

50-2020-MM-006837-AMB

ARREST / NOTICE TO APPEAR

Arrest (No Warrant) 1 Request for Warrant
6 Arrest (Warrant) 2 Request for Citrus
2 N.T.A 3 Juvenile Referral

1 JUVENILE

ADMI NIST RATI ON	Agency ORI Number: 0500200		Agency Name: Boca Raton Police Department		Agency Report Number (N.T.A's only): 3 2 2020-009775	
DEF END ANT	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		If Weapon Seized Enter Type: Hands, Feet, Fist, Teeth		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business): 11 PLAZA REAL S, BOCA RATON, FL, 33432				Location of Offense (Business Name, Address): 11 PLAZA REAL S, BOCA RATON, FL 33432	
	Date of Arrest: 08/30/2020	Time of Arrest: 01:01	Booking Date: 08/30/2020	Booking Time: 01:11	Jail Date:	Jail Time:
	Name (Last, First, Middle): AMMAR, KRISTIN			Alias: UNKNOWN		
	Race: W (White) / A (American Indian) / B (Black) / O (Oriental/Asian)	Sex: F	Date of Birth: 09/17/1981	Height: 5'05	Weight: 100	Eye Color: Brown
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):		Marital Status: S	Religion:	Complexion: MEDIUM	
	Local Address (Street, Apt. Number): 333 E PALMETTO PARK RD 851, BOCA RATON, FL 33432		(City):	(State):	(Zip):	Phone:
	Permanent Address (Street, Apt. Number): 333 E PALMETTO PARK RD 851, BOCA RATON, FL 33432		(City):	(State):	(Zip):	Phone:
	Business Address (Name, Street): UNEMPLOYED,		(City):	(State):	(Zip):	Phone:
	D.L. Number, State: /		Soc. Sec. Number:	INS Number:	Place of Birth (City, State): Jamaica	Citizenship: US
CO DEF END ANT	Co-Defendant Name (Last, First, Middle):		Race:	Sex:	Date of Birth:	
	Co-Defendant Name (Last, First, Middle):		Race:	Sex:	Date of Birth:	
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle):		Residence Phone:			
	Address (Street, Apt. Number):		(City):	(State):	(Zip):	
	Notified by (Name):		Date:			
	Released To (Name):		Relationship:	Date:	Time:	
C H A R G E	Charge Description: DOMESTIC BATTERY		Statute Violation Number: 784.03(1A1)		Violation of ORD #:	
	Drug Activity:	Drug Type:	Amount / Unit:	Offense #:	Counts:	
	Charge Description:		Statute Violation Number:		Violation of ORD #:	
I N T E R V E W	Health / Apparent Physical Condition of Defendant:		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input checked="" type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT County Jail		PROPERTY - Received By: _____ Released By: _____ Released To: _____			
N O T I C E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room):			
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location: South County 200 W Atlantic Ave Delray Beach, FL 33444			
T O A P P E A R	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Date Signed: _____			
	Signature of Defendant (or Juvenile and Parent/Custodian): _____		Date Signed: _____			
A D M I N	HOLD for Other Agency:		Signature of Arresting Officer: _____		Name Verification (Printed by Arrestee):	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print): CROWE, D.		(PRINT):	
	Make Deputy: DS Collins 7622	Pouch #:	Transporting Officer: Lauckner	ID # 807	Agency: Boca Raton	
PAGE		Witness here if subject signed with an "X"		PAGE		

VICTIM NOTIFICATION

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT

0518288

Lauckner #801

PH 3005

No Photo Available

1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 08/30/2020 01:09		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-009775		
	Name (Last, First, Middle) AMMAR, KRISTIN				Alias		Race W	Sex F	Date of Birth 09/17/1981
Charge Description 784.03(1A1) DOMESTIC BATTERY									
V I C T I M	Victim's Name (Last, First, Middle) AMMAR, STEPHANIE C						Race W	Sex F	Date of Birth 01/05/1983
	Local Address (Street, Apt. Number) 11 PLAZA REAL S 514, BOCA RATON, FL 33432			(City)	(State)	(Zip)	Phone		Address Source
	Business Address (Name, Street) N/A			(City)	(State)	(Zip)	Phone (305) 607-8578		Occupation

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET
VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
SISTER


PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:	STEPHANIE	
WEAPON USED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE:	HANDS	
WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)		
INJURIES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:		
Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:		
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:		
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>			

On 8/29/20, I responded to 11 Plaza Real S. #514 regarding a domestic disturbance between two sisters. Upon arrival, I met with Stephanie Ammar.

According to Stephanie, she and her sister, Kristin Ammar, were in Fort Lauderdale getting some drinks and

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.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 30 day of August, 2020.

SHANAHAN, TIMOTHY C
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 08/30/2020 01:09	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-009775
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returned to Stephanie's residence listed above. Stephanie explained that she was tired and wanted to go to sleep, but she couldn't because Kirstin was in the living room intoxicated playing music on her phone. Stephanie went into the living room and took her sister's phone off the counter and put it outside of the front door in the hallway and told Kristin she needs to leave. Kirstin went and retrieved her phone and reentered the apartment and went into Stephanie's master bedroom and jumped on top of her laying in the bed. Kristin proceeded to grab Stephanie's face and ripped out her hair. Stephanie stated that Kristin grabbed her neck, but she did not lose the ability to breathe. Stephanie sustained a visible red scratch on her neck and showed me a clump of hair that was pulled out in the bathroom. I photographed Stephanie's injuries with my MVR.

I then responded to 333 E. Palmetto Park Rd. #815 where Kristin resides. It should be noted that when I arrived at Palmetto Promenade to investigate this incident. There was a white female that left out of the front doors upon sight of law enforcement and fled in a white Lexus IS300. It was later determined after speaking to Stephanie that the female was Kristin.

Based on my investigation, Stephanie's injuries, and Kristin not cooperating with my investigation I developed probable cause for Kristin's arrest for Domestic Simple Battery pursuant to F.S.S. 784.03(1A1).

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.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 30 day of August, 2020.

SHANAHAN, TIMOTHY G 

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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#: 20-9775 Agency: B RPD
Offense: Domestic Battery
Suspect/Offender: Kristin Ammar
D.O.B. 9/17/81 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: Stephanie Ammar D.O.B. 1/5/83 Race: W Sex: F
Address: 11 Plaza Real S # 514
City: Boca Raton State: FL Zip: 33432
Home#: 305 607 8578 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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Off. D. Crowe I.D.# 307 Date: 8/30/20
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____