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

Check if Supplement is Attached

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

1

Juvenile

N

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number		Agency ORI Number FLO: 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 16 1-1 25-080289	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		If Weapon Seized Enter Type		Multiple Clearance Indicator 0 1	
Date of Arrest 07/19/2025	Time of Arrest 1552	Booking Date 07/19/2025	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A	
Name (Last, First, Middle) Khesin, Daniel		Alias (Name, DOB, Soc. Sec. #, Etc.) (N/A)		Race W - White B - Black	Sex W M	Date of Birth 1/23/1980	Height 6'02
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Unknown		Marital Status Married		Religion NONE		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip)		Mobile Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State		Address Source FDL	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone ()		Occupation Unknown		D/L Number, State K250160800230, FL	
Business Address (Name, Street) (City) (State) (Zip)		Phone ()		Place of Birth (City, State) Latvia		Citizenship Yes	
Co-Defendant (Last, First, Middle)		Race	Sex	Date of Birth	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"/>
Co-Defendant (Last, First, Middle)		Race	Sex	Date of Birth	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: _____		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()	
Address (Street, Apt. Number) (City) (State) (Zip)		Notified by: (Name)		Date	Time	Juv. Prob. Disposit. <input type="checkbox"/> Handled/Processed within 2 TOT HRS/DYS Dept. and Release <input type="checkbox"/> 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 (561) 355-8511) informed of any change of address.	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		School Attended	
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/Derv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other		Charge Description Simple Battery	
Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03 (1)(a)(1)		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense # 25-080289	
Warrant / Capias Number		Bond		Violation of ORD #		Bond \$5000	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Violation of ORD #		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Violation of ORD #		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Violation of ORD #		Bond	
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996		Court Date and Time Month August Day 21 Year 2025 Time 8:30		A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>		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 07/19/2025		I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.		Signature	
HOLD for other agency		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) JUL 19 PM 6:18		PAGE	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S Iraheta, R. 20325		I.D. # 20325		PAGE	
D/S J. DUNN # 36182 # Pouch #		Transporting Officer D/S Iraheta, R. 20325		I.D. # 20325		Agency PBSO	
PBSO #0148 REV. 11/22		DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'S ONLY)		W/Iness here if subject signed with an "X"		1 OF 2	

VICTIM NOTIFICATION
REQUIRED

FILED PBT - GUN CLUB
25 JUL 20 PM 6:42

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

Suspect: Khesin, Daniel, DOB: 1/23/1980 Case #: 25-080289

Victim: Bentley, Kendra, Jill DOB: [REDACTED] Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

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

Injuries: Yes No Description: red markings and scratches to the mid-torso region

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: Logan Khesin DOB: 10/9/2025

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: _____

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

First words Victim said when you responded to scene: _____

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: [REDACTED]

Phone: Home [REDACTED] Work (____) ____ - ____ Cell (____) ____ - ____

Employer: unknown

Name of Relative: N/A Phone (____) ____ - ____

Address: _____



STATE OF FLORIDA DOMESTIC VIOLENCE LETHALITY ASSESSMENT



Officer Name: <u>DIORSIANI</u>		Badge #: <u>12462</u>	Department/Precinct: <u>PB50</u>		Case #: <u>25-080289</u>	
Victim Name: <u>KENDRA BENTLEY</u>		DOB: [REDACTED]	Sex: <u>F</u>	Race/Ethnicity: <u>W</u>	Date: <u>7/19/2025</u>	Time: <u>am/pm 1600</u>
Victim Phone: <u>(786) 683-6458</u>		Is this a safe #?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to offender: <u>Spouse</u>			
Offender's name: <u>DANIEL KHESIN</u>			Consent to follow-up call from service provider: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

A "Yes" response to any of Questions 1-4 will require law enforcement to advise the victim they are in a potentially lethal situation.

1. Did they ever use a weapon against you or threaten you with a weapon? Yes No No Ans
2. Did they ever threaten to kill you or your children? Yes No No Ans
3. Do you believe they will try to kill you? Yes No No Ans
4. Have they ever choked you or attempted to choke you? Yes No No Ans

A "No" response to Questions 1-4, but a "Yes" response to at least four of the questions between Questions 5-11 will require law enforcement to advise the victim they are in a potentially lethal situation.

5. Do they have a gun or could they easily obtain a gun? Yes No No Ans
6. Are they violently or constantly jealous, or do they control most of your daily activities? Yes No No Ans
7. Did you leave or separate from them after you were living together or married? Yes No No Ans
8. Are they unemployed? Yes No No Ans
9. To the best of your knowledge, have they ever attempted suicide? Yes No No Ans
10. Do you have a child who they believe is not their biological child? Yes No No Ans
11. Have they ever followed, spied on, or left threatening messages for you? Yes No No Ans

If the result of the victim's response to Question 12 leads the law enforcement officer to believe the victim is in a potentially lethal situation, then law enforcement will be required to advise the victim of that result.

12. Is there anything else that worries you about your safety? If so, what worries you?

killing my dogs, cyberstalking and harassing, hacking my bank accts, hacking my car

Check one:	<input type="checkbox"/> The victim declined to be screened
	<input type="checkbox"/> The officer could not administer the screen
	<input checked="" type="checkbox"/> The victim is in a potentially lethal situation based on score
	<input type="checkbox"/> The victim is in a potentially lethal situation based on the officer's belief
	<input type="checkbox"/> The victim is not in a potentially lethal situation

Remember: Law enforcement must advise all victims of the nearest locally certified domestic violence center, regardless of score or officer belief.

Each situation may present unique factors that influence risk for lethal violence that are not captured in this assessment. Although most victims who are believed to be in a potentially lethal situation would not be expected to be killed, these victims face a much higher risk than other victims of intimate partner violence.

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 #: 25-080289 Agency: PBSO
Offense: Simple Battery
Suspect/Offender: Khesin, Daniel
D.O.B. 01/23/1980 Race: WHITE Sex: Male

2. Warrant #(s): _____

3.a. Victim's name: Bentley, Kendra D.O.B. 1/23/80 Race: W Sex: F
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: N/A
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: D/S Iraheta I.D. # 20325 Date: 07/19/2025

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

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input checked="" type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	1-7
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	1-7
	<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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>	119.071 (2)(J)	The Victim's address in a Domestic Violence action on petitioner's request.	

REVIEW COMPLETED BY

Booking Number: 2025019144	Date: 7/20/2025
	Specialist Name/ID#: MTools #8557