPRINGS PUBLIC SAFETY		Agency Report Number (N.T.A.'s only) 8 2 1 2 1 0 1 4 1 6 1 0 1 0 1		1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/>		Juvenile <input type="checkbox"/>	
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Enter Type		Multiple Clearance Indicator	
Location of Arrest (including Name of Business) 221 Davis Rd, Palm Springs, FL 33461						Location of Offense (Business Name, Address) 221 Davis Rd, Palm Springs, FL 33461					
Date of Arrest 0 2 2 7 2 0 0 0 1 7		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Kaufman, Dana, L						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black		Sex M - Male F - Female		Date of Birth 0 5 1 4 6 9		Height 5 4		Weight 1 6 0		Eye Color Brown	
Hair Color Blonde		Complexion Light		Build Med		Marital Status Single		Religion Catholic		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none						Marital Status		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>	
Local Address (Street, Apt. Number) 115 North West 1st Ave, Boynton Beach, FL 334		(City) Boynton Beach		(State) FL		(Zip) 334		Phone (561) 542-1404		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>	
Permanent Address (Street, Apt. Number) 115 North West 1st Ave, Boynton Beach, FL 33435		(City) Boynton Beach		(State) FL		(Zip) 33435		Phone ()		Address Source Defendant	
Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation Registered Nurse	
D/L Number, State KISS 172 69 67 40		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Chicago, IL		Citizenship U.S.A.			
Co-Defendant (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 (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:		Name (Last)		(First)		(Middle)		Residence Phone ()		Business Phone ()	
Address (Street, Apt. Number)		(City)		(State)		(Zip)					
Notified by: (Name)		Date		Time		Juvenile Disposition Handled/Processed within Days and Released.		2. TOT HRS/DYS 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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
Drug Activity N. Possess		S. Sell T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type		Amount / Unit		Offense #		Statute Violation Number		Warrant / Capias Number		Bond	
N		N		20-04600		7 8 4 1 0 3 (1)(a)(1)					
Charge Description Battery (Domestic)		Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Violation of ORD #	
N		1				11					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Violation of ORD #	
						11					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Violation of ORD #	
						11					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Violation of ORD #	
						11					
Location (Court, Room Number, Address)											
Court Date and Time											
Month Day Year Time A.M. P.M.											
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		Signature of Arresting Officer x [Signature] 163				Name Verification (Printed by Arresting Officer) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Inmate Deputy		Name of Arresting Officer (Print) Off. Hoewing 163				I.D. # 163					
I.D. #		Transporting Officer Off. Hoewing 163				Agency PSPD					
Witness here if subject signed with [Signature]											

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FEB 27 2020
PSPD

PALM SPRINGS POLICE DEPARTMENT
DOMESTIC VIOLENCE
PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

ON THE 27TH DAY OF February 2020, AT 0002 AM / PM
SUBJECT: Kaufman, Dana DOB: 5/14/1969 CASE NUMBER: 2020-4600
CHARGE DESCRIPTION: SIMPLE BATTERY (Domestic Battery) STATUTE NUMBER: 784.03 (1)(a)(1)
VICTIM: Taylor, Charles DOB: 10/24/1967 RACE: W SEX: M
LOCAL ADDRESS: 221 Davis Rd Palm Springs, Fl 33461

PERSONAL CONTACT

NARRATIVE:

On 2/27/2020 at approximately 0002hrs Sgt.Croucher#171 and I responded to 221 Davis Rd Palm Springs, Fl 33461 regarding a battery that had just occurred. Dispatch advised a male called and stated that his girlfriend had just punched him in the eye. Upon arrival we observed W/F Kaufman, Dana (5/14/1967) standing outside in front of the residence. Sgt.Croucher made contact with her first outside while I spoke with the victim W/M Taylor, Charles (10/24/1967) inside his residence. Taylor had an obvious injury just below his right eye that had a small amount of blood around it. Taylor refused medical attention and stated he had been in an argument with his girlfriend Kaufman and that he had been drinking "wine". Taylor stated the two have been dating for 5 months and living together inside his residence. Taylor stated while the two were arguing Kaufman punched him in the face, and then stated that she was going to get him arrested and she began hitting herself. I next went outside and spoke with Taylor (who appeared to be under the influence of an unknown substance), and she verified the two have been dating for 5-6 months, and that she has been living in the residence with Taylor. Kaufman stated that Taylor was mad because he had to leave work to pick her up on this date and then he began hitting her face while she was laying in bed. Sgt.Croucher and I were not able to observe any obvious sign of injury with on Kaufman, and she then stated that Taylor had hit himself in the face. Due to the obvious sign of injury on Taylor, the two living as a couple in the residence, and both statements on scene I at this time placed Kaufman under arrest pursuant to FSS 784.03(1)(a)(1) Domestic Battery. I attempted to place Kaufman into hand cuffs and she began to scream and actively resist by thrashing her arms and laying on the ground. Kaufman refused to listen to the verbal commands I was giving her and Sgt.Crocuher and I were eventually able to place her into handcuffs. Sgt.Croucher and I again attempted to have Kaufman stand up and she thrashed her legs and continued to resist by keeping her body on the ground. Kaufman began screaming even louder and stated multiple times "kill me", "kill me", and Ofc.Carpentier arrived on the scene as back up. Ofc.Carpentier, Sgt.Croucher, and I were able to carry Kaufman to the rear seat of my patrol vehicle and place her in the seat. Taylor refused to cooperate further with the investigation and did not wish to complete a statement, allow me to take photos, or sign any for packets. I then transported her to the Sally Port of PSPD where Ofc.Carpentier stood by with her until I completed the necessary paperwork and then transported her to PBCJ for booking.

DEFENDANT'S STATEMENTS: (Written / Taped / Oral)

Stated that Taylor had hit her in the face while she was laying down in bed. Kaufman also stated that Taylor had hit himself in the face.

VICTIM'S STATEMENTS: (Written / Taped / Oral):

Stated that Kaufman had punched him in the eye after an argument.

OBSERVATIONS OF VICTIM (PHYSICAL AND EMOTIONAL)

Had a small cut under his right eye which had fresh blood on it. Did not want Kaufman to get in trouble, just wanted her to go.

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FEB 27 2020

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

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

1. Incident Report #: 20-04600 Agency: BPD
Offense: Battery (Domestic)
Suspect/Offender: Kaufman, Dana
D.O.B. 5/14/69 Race: White Sex: Female

2. Warrant #(s): _____

3.a. Victim's name: Charles Taylor D.O.B. 10/24/67 Race: W Sex: M
Address: 221 Davis Rd,
City: Palm Springs State: FL Zip: 33461
Home #: (561)324-7749 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: Refused
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: _____ I.D.# _____ Date: _____

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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FEB 27 2020

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: BOYFRIEND/GIRLFRIEND LIVING TOGETHER AS A COUPLE

PHOTOGRAPHS:

SCENE: YES NO
VICTIM: YES NO

911 CALL: YES NO CALLER: VICTIM

WEAPON USED YES NO TYPE: _____

WITNESSES: YES NO (IF YES, ATTACH WITNESS LIST)

INJURIES: YES NO

MEDICAL TREATMENT: YES NO

AT: SCENE: YES NO PARAMEDICS: N/A
AT: HOSPITAL: YES NO PHYSICIAN(S): N/A
HOSPITAL: N/A

ARE THERE CHILDREN LIVING IN THE HOME: YES NO
NAME(S) & DOB: _____

WAS ACT COMMITTED IN FRONT OF MINOR(S): YES NO
NAME(S) & DOB: _____

H.R.S. NOTIFIED: YES NO

VICTIM PREGNANT: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE NUMBER: _____

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VICTIM CONTACT INFORMATION

PHONE:Hm: 561-324-7749 Wk: _____ Employer: _____

RELATIVE: Name: Charles Taylor Phone: 561-324-7749

Address: 221 Davis Rd Palm Springs, Fl 33461

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 27TH day of February, 2020

[Signature]
NOTARY / CLERK OF COURT / OFFICER (F.S. 11710)

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FEB 27 2020



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	<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)(l)	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 23)	<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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020006575	Date: 2/27/2020
	Specialist Name/ID: B Evans / 23649

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FEB 27 2020