

0259889

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1

Juvenile

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-087677	
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"/>	
Location of Arrest (Including Name of Business) 5068 Starblaze Dr., Greenacres, FL 33463		Location of Offense (Business Name, Address) 5068 Starblaze Dr., Greenacres, FL 33463					
Date of Arrest 07/20/2021	Time of Arrest 1517	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Dunn, Kristin, Michelle							
Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White 1 - American Indian	Sex F	Date of Birth 06/21/1982	Height 5'08	Weight 140	Eye Color Blue	Hair Color Blonde	Complexion Light
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoos: "BAD" back of R Shoulder, "Kristin" on L Hip		Martial Status Single	Religion CHRISTIAN		Indication of Alcohol Influence <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 5. Unk.		
Local Address (Street, Apt. Number) 5068 Starblaze Dr., Greenacres, FL 33463		(City) ()		(State) ()		(Zip) ()	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
D/L Number, State D500513827210, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Albany, NY	
Citizenship US							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		1. Arrested <input type="checkbox"/> 2. At Large		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		Residence Phone ()	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by (Name)		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		Date	
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 355-2526) 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 B. Buy 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 Domestic Battery		Counts 01		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1A1)	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 21-087677	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) To Be Set							
Court Date and Time Month Day Year 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							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed 07/20/2021			
HOLD for other Agency Name		Signature of Arresting Officer A. Gonzalez		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)			
Intake Deputy I.D. #		Pouch #		Agency PBSO			
Transporting Officer D/S A. Gonzalez		ID # 3495		Witness here if subject signed with an "X"			
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY	
PAGE 1		OF 1					

D/S R. Oladejo 36172
36172

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-087677							
	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		Special Notes							
DEF	Name (Last, First, Middle) Dunn, Kristin, Michelle				Alias		Race W		Sex F		Date of Birth 06/21/1982	
	Charge Description Domestic Battery				784.03(1A1)		Charge Description					
CHARGES	Charge Description				Charge Description							
	Charge Description				Charge Description							
VICTIM	Victim's Name (Last, First, Middle) Dunn, Bethany, Michelle				Race W		Sex F		Date of Birth 08/28/2000			
	Local Address (Street, Apt. Number) 5068 Starblaze Dr, Greenacres, FL 33463				(City)		(State)		(zip)		Phone (561) 352-1429	
	Business Address (Name, Street)				(City)		(State)		(zip)		Phone ()	
											Occupation	
PROBABLE CAUSE STATEMENT	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 20th day of July 20 21 at 1:57 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)											
	On the above date and time, I was dispatched to 5068 Starblaze Dr., Greenacres, Palm Beach County, FL 33463 in reference to a domestic disturbance call in progress.											
	Upon arriving at the residence, I made contact with the victim W/F Bethany M. Dunn 08/28/2000 who was bleeding from her nose and had scratch marks on her right temple. Bethany provided the following information:											
	Bethany advised that she was in her bedroom when her mother (W/F Kristin M. Dunn 06/21/1982) came and opened her bedroom door to talk shit about things to her. Bethany continued to advise that she told her mom to stop and get out of her room and closed her bedroom door. Bethany stated that her mother continued to open her bedroom door several more times and she continued to close it every time. Bethany advised that at some point they both began to push and shove one another until her mother scratched her face and kicked her face while they were on the ground. Bethany also advised that she hit and scratched her mother as well and pulled her hair. Bethany stated that they both separated form one another and her mother left her bedroom. There was no further information provided.											
	After speaking to Bethany, I spoke with Kristin who was also bleeding from her nose and had scratch marks on her neck. Kristin provided the following information:											
	Kristin advised that she went to talk to Bethany about text messages that she was sending to her step-father. Kristin continued to advise that she walked over to Bethany's bedroom to talk to her about it and Bethany began to yell at her for no reason and was slamming the bedroom door multiple times, and she asked Bethany to stop because she was afraid that the glass panels would break. Kristin stated that because of Bethany's behavior, she told her that she needed to gather her things and leave. Kristin continued to state that when she turned away from her, Bethany grabbed her by her hair and began to attack her. Kristin advised that she was scratched on her face, punched in her right eye, and had a clump of hair pulled off of her head. There was no further information provided.											
	It should be noted that while talking to Kristin, I detected a odor of an unknown alcoholic beverage emanating from her breath. It should also be noted that Kristin's younger children were in the residence and heard the fight, but they did not see the fight due to it taking place inside of Bethany's bedroom.											
	Based on my investigation, I find that Kristin M. Dunn 06/21/1982 did, hit and scratch Bethany M. Dunn against her will , pursuant to F.S. 784.03(1A1).											
	Kristin was placed in handcuffs and they were checked for proper fit and double locked. Kristin was transported to Wellington Regional Medical Center for medical clearance and later transported to county jail.											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <i>D. A. Gonzalez</i> D/S A. Gonzalez (Signature of Arresting/Investigative Officer)											
	The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of July 20 21 by D/S A. Gonzalez (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known											
	<i>[Signature]</i> 9131 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)											
	PAGE 1 OF 1											

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Suspect: Dunn, Kristin, Michelle DOB: 06/21/1982 Case #: 21-087677

Victim: Dunn, Bethany, Michelle DOB: 08/28/2000 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes ☒ No ☐ Victim ☒ Yes ☐ No ☐ Defendant ☒ Yes ☐ No ☐

911 Call: ☒ Yes ☐ No Caller: Kristin M. Dunn

Weapon Used: Yes ☒ No ☐ Type: N/A

Witness: Yes ☒ No ☐ Name: N/A

Victim Pregnant: Yes ☒ No ☐ If yes, weeks months

Injuries: ☒ Yes ☐ No Description: Bleeding nose, scratch marks on face

Medical Treatment: Yes ☒ No ☐

At Scene: Yes ☒ No ☐ Paramedics: N/A

At Hospital: Yes ☒ No ☐ Hospital: N/A Physician: _____

Are Children Living in Home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No

Name: Leah M. Dunn

DOB: 02 / 18 / 2004

Name: Sara C. Tedeman

DOB: 05 / 28 / 2014

Name: Evangeline S. Tedeman

DOB: 07 / 08 / 2019

Injunction Yes ☒ No ☐

Case #: _____

No Contact Order Yes ☒ No ☐

Case #: _____

Alcohol or Drugs ☒ Yes ☐ No ☐ Unknown

Prior History of Domestic/Dating Violence ☒ Yes ☐ No

Defendant's Statements ☒ Yes ☐ No ☐ If yes, ☒ written ☐ recorded ☒ oral

First words Defendant said when you responded to scene: Stood in doorway to talk to daughter, daughter began to slam bedroom door and later attacked her by pulling her hair, punching her eye.

Victim's Statements ☒ Yes ☐ No ☐ If yes, ☒ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: Mother opened bedroom door to talk shit to her. Begged mother to stop and closed door. Mother continued to open door and talk every time the door was closed.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☒ No If yes, name: _____ phone () _____ - _____

Observations of Victim (Physical & Emotional): _____

☒ Upset ☒ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: 5068 Starblaze Dr, Greenacres, FL 33463

Phone: Home (561) 352-1429 Work () _____ - _____ Cell () _____ - _____

Employer: _____

Name of Relative: _____ Phone () _____ - _____

Address: _____

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.**

SUSPECT/OFFENDER: **Dunn, Kristin, Michelle**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

1. Incident Report #: 21-087677 Agency: PBSO
Offense: Domestic Battery
Suspect/Offender: Dunn, Kristin, Michelle
D.O.B. 06/21/1982 Race: W Sex: F
2. Warrant # (s): _____
- 3.a. Victim's name: Dunn, Bethany, Michelle D.O.B. 08/28/2000 Race: W Sex: F
Address: 5068 Starblaze Dr
City: Greenacres, FL 33463
Home #- (561) 352-1429 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: Dunn, Bethany, Michelle

Deputy's Name: D/S A. Gonzalez I.D.# 24995 Date: 07/20/2021
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4199



**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 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: 2021018026	Date: 7/21/2021
	Specialist Name/ID: M. Tooks #8557