

20mm 7139AMB

ARREST / NOTICE TO APPEAR

- 1. Arrest (No Warrant)
- 2. Arrest (Warrant)
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral
- 6. N.T.A.

1 JUVENILE

ADMI	OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2 2020-010211</b>	
STR	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		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)		Enter Type		Hands, Feet, Fist, Teeth	
ION	<b>140 NE WAVECREST CT</b>		<b>140 NE WAVECREST CT, BOCA RATON, FL 33432</b>				
DEF	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
	<b>09/11/2020</b>	<b>00:43</b>	<b>09/11/2020</b>	<b>00:53</b>	<b>//</b>	<b>:</b>	
END	Name (Last, First, Middle) <b>CHANDLER, LAKYN BRIE</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color
ANT	<b>W - White</b>	<b>F</b>	<b>05/06/2000</b>	<b>5'03</b>	<b>140</b>	<b>GREEN</b>	<b>BLONDE</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status	Religion	Indication of Alcohol Influence		
D	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Residence Type
	<b>2255 SPRING HARBOR DR, DELRAY BEACH, FL 33445</b>					<b>(904) 207-1098</b>	<b>3</b>
N	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source
	<b>2255 SPRING HARBOR DR, DELRAY BEACH, FL 33445</b>					<b>(904) 207-1098</b>	<b>SELF</b>
C	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation
	<b>CS34522006660 / FL</b>						
O	DVI Number, State		Soc. Sec. Number	INS Number	Place of Birth (City, State)		Citizenship
	<b>CS34522006660 / FL</b>				<b>JACKSONVILLE, FL,</b>		
D	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	
J	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone		
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	
U	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION		
	Released To: (Name)		Relationship	Date	Time	<input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT IAC <input type="checkbox"/> 3. Incarcerated	
C	The above address was provided by		<input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.		School Attended		Grade
	The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		Property Crime?		Description of Property		Value of Property
O	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		Drug Activity		Drug Type		Value of Property
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property
C	Drug Activity		S. Sell		E. Storage		K. Disperse/Distribute
	N. N/A		B. Buy		D. Deliver		M. Manufacture/Produce/Cultivate
C	Charge Description		Statute Violation Number		Violation of ORD #		
	<b>BATTERY</b>		<b>784.03(1A1)</b>				
C	Drug Activity		Drug Type		Amount / Unit		Offense #
	<b>N</b>		<b>I</b>		<b>Y</b>		<b>N</b>
C	Charge Description		Statute Violation Number		Violation of ORD #		
C	Charge Description		Statute Violation Number		Violation of ORD #		
I	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 type="checkbox"/> Deformities <input type="checkbox"/> Injuries				
N	Check which applies:		Released O.R.		Released to Parent/Guardian		T.O.T. County Jail
	<input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To
T	Transported By		Date Transported		Time Transported		Other
	<b>848</b>						<b>BRPD</b>
O	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time		
			<b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>				
A	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.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		
H	HOLD for Other Agency		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		Name of Arresting Officer (Print)		(PRINT)		
I	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print)		(PRINT)		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		<b>WALTER, E. R.</b>		<b>848</b>		
D	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer		Agency		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		<b>ERIC WALTER</b>		<b>848 BRPD</b>		
Witness here if subject signed with an "X".							

2020 SEP 11 AM 5:55  
No Photo Available

05/8482

35/4

PROBABLE CAUSE AFFIDAVIT

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Copies

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2020-010211</b>	
-------------	--	--	--	--	--	--

Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>CHANDLER, LAKYN BRIE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/06/2000</b>
---	-------	------------------	-----------------	------------------------------------

Charge Description <b>784.03(1A1) BATTERY</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>ROBERTS, KRISTOFER RYAN</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/11/1978</b>
---	------------------	-----------------	------------------------------------

Local Address (Street, Apt. Number) <b>140 NE WAVECREST CT, BOCA RATON, FL 33432</b>	Phone <b>(310) 310-0620</b>	Address Source <b>FL DL</b>
---	--------------------------------	--------------------------------

Business Address (Name, Street) <b>SELF</b>	Phone	Occupation <b>CONSTRUCTION</b>
--	-------	-----------------------------------

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 ...  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 10 day of September, 2020 at 23:48 (Specifically include facts constituting cause for arrest.)

On 09-10-2020, at approximately 2230 hours, I responded to 140 NE Wavcrest Ct in reference to a domestic disturbance. Upon arrival, I met and spoke with W/F Brie Chandler and W/M Kristofer Roberts.

Roberts advised the following: He lives at this location. His girlfriend, Chandler, came over tonight to pick up some things from his house. She came inside and an argument began over him cheating. The argument remained verbal and Chandler left shortly after arriving. Chandler returned because she had forgotten her phone. She came back inside and an argument began again. While they were arguing, Chandler hit Roberts in the face. Roberts told her she had to leave and walked her to her car. The argument continued out to the car where Chandler hit Roberts in the face several more times. Roberts refused to further describe how Chandler hit him. After being hit, Roberts smacked his hand down on the top of her car which caused the moonroof to shatter. Chandler began to run around and then the police arrived. Roberts advised he never touched Chandler, he only hit the car out of frustration. It should be noted that Roberts is a co-registrant of the vehicle so there is no vandalism.

Chandler advised the following: Her and Roberts had ended their relationship two days ago. She came over to Roberts today to collect some of her belongings. When she was inside, an argument began between her and Roberts. The argument was over him cheating. She left but returned shortly after because she had forgotten her phone. She came back into the house to find that Roberts was looking through her phone. An argument began again and Roberts said that he would walk her out. They walked outside where the argument continued. While they were standing at her car Roberts began to hit the roof, causing the moonroof to shatter. She wanted him to stop so she began to run around screaming that she was going to call the police. She advised that Roberts never touched her, harmed her or attempted to hurt her in anyway. She denied hitting or touching Roberts in anyway.

SWORN AND SUBSCRIBED BEFORE ME

*RM7SY*

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

9-10-2020

DATE

*[Signature]*  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**WALTER ERIC ROCCO (848)**


NAME OF OFFICER (PLEASE PRINT)

**09/10/2020**

DATE

PAGE

1 OF 2

OBTS Number A D M I N D E F P R O B A B L E C A U S E S T A T E M E N T A D M I N I S T R A T I V E	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Ceptis	<b>1</b>	JUVENILE	
Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2020-010211</b>	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:	
Name (Last, First, Middle) <b>CHANDLER, LAKYN BRIE</b>			Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/06/2000</b>
<p>While speaking with Roberts I observed a small fresh cut on the left side of his face, which by the end of my investigation had begun to swell and bruise. The witnesses that were present advised that they did not see the entire incident and did not witness any violence. Based off the statements provided and the physical evidence, I determined that Chandler is the primary aggressor in this incident and there is probable cause to charge Chandler with Domestic Battery (FSS 784.03(1A1)). Chandler was placed under arrest and transported to Palm Beach County Jail.</p>					
NOT A CERTIFIED COPY					
SWORN AND SUBSCRIBED BEFORE ME					
<u>BM734</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
<u>9-10-2020</u> DATE		<u>WALTER, ERIC ROCCO (848)</u> NAME OF OFFICER (PLEASE PRINT)			
		<u>09/10/2020</u> DATE			
PAGE <b>2 OF 2</b>					

# 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)
- **Dating Violence**
- **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 #: 2020-010211 Agency: Boca Raton  
Offense: Simple Battery (Domestic)  
Suspect/Offender: Chandler, LAKYA Brie  
D.O.B. 05/06/2000 Race: White Sex: Female

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: Roberts, Kristofer D.O.B. 08/11/78 Race: W Sex: M  
Address: 140 NE Wavcrest Ct  
City: Boca Raton State: FL Zip: 33432  
Home #: 360-360-0620 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: Eric Walter I.D. # 848 Date: 09/11/2020

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #: \_\_\_\_\_



**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)(l)	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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020021491	Date: 09/11/2020
	Specialist Name/ID: T Howard/7185