

20MM9247MB

OBTYS Number: 0519897		ARREST / NOTICE TO APPEAR		1 Arrest 2 N I A		3. Request for Warrant 4. Request for Capias		1		Jvenile		N											
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N I A's only) 06- 20-131207																	
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input checked="" 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 2 No		Multiple Clearance Indicator 01																			
Location of Arrest (Including Name of Business) 6846 Mitchell Street, Jupiter FL 33458						Location of Offense (Business Name Address) 6846 Mitchell Street, Jupiter Florida 33458																	
Date of Arrest 11/28/2020		Time of Arrest 0430		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
Name (Last, First, Middle) Rollinson, Krystalyn,												Alias (Name, DOB, Soc Sec #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 07/14/1992		Height 5'06"		Weight 130		Eye Color Brown		Hair Color Blonde		Complexion Fair		Build Med							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) arms, legs, ribs												Marital Status Single		Religion Christian		Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk					
Local Address (Street, Apt. Number) 6846 Mitchell St Jupiter FL 33458				(City)		(State)		(Zip) 33458		Phone (561) 248-8581		Residence Type 1 City 2 County 3 Florida 4 Out of State		2									
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source Verbal											
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation N/A											
D/L Number State		Soc. Sec. Number		INS Number		Place of Birth (City, State) Pt. Lauderdale		Citizenship USA															
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		Address (Street, Apt. Number)				(City)		(State)		(Zip)		Residence Phone											
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone															
Notified by (Name)												Residence Phone											
Released To (Name)												Business Phone											
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 Dispenser/ 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/Deriv.		P Paraphernalia/ Equipment S Synthetics		U Unknown Z Other			
Charge Description Domestic Battery		Counts 01		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03 (1)(a)(1)		Violation of ORD #															
Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-131207		Warrant / Capias Number		Bond													
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #															
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond													
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #															
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond													
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #															
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond													
Location (Court, Room Number, Address)																							
Court Date and Time Month Day Year Time AM PM 11/28/2020																							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED TO USE AS A WAIVER AND 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. 11/28/2020																							
Signature of Defendant (or Juvenile and Parent / Custodian)												Date Signed											
HOLD for other Agency Name				Signature of Arresting Officer				Name Verification (Printed by Arrestee)															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(P.R.N.T.)															
Name of Arresting Officer (Print) D/S C. WELLS				ID # 23732				Agency PBSO															
Transporting Officer D/S WELLS				ID # 23732				Agency PBSO															
Witness here if subject signed																							

NOTIFICATION REQUIRED

NO BOND

NOV 29 2020

SCANNED NOV 29 2020

PBSO #148 REV. 9/97 DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N I A ONLY)

J# 0519897

D# 2902

NOV 28 AM 6:29

PROBABLE CAUSE AFFIDAVIT

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

I Juvenile N

OBTs Number Agency ORI Number FLO 500000 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 06-20-131207

Charge Type: 1 Felony, 2 Traffic/Felony, 3 Misdemeanor, 4 Traffic Misdemeanor, 5 Ordinance, 6 Other. Special Notes:

Name (Last, First, Middle): Rollinson, Krystalyn, Alias, Race W, Sex F, Date of Birth 07/14/1992

Charge Description: Domestic Battery 784.03 (1)(a)(1)

Victim's Name (Last, First, Middle): Tiller, Bryan, M. Local Address: 6846 Mitchell Street, Jupiter FL 33458. Phone: (302) 650 5420. Address Source: Verbal.

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... On the 28th day of November 2020 at 0300

On November 28th, 2020 at approximately 0400 hours I responded to the area of 6791 W Indiantown Road located in Unincorporated Jupiter Florida 33458 in reference to a domestic battery call. Prior to my arrival, PBSO communications advised the complainant/victim, Bryan Tiller, had stated that his girlfriend later identified as, Krystalyn Rollinson, had physically attacked him and bit him at their residence located at 6846 Mitchell Street Jupiter Florida 33458. Upon my arrival, I met with Bryan Tiller who stated that his girlfriend, Krystalyn Rollinson, had arrived home to their residence intoxicated after going out bowling with her friends. Tiller stated Rollinson was his girlfriend and they lived together with child in common. Tiller explained that he told Rollinson that he would be going to bed and later when she came to the bedroom she started to verbally yell at him about taking too much space on the bed. Tiller further explained Rollinson stated she would be going on the porch to smoke a marijuana joint and he followed her trying to speak with her about why she was so upset. Tiller stated while on the porch, Rollinson further became upset and physically struck him with her fist on the right side of his face and started to attack him. Tiller stated he grabbed Rollinson's arms to attempt to make her stop attacking him when she bit him on the left forearm and right shoulder. Tiller stated he then grabbed his belongings to separate himself from Rollinson, leaving the residence and later contacting law enforcement for assistance. Tiller provided a sworn video statement documenting the incident in his own words. I noticed Tiller had faint red mark and minor swelling under his right eye on the side of his face, and had bright red mark on his forearm and abrasion as well as red bite indications on his right shoulder. Tiller's injuries appeared fresh and coincided with his account of the incident. I then relocated to the residence and spoke with Krystalyn Rollinson who stated that she was in an argument with her boyfriend, Bryan Tiller which became physical. Rollinson stated that Tiller had grabbed her and she had to bite him to make him let go of her. Rollinson stated that Tiller was attempting to make up a story to her parents to get them on his side. Rollinson did not have any visible marks or bruising noticed on her person.

Based on the above investigation, statements made and injuries present, probable cause exists to charge Krystalyn Rollinson with Battery (Simple) domestic related FL state statue 784.03 (1)(A)(1).

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature) D/S C. WELLS

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of November 2020 by D/S WELLS

(Print Name of Arresting Investigative Officer) who personally produced identification. Type of identification produced LED. Notary Public, Clerk of Court, Officer (F.S. 117.10) D/S St. Hilaire 15070

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

Suspect: Rollinson, Krystalyn, DOB: 07/14/1992 Case #: 20-131207

Victim: Tiller, Bryan, M DOB: 10/26/1992 Race: W Sex: M

Relationship between Victim and Defendant: Boyfriend / Girlfriend

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Bryan Tiller

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: Bruising on victim

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

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

Name: Keegan Mock DOB: 09/26/2012

Name: Paislee Tiller DOB: 02/04/2020

Name: _____ DOB: / /

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: in physical argument with boyfriend Bryan Tiller stated he grabbed her

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

First words Victim said when you responded to scene: girlfriend, Rollinson, had struck him in face and bite his forearm Shoulder

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: 6846 Mitchell Street, Jupiter FL 33458

Phone: Home (302) 650 - 5420 Work (____) ____ - ____ Cell (____) ____ - ____

Employer: _____

Name of Relative: _____ Phone (____) ____ - ____

Address: _____

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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)
- **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 #: 20-131207 Agency: PBSO
Offense: Domestic Battery
Suspect/Offender: Rollinson, Krystalyn
D.O.B. 07/14/1992 Race: W Sex: F

2. Warrant # (s): _____

3. a. Victim's name: Tiller, Bryan, M D.O.B. 10/26/1992 Race: W Sex: M
Address: 6846 Mitchell Street
City: Jupiter FL 33458
Home #- (302) 650 5420 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: Tiller, Bryan, M

Deputy's Name: D/S WELLS I.D.# 23732 Date: 11/28/2020

White Corrections or State Attorney (Warrant Application)
PBSO 00029A REV. 4199

Yellow Warrants Section

Pink Central Records

SCANNED
NOV 29 2020

SUSPECT/OFFENDER: Rollinson, Krystalyn
(FOR WARRANTS USE ONLY)
COURT CASE/WARRANT#