

50-2020-MM-005965-AMB
 J# 0517468 P# 399

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		I		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06- 20-092311															
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes N 2. No N		Multiple Clearance Indicator 01											
Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)															
Date of Arrest 07/30/20		Time of Arrest 0104		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle NONE									
Name (Last, First, Middle) Carr Kristen Michelle						Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 12/19/1972		Height 5'03		Weight 210		Eye Color HAZEL		Hair Color BLONDE		Complexion MEDIUM		Build MEDIUM					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Peace symbol tattoo on her right leg						Marital Status Single		Religion Christianity		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>									
Local Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone () 561-441-9494		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>							
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone ()		Address Source FL DL									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()		Occupation UNK									
D/L Number, State C600513729590, FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) Maryland, Bethesda		Citizenship U.S.													
Co-Defendant Name (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 Name (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															
Address (Street, Apt. Number)				(City)		(State)		(Zip)		Business Phone											
Notified by: (Name)				Date		Time		Juvenile Department 1. Held / processed 2. TOT HRS / DYS 3. Incarcerated													
Released To: (Name)				Relationship				Date		Time											
The above address 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 (Phone 365-2526) 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. N/A P. Possess		S. Sell T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description Violation Of No Contact Order				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 741.29(6)				Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 20-092311		Warrant / Capias Number N/A				Bond No Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense # 20-092311		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense # 20-092311		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense # 20-092311		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address) Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406												Court Date and Time Month 07 Day 30 Year 20 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												07/30/20									
Signature of Defendant (or Juvenile and Parent /Custodian)										Date Signed											
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee) JUL 30 AM 3:25													
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S R. Crispin Fuentes		I.D. # 34263		PAGE 1 of 1													
Take Deputy DS Collins 7620		I.D. #		Pouch #		Transporting Officer D/S R. Crispin Fuentes		ID # 34263		Agency PBSO		Witness here if subject signed with an "X"									

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 06-20-092311					
	Charge Type: Check as many as apply.		Special Notes:						
DEF	Name (Last, First, Middle) Carr Kristen Michelle		Aliases	Race W	Sex F	Date of Birth 12/19/1972			
	Charge Description Violation Of No Contact Order		741.29(6)						
CHARGES	Charge Description		Charge Description						
	Charge Description		Charge Description						
VICTIM	Victim's Name (Last, First, Middle) Mckenzie Ian		Race W		Sex M		Date of Birth 02/16/1988		
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source FL DL	
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation Construction	
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 30th day of July 2020 at 0041 <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On July 30th, 2020, at 0041 hours, I responded to [REDACTED] Carr Kristen in reference to a Domestic Dispute.</p> <p>Upon my arrival, I made contact with the caller Ian A Mckenzie who stated his ex-girlfriend Kristen M Carr was very drunk and had returned home, violating a no-contact order. Mckenzie said that Carr was verbally abusing him simply because he was trying to help her because she told him she was going to kill herself if he didn't allow her back in his life.</p> <p>I then ran both parties through PBSO Communications, and they confirmed that an Ian A Mckenzie had an active order of no contact against Kristen M Carr, booking number 2020016852. Carr then stated that Mckenzie had signed an affidavit in which he dropped the charges, and they were allowed to be together, but she had no proof of it.</p> <p>I then had PBSO Communications confirm that the no-contact order was still valid, and they advised me that it was.</p> <p>Based on the above facts and information, I find Probable cause to charge the defendant Kristen M Carr with one count of Violation Of No Contact Order pursuant to F.S.S.741.29(6).</p> <p>Kristen M Carr was handcuffed to the rear. I checked the cuff for proper fit and double locked them. Kristen M Carr was transported and TOT PBCJ without incident.</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S R. Crispin Fuent						
	(Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of July 20 20 by D/S R. Crispin Fuentes								
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN									
D/S N. Heald ID # 36180									
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
		PAGE 1 OF 1							

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 #: 06-20-092311 Agency: PBSO
Offense: VIOLATION OF NO CONTACT ORDER
Suspect/Offender: CAN, KRISTEN
D.O.B. 12-19-1972 Race: White Sex: FEMALE

2. Warrant #(s): _____

3.a. Victim's name: McKenzie, TAN D.O.B. 2-16-1988 Race: W Sex: M
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ 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: DS COLLINS, T I.D. # 7622 Date: 7-30-2020

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records



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)(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.	1-4
	<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: 2020018103	Date: 7/30/2020
	Specialist Name/ID: B Evans / 23649