

50-2022-CF-003767-AMB

MIGSYS I nvoiced

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1 Juvenile N	
OBTS Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-22-005276	
Charge Type: Check as many as Apply.		☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)			
Date of Arrest 05/10/2022		Time of Arrest 2102		Booking Date		Booking Time	
Name (Last, First, Middle) BOYD, MINDY IRIS		Alias (Name, DOB, Soc. Sec. #, Etc)					
W - White B - Black O - Oriental / Asian		Race W		Sex F		Date of Birth 11/15/1963	
Height 5'7"		Weight 120		Eye Color GREEN		Hair Color BLONDE	
Complexion LIGHT		Build SMALL		Marital Status SINGLE		Religion UNKNOWN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Indication of: Alcohol Influence ☐ ☐ ☐ Drug Influence ☐ ☐ ☐		Y N Unk. ☐ ☐ ☐		Residence Type 1. City 3. Florida 2. County 4. Out of State 1	
Local Address (Street, Apt. Number) 107 LIVE OAK LN		(City) BOYNTON BEACH		(State) FL		(Zip) 33435	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)	
D/L Number, State B300549639150 FL		Soc. Sec. Number		INS Number		Place of Birth BOYNTON BEACH FLYES	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent Name (Last) (First) (Middle)		Residence Phone		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated	
Released To: (Name)		Relationship		Date		Time	
The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the juvenile in school attended.		Court Clerk's Office (Phone 561-355-2526) informed of any change of address:		Grade		☐ Yes, By: (Name) ☐ No: (Reason)	
Property Crime? ☐ Yes ☐ No		Description of Property		Value of Property		VICTIM NOTIFICATION REQUIRED	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description AGG ASSAULT		Counts 1		Domestic Violence ☒ Yes ☐ No		Statute Violation Number 784.021.1A	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description SIMPLE BATTERY		Counts 1		Domestic Violence ☒ Yes ☐ No		Statute Violation Number 784.03.1A1	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444		Court Date and Time Month Day Year Time		☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.	
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		Signature of Arresting Officer ANDERSON A ANDERSON A	
HOLD for other Agency Name:		Name of Arresting Officer (Print)		I.D. #		Name Verification (Printed by Arrestee) (PRINT)	
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:		Transporting Officer		I.D. #		Agency	
Intake Deputy		Pouch #		Witness here is subject Signed with an "X".		Page 1 OF 1	

MAY 11 AM 1:03

0531510

2831

Marsys Invoked



DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY



On the 10TH day of MAY 2022 at 2012 HRS
Subject: BOYD, MINDY IRIS DOB: 11/15/1963 Case #: 22-005276
Charge Description: AGG ASSAULT Statute #: 784.021.1A

Narrative:

On Tuesday May 10th 2022 at approximately 2014 hours, I responded to [REDACTED] FL 33435 in reference to a assault in progress with a knife. Communications Personnel received a call from Victim advising that [REDACTED] W/F, Mindy Boyd (11/15/1963) assaulted him and struck him in the head with the butt of a knife. It was also advised that the victim locked himself in the bathroom prior to our arrival. For documentation purposes, the involved parties Mindy Boyd and the victim in this incident have been in [REDACTED]

Upon arrival I observed victim outside in the parking lot of the residence with numerous lacerations on his legs, face, hands and arms. The victim refused medical treatment by fire department.

Officers made contact with the victim who provided a statement captured via BWC. The victim stated that the argument started over the use and purchase of drugs. The victim advised that during the argument, Boyds dog (blue Pitt Bull) became agitated and proceeded to attack him biting him numerous times. The victim stated that he grabbed hold of the dog to prevent further attack at which time Boyd proceeded to physically attack him by striking him in the face with an open hand numerous times. The victim did not suffer any injuries from being slapped.

The victim advised that he separated himself and proceeded to go downstairs a have a seat on the couch. While sitting, The victim stated that Boyd armed herself with a knife and proceeded to strike him in the back of the head with the butt of the knife numerous times (no related injuries observed). In fear, the victim fled to the bathroom and barricaded himself within where Boyd pursued with the knife. As a result the victim advised that he was not cut during the incident from the knife. All injuries sustained were caused from the dog attack according to the victim.

I made contact with a Boyd who was initially uncooperative and did not want to speak with officers. Boyd stayed within the boundaries of the fence in enclosure advising she was a victim of domestic violence. Boyd eventually made contact with officers at which time a fact finding was conducted regarding Boyd's claims of being victimized. While speaking with Boyd, she was inconsistent and was unable to provide a clear statement; however, during the conversation that I had with Boyd, she advised that she slapped the victim multiple times and armed herself with a knife. Boyd also advised that if the victim touched her dog again, she was going to harm him and kill him. No fresh injuries were observed on Boyd's person. Based on the above, Boyd was placed in handcuffs, read her Miranda Rights.

Post Miranda, Boyd clarified that the argument started when the victim could not find his marijuana and trashed the home looking for it. Boyd continued stating that she was in a tussle with the victim over a her bag when the dogs became involved. Boyd confirmed post Miranda that she did in fact slap the victim once and also advised that she "went after him with a knife". Boyd denied ever striking or cutting the victim with a knife.

Officer could not go inside the home due to aggressive uncontrollable dogs inside. The knife used in this incident could not be recovered for said reasons. There were no witnesses or video evidence in this incident.

Based on the above stated, I find probable cause to charge Boyd with (1) count of Aggravated Assault pursuant to 784.021.1A and (1) count of Simple Battery pursuant to F.S.S. 784.03.1A1. Boyd was transported to BBPD, processed and later turned over to Palm Beach County Jail. The victim in this incident invoked his rights to confidentiality and a Marcy's card was provided. The victim advised that he

MOUSYS Invoked

Photographs: Scene: ☐ Yes ☒ No
Victim: ☒ Yes ☐ No
911 Call: ☒ Yes ☐ No Caller:
Tape Requested: ☒ Yes ☐ No
Weapon Used: ☒ Yes ☐ No Type: KNIFE
Witnesses: ☐ Yes ☒ No
Injuries: ☒ Yes ☐ No
Medical Treatment: ☐ Yes ☒ No
At Scene ☐ Yes ☒ No Paramedics:
At Hospital ☐ Yes ☒ No Physician(s):
Hospital:
Act Committed In Presence Of Minor(s): ☐ Yes ☒ No
Name: Age:
Name: Age:
F.D.C.F. Notified: ☐ Yes ☒ No Victim Pregnant: ☐ Yes ☒ No
Violation Of Restraining Order: ☐ Yes ☒ No Case #:
Prior History Of Domestic Violence: ☐ Yes ☒ No
Alcohol Or Drugs Involved: ☒ Yes ☐ No ☐ Unknown

Victim Contact Information:

Phone Home: Work:
Employer:
Relative Name: Phone:
Address:
City/State:

State Of Florida

County Of Palm Beach

Appeared before me, ANDERSON A , (print name) 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 me before this 10TH day of MAY , 2022

Notary/Clerk Of Court/Officer (F.S.S. 117 10)

MARSY'S LAW INVOKED VICTIM NOTIFICATION FORM

Confidential/ Info To Be Filled Out

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**

- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 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 #: 22-005276 Agency: Boynton Beach Police Department
Offense: AGG ASSAULT
Suspect/Offender: BOYD, MINDY IRIS
DOB: 11/15/1963 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

A.



B. Victim's Next of Kin: _____

Address: _____

City: _____

State: _____

Zip: _____

Home #: _____

Work #: _____

Other: _____

C:

Victim's designated contact other than next of kin (for example: a friend or neighbor):

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home #: _____

Work #: _____

Other: _____

4.

Relevant identification or case numbers assigned to the case (please specify): _____

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of Victim: _____

Printed Name of Victim: _____

Officer's Name: ANDERSON A

I.D.# 1138

Date: 5/10/22

SUSPECT/OFFENDER:

BOYD, MINDY IRIS

COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)



**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)
I/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022012233

Date:

Specialist Name/ID: T Howard/7185