

20 CF 1523

Rough Arrest Only

OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 3. Request for Warrant		Juvenile <input type="checkbox"/>	
Agency ORI Number FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06-20-038665			
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Weapon Seized/Type <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Arrest (Including Name of Business) 909 LAKE SHORE DRIVE #204		Location of Offense (Business Name, Address) 909 LAKE SHORE DRIVE #204							
Date of Arrest Feb 16, 2020	Time of Arrest 05:00	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) MURPHY-KEENAN, KATHRYN				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 06-07-1971	Height 57	Weight 160	Eye Color BROWN	Hair Color BROWN	Complexion WHITE	Build SLIM	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) 909 LAKE SHORE DRIVE #204		(City) LAKE PARK	(State) Florida	(Zip) 33404	Phone				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone				
Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone				
D/L Number, State MS12-506-71-787-0 Florida		Soc. Sec. Number		INS Number		Place of Birth PENNSYLVANIA		Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Parent Name (Last) (First) (Middle)		Residence Phone		Business Phone		Other			
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/CYF 3. Incarcerated			
Released To: (Name)		Relationship		FCIC/NIC		Date	Time		
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address.				School Attended		Grade			
Recovery Information		0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other							
Charge Description AGGRAVATED BATTERY WITH A FIREARM		Counts 01	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.945 (1A1)		Violation of ORD #		
Drug Activity	Drug Type	Amount/Unit	Offense # 20-028665		Warrant/Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond		
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)							
Instruction No. 2 You need not appear in Court but must comply with instructions on reverse side.		Court Date and Time							
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 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.		Date Signed							
Signature of Defendant (or Juvenile and Parent/Custodian)		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) (PRINT)					
Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) JAMES KEITHAN EVANS		I.D. # 6638		PAGE			
Intake Deputy I.D. #		Pouch #		Witness here if subject signed with an 'X': DSS Bush 688-7050		1 OF 1			

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PROBABLE CAUSE AFFIDAVIT			
OBYS Number	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1
Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06 -038665	
Charge Type: Check as many as apply.	<input checked="" 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	Special Notes:	
Defendant's Name (Last, First, Middle) Murphy-Keenan, Kathryn	Race White	Sex Female	Date of Birth 08/07/1971
Charge Description Aggravated Battery with a Firearm	Charge Description		
Charge Description	Charge Description		
Victim's Name (Last, First, Middle) Grega, David	Race White	Sex Male	Date of Birth 09/25/1959
Victim's Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source Verbal	
Victim's 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...			
<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 16 day of Feb , 2020 at 01:26 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.			

IMAGES: (Click placeholder thumbnail to select an image to attach. Click "+ Add Image" button to add more.)



Image 1

+ Add Image

NARRATIVE: (Specifically include facts constituting cause for arrest).

At about 01:20 AM, Sunday, February 16, 2020, Palm Beach County Sheriff's Office Road Patrol Deputies were dispatched to 909 Lake Shore Drive #204, Lake Park, Florida, regarding a shooting. Upon arrival, deputies learned the victim, David Grega, was shot once in the right leg. Grega was immediately rushed to St. Mary's Medical Center for treatment. The investigation established he sustained a gunshot wound to the right knee.

At about 02:30 AM, February 16, 2020, your affiant initiated a sworn digitally recorded interview with Grega. He provided the following information. While at the aforesaid residence, he began questioning his girlfriend, Kathryn Murphy-Keenan about a Valentine's Day text message she received from her former boyfriend. As Grega continued questioning her, Murphy-Keenan became infuriated. Grega articulated Murphy-Keenan left the bedroom and when she returned, Murphy-Keenan shot him once in the left leg. He noted she was holding the stainless & black 9mm semi-automatic pistol in her left hand. During the interview, Grega stated Murphy-Keenan told him she recently purchased the firearm from a local pawn shop.


The investigation established before deputies arrived on scene, Murphy-Keenan had already fled from the area. Over the last year, a database check highlighted deputies have responded to several domestic disturbances at the aforesaid residence.

In a post miranda interview, Murphy-Keenan provided multiple conflicting statements that not supported by any physical evidence.

Based on the investigation probable cause exists to charge and arrest Murphy-Keenan pursuant to violation of Florida State Statute 784.045 (1a1) Aggravated Battery with a Firearm.

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Sworn and Subscribed before me


Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)

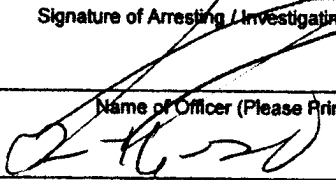
E. VANHOUSEAR #34270
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)

2/16/2020

Date

JAMES EVANJ #6038

Signature of Arresting / Investigating Officer


Name of Officer (Please Print)

Date

NOT A CERTIFIED COPY

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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.

SUSPECT/OFFENDER: **Murphy-Keenan, Kathryn, Elizabeth**
COURT CASE/WARRANT#:

(FOR WARRANTS USE ONLY)

1. Incident Report #: 20-038665 Agency: PBSO
Offense: Aggravated Battery
Suspect/Offender: Murphy-Keenan, Kathryn, Elizabeth
D.O.B. 8/7/1971 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Grega, David, D.O.B. 09/25/1959 Race: W Sex: M
Address: _____
City: _____
Home #- _____ Work #: 0 Other: _____

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

Printed name of person waiving notification: Grega, David,

Deputy's Name: James Evans I.D.# 6638 Date: 02/16/2020

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

PBSO 00029A REV. 4/199

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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 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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	3,5
	<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: 2020005305	Date: 02/17/2020
	Specialist Name/ID: AM/31562

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