

J-0516625

ARREST NOTICE TO APPEAR

P-3914

|   |                                     |  |  |  |   |   |   |   |  |  |                        |
|---|-------------------------------------|--|--|--|---|---|---|---|--|--|------------------------|
| OBTS Number   | Agency ORJ Number<br><b>0500200</b> |  | Agency Name<br><b>Boca Raton Police Department</b> |  | Agency Report Number (N.T.A.'s only)<br><b>3   2   2020-006034</b>                    |   | 1   | JUVENILE                                  |  |  |                        |
| Charge Type:<br>Check as many as apply:   | <input type="checkbox"/> 1. Felony  | <input checked="" type="checkbox"/> 3. Misdemeanor | <input type="checkbox"/> 5. Ordinance              | If Weapon Seized<br>Enter Type <b>Hands, Feet, Fist, Teeth</b>   |   | Multiple Clearance Indicator  |   |   |  |  |                        |
| Location of Arrest (Including Name of Business)<br><b>2603 NW TIMBERCREEK CIR, BOCA RATON, FL,</b>  |                                     |  |  | Location of Offense (Business Name, Address)<br><b>2603 NW TIMBERCREEK CIR, BOCA RATON, FL 33431</b>   |   |   |   |   |  |  |                        |
| Date of Arrest<br><b>05/24/2020</b>   | Time of Arrest<br><b>20:34</b>      | Booking Date                                       | Booking Time                                       | Inlet Date   | Jail Time   | Location of Vehicle   |   |   |  |  |                        |
| Name (Last, First, Middle)<br><b>TUNSTALL, ROBERT DUKE</b>  |                                     |  |  | Alias (Name, DOB, Soc. Sec. #, Etc.)   |   |   |   |   |  |  |                        |
| Race<br><b>W - White</b>  | Sex<br><b>M</b>                     | Date of Birth<br><b>12/21/1961</b>                 | Height<br><b>6'00</b>                              | Weight<br><b>150</b>   | Eye Color<br><b>BROWN</b>   | Hair Color<br><b>GRAY</b>   | Complexion<br><b>MEDIUM</b>   | Build<br><b>Medium</b>                    |  |  |                        |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>TATTL LEG / CIRCLE</b>  |                                     |  |  | Marital Status<br><b>M</b>   | Religion<br><b>NONE</b>   | Indication of:<br>Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/><br>Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> |   |   |  |  |                        |
| Local Address (Street, Apt. Number)<br><b>2603 NW TIMBERCREEK CIR, BOCA RATON, FL 33431</b>   |                                     |  |  | Phone  | Residence Type:<br>1. City 3. Florida<br>2. County 4. Out of State<br><b>1</b>        |   |   |   |  |  |                        |
| Permanent Address (Street, Apt. Number)<br><b>2603 NW TIMBERCREEK CIR, BOCA RATON, FL 33431</b>   |                                     |  |  | Phone  | Address Source<br><b>FL DL</b>  |   |   |   |  |  |                        |
| Business Address (Name, Street)<br><b>SELF EMPLOYED,</b>  |                                     |  |  | Phone  | Occupation  |   |   |   |  |  |                        |
| DL Number, State<br><b>TS23764614610 / FL</b>   |                                     | Soc. Sec. Number                                   | INS Number   | Place of Birth (City, State)<br><b>HUNTINGTON, WV,</b>   |   | Citizenship<br><b>Yes</b>   |   |   |  |  |                        |
| Co-Defendant Name (Last, First, Middle)   |                                     |  |  | Race   | Sex   | Date of Birth   | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile  |   |  |  |                        |
| Co-Defendant Name (Last, First, Middle)   |                                     |  |  | Race   | Sex   | Date of Birth   | <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile |   |  |  |                        |
| Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)   |                                     |  |  | Residence Phone  |   |   |   |   |  |  |                        |
| Legal Custodian   |                                     |  |  | Business Phone   |   |   |   |   |  |  |                        |
| Address (Street, Apt. Number)   |                                     |  |  | (City)   | (State)   | (Zip)   |   |   |  |  |                        |
| Notified by: (Name)   |                                     |  |  | Date   | Time  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incarcerated  |   |   |  |  |                        |
| Released To: (Name)   |                                     |  |  | Relationship   | Date  | Time  |   |   |  |  |                        |
| The above address was 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's Office (Phone 355-2526) informed of any change of address.  |                                     |  |  | School Attended  |   | Grade   |   |   |  |  |                        |
| <input type="checkbox"/> Yes, by: <input type="checkbox"/> No   |                                     |  |  | Property Crime?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   | Description of Property   |   |   |  |  |                        |
| Drug Activity<br>N. N/A<br>P. Possess   |                                     | S. Sell<br>B. Buy<br>T. Traffic                    | R. Smuggle<br>D. Deliver<br>E. Use                 | K. Disperse/<br>Distribute   | M. Manufacture/<br>Produce/<br>Cultivate  | Z. Other  | Drug Type<br>N. N/A<br>A. Amphetamine   | B. Barbiturate<br>C. Cocaine<br>E. Heroin | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetic | U. Unknown<br>Z. Other |
| Charge Description<br><b>BATTERY/DOMESTIC</b>   |                                     |  |  | Statute Violation Number<br><b>784.03(1A1)</b>   |   | Violation of ORD #  |   |   |  |  |                        |
| Drug Activity   | Drug Type<br><b>N</b>               | Amount / Unit                                      | Offense #  | Counts   | Domestic Violence<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Warrant / Capias Number   | Bond  |   |  |  |                        |
| Charge Description  |                                     |  |  | Statute Violation Number   |   | Violation of ORD #  |   |   |  |  |                        |
| Drug Activity   | Drug Type                           | Amount / Unit                                      | Offense #  | Counts   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            | Warrant / Capias Number   | Bond  |   |  |  |                        |
| Charge Description  |                                     |  |  | Statute Violation Number   |   | Violation of ORD #  |   |   |  |  |                        |
| Drug Activity   | Drug Type                           | Amount / Unit                                      | Offense #  | Counts   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            | Warrant / Capias Number   | Bond  |   |  |  |                        |
| Health / Apparent Physical Condition of Defendant   |                                     |  |  | Am. knowledge of the following:<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries |   |   |   |   |  |  |                        |
| Check which applies<br><input type="checkbox"/> Released O.R.<br><input type="checkbox"/> Released to Parent/Guardian<br><input type="checkbox"/> T.O.T. County Jail<br><input type="checkbox"/> Posted Bond<br><input type="checkbox"/> South County Mental Health   |                                     |  |  | PROPERTY - Received By   |   | Released By   | Released To   |   |  |  |                        |
| Transported By  |                                     |  |  | Date Transported   | Time Transported  | Other   |   |   |  |  |                        |
| <input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.   |                                     |  |  | Location (Court, Room)<br><b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b><br>Court Date and Time   |   |   |   |   |  |  |                        |
| 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)  |   |   |   |   |  |  |                        |
| Signature of Arresting Officer<br><b>Dr. Martel</b>   |                                     |  |  | Name Verification (Printed by Arrestee)  |   |   |   |   |  |  |                        |
| Name of Arresting Officer (Print)<br><b>MARTEL, A. R.</b>   |                                     |  |  | I.D. #<br><b>811</b>   |   | (PRINT)   |   |   |  |  |                        |
| Intake Deputy<br><b>Dunne</b>   |                                     |  |  | Transporting Officer<br><b>Dr. Martel</b>  |   | I.D. #<br><b>811</b>  |   |   |  |  |                        |
| Witness here if subject signed with an "X".   |                                     |  |  | PAGE<br><b>1 OF 1</b>  |   |   |   |   |  |  |                        |

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

No Photo Available

VICTIM NOTIFICATION REQUIRED

4/20/20 AM 5:41

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

|   |  |  |  |  |
|---|--|--|--|--|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N<br>A<br>L<br>I<br>N<br>F<br>O<br>R<br>M<br>A<br>T<br>I<br>O<br>N | Date / Time<br><b>05/24/2020 20:50</b>                     | Agency ORI Number<br><b>FL 0500200</b> | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b> | Agency Report Number<br><b>3   2   2020-006034</b> |
|   | Name (Last, First, Middle)<br><b>TUNSTALL, ROBERT DUKE</b> | Alias                                  | Race<br><b>W</b>                                   | Sex<br><b>M</b>                                    |

|   |
|---|
| Charge Description<br><b>784.03(1A1) BATTERY/DOMESTIC</b> |
|---|

|   |                               |                 |                                    |
|---|-------------------------------|-----------------|------------------------------------|
| Victim's Name (Last, First, Middle)<br><b>LOPEZ, PEGGY JOSEPHINA</b>  | Race<br><b>W</b>              | Sex<br><b>F</b> | Date of Birth<br><b>07/24/1968</b> |
| Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>2603 NW TIMBERCREEK CIRCLE, BOCA RATON, FL 33431</b> | Phone<br><b>(240) 882- 73</b> | Address Source  |                                    |
| Business Address (Name, Street) (City) (State) (Zip)  | Phone                         | Occupation      |                                    |

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

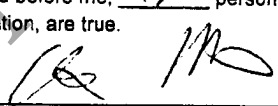
RELATIONSHIP BETWEEN VICTIM & SUSPECT  
**MARRIED**

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

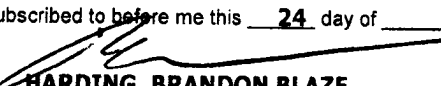
On 05/24/2020 at 1802 hours, I responded to 2603 Timbercreek Cir. NW in reference to a domestic disturbance. Matthew Green reported that his neighbor Peggy Lopez and her husband, Duke Tunstall were involved in a physical argument.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, 12 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 24 day of May 2020.

  
**HARDING, BRANDON BLAZE**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE  
AFFIDAVIT

Palm Beach County  
Narrative Continuation

|  |  |  |  |  |
|--|--|--|--|--|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E | Date / Time<br><b>05/24/2020 20:50</b> | Agency CRI Number<br><b>FL 0500200</b> | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b> | Agency Report Number<br><b>3   2   2020-006034</b> |
|--|--|--|--|--|

Upon arrival, I met with Lopez at 2583 Timbercreek Cir NW (Green's residence) who advised that Tunstall pushed her in the pool during an argument and tried to drown her by holding her underwater, against her will. Lopez had an abrasion on her lower lip that she said was inflicted by Tunstall during the altercation.

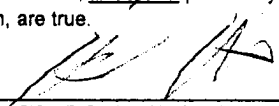
I met with Tunstall at 2603 Timbercreek and he advised that he was upset with Lopez for being on her phone, so he threw her phone in the pool. Tunstall stated that after he threw her phone in the pool, he grabbed Lopez and threw her in the pool. Tunstall said he never struck Lopez in the face and denied trying to drown her in the pool.

Green stated that he did not witness the altercation and that he called 911 after hearing Lopez scream from his house.

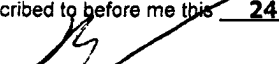
Based on the above investigation, I concluded that Tunstall was the primary aggressor of the physical altercation after admitting that he threw Lopez in the pool against her will. Tunstall is being charged with Simple Battery/Domestic per F.S.S. 784.03(1A1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, 17 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 24 day of May, 2020.

  
**HARDING, BRANDON BLAZE**  
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#: 20-6034 Agency: Boca Raton Police Dept  
Offense: Simple Battery/Domestic  
Suspect/Offender: Duke Tunstall  
D.O.B. 12/21/61 Race: White Sex: Male

2. Warrant#(s): N/A

3.a. Victim's name: Peggy Lopez D.O.B. 7/24/68 Race: Hispanic Sex: Female  
Address: 2603 NW Timbercreek Cir.  
City: Boca Raton State: FL Zip: 33431  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: Cell: 240-882-7361

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

FOR WARRANTS USE ONLY

COURT CASE/WARRANT#:

SUSPECT/OFFENDER:

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: Ofc. Martel ID.# 811 Date: 5/24/20  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records



**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),<br>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),<br>(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),<br>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"/>            | 119.071(2)(M)1                          | Other: Witness to a Murder   |                |
|   | <input type="checkbox"/>            | 119.071 (2)(J)                          | Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).  |                |

**REVIEW COMPLETED BY**

|                            |                                    |
|----------------------------|------------------------------------|
| Booking Number: 2020013410 | Date: 5/25/2020                    |
|                            | Specialist Name/ID: M. Tooks #8557 |