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22mm9558mb

☒ Marsy's Law CVI FL. Const. Art.1 § 16(b)

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22-132232

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 8. Other

Weapon Seized / Type: 2 | 1. Yes 2. No N/A

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 1003 Water Tower Way Lantana, FL 33462

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/22/22	2330					

DEFENDANT

Name (Last) Jensen, (First) Kevin, (Middle) James — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	05/18/1995	6'04	200	BRN	BRN	FAIR	MEDIUM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description)

Marital Status: Single | Religion: None | Indication of Alcohol Influence / Drug Influence: Y ☐ N ☐ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 806 E Windward Way #503 Lantana, FL 33462 | Phone: 402-881-7038 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation: Service Advisor

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
J525510951780, FL	[redacted]		Nebraska	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal ☐ Other: (Last) (First) (Middle) — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

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 provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Battery (Domestic)	1	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		22-132232		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time AM ☐ PM ☐

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: 11/22/22

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Arresting Officer (Print): D/S Dias | I.D. #: 30205

Intake Deputy: SHANN ABID | I.D. # | Pouch #

Transporting Officer: K. Dias | ID #: 30205 | Agency: PBSO

Witness here if subject signed with an -X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #0148 REV. 04/22

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile: N

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 22-132232

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other | Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Jensen, Kevin, James		W	M	05/18/1995

CHARGES

Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	F	[redacted]

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone: [redacted] | Address Source

Business Address (Name, Street) (City) (State) (Zip) Phone | Occupation: [redacted]

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

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 22 day of November 2022 at 8:25 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

☒ Marsy's Law CVI
FL. Const. Art.1 § 16(b)

On November 22nd, 2022, I responded to [redacted] unincorporated Palm Beach County in reference to a domestic battery.

Upon my arrival, I made contact with the complainant, [redacted] who advised she got into an argument with her ex-fiance, Kevin Jensen. [redacted] stated Jensen got angry over a text message and believed [redacted] may be cheating on him. Jensen began yelling at [redacted] and became violent. [redacted] stated they were arguing in the living room of her apartment when Jensen forcefully grabbed [redacted] and went to kiss her and said, "you are fucking me tonight." [redacted] advised she did not want a kiss from Jensen and while Jensen was forcefully trying to kiss [redacted] he bit her lip and her gums, which resulted in a visible injury to the inside of [redacted] mouth on her gums. I observed a laceration on the inside of [redacted] mouth on her gums.

Deputy Ramirez #26733 made contact with Jensen at [redacted] and he was placed into handcuffs. I responded to [redacted] and placed Jensen under arrest, I read Jensen his Constitutional Miranda Right's and he elected not to answer any questions.

I believe probable cause exists to charge Kevin Jensen with Domestic Battery that he did actually and intentionally touch or strike [redacted] against the will of [redacted] and did intentionally cause bodily harm to [redacted] is in a dating relationship with Kevin Jensen contrary to Florida Statute 784.03(1).

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S Dias (ID #) 30205
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of November 20 22 by D/S Dias 30205

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

D/S ~~K. Dias~~ 30205 [signature] 37931
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Jensen Kevin James **DOB:** 05/18/1995 **Case #:** 22-132232

Name (Last, First)

Victim: [redacted] **DOB:** [redacted] **Race:** W **Sex:** F

Relationship between Victim and Defendant: Boyfriend / Girlfriend

Photographs: Scene Yes × No Victim × Yes No Defendant Yes × No

911 Call: × Yes No **Caller:** [redacted]

Weapon Used: Yes × No **Type:**

Witness: Yes × No **Name:** (Last) (First) (Middle)

Victim Pregnant: Yes × No **If yes,** weeks months

Injuries: × Yes No **Description:** Laceration

Medical Treatment: Yes × No

At Scene: Yes No **Paramedics:**

At Hospital: Yes No **Hospital:** **Doctor:**

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

Name: [redacted] **DOB:** [redacted]

Name: **DOB:**

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: not on scene

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

First words Victim said when you responded to scene: My ex-fiance and I got into an argument and he bit my lip.

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: (Last) [redacted] (first) [redacted]

Local Address: [redacted]

Phone: [redacted]

Employer: (Name) [redacted] (Employer Address) [redacted]

Name of Relative: (Last) (First) **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)
- **Attempted Murder**
- **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.**
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: **22-132232** Agency: **PBSO**
   Offense: **Battery (Domestic)**
   Suspect/Offender: Name (Last) **Jensen** (First) **Kevin** (Middle) **James**
   D.O.B. **05/18/1995** Race: **W** Sex: **M**

2. Warrant #(s):

3.a. Victim's name: Name (Last, First) [redacted] D.O.B. [redacted] Race: **W** Sex: **F**
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: [redacted] Work #: Other:

b. Victim's next of kin, friend or neighbor: (Last) (First)
   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: Name (Last, First) [redacted]
Deputy's Name: **D/S Dias** I.D. # **30205** Date: **11/10/19**

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER Jensen Kevin James COURT CASE/WARRANT #:

(FOR WARRANTS USE ONLY)

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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	☐	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	☒	Art.I s.16 (b)(5)	Other: Marsy's Law	1-5
	☒	119.071(2)(j)	Other: Address, telephone numbers and personal assets of specified crime victims	5

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REVIEW COMPLETED BY

Booking Number: 2022030322	**Date:** 11/23/2022
	Specialist Name/ID: Chantel Daniels/30347