☒ Marsy's Law CVI FL. Const. Art.1 § 16(b) 0554824 24MM11235

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached 1849

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

ADMINISTRATIVE

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 24129281

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: 1

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
[redacted]	same

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/28/24	0745					N/A

DEFENDANT

Name (Last, First, Middle): O'Connor Kamryn Nicole

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/15/2001	5'08	165	hazel	blonde	FAIR	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): tattoos

Marital Status: Single — Religion: None

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

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

Mobile Phone: 201-800-1580

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone:

Address Source: Verbal

Business Address (Name, Street) (City) (State) (Zip): 4444 Summit Blvd WPB FL 33415

Phone:

Occupation: Vet Tech

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
O256514015150, FL	[redacted]		Westwood NJ	USA

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other — Name (Last) (First) (Middle): VICTIM NOTIFICATION REQUIRED (1) No Bond

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 was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone: (561) 355-6511) 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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Battery	1	☒ Y ☐ N	784.03.1a1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			24129281		

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): To Be Set

Court Date and Time

Month Day Year Time A.M. ☐ P.M. ☐

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.

SCANNED

Signature of Defendant (or Juvenile and Parent/Custodian) 12/28/24 Date Signed

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Siew I.D. #: 7587

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy I.D. # Pouch # — Transporting Officer: Siew I.D. # 7587 Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

DEC 28 AM 9:07

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OBTS Number

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 24129281

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
O'Connor Kamryn Nicole		W	F	01/15/2001

CHARGES

Battery 784.03.1a1	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Yuppa Richard Gordon	W	M	[redacted]

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
[redacted]	[redacted]	FL DL
Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation

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 28 day of December 20 24 at 0745 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

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

On the above date and time I was dispatched to an apartment residence after Richard Yuppa called 911 to report he was in an argument with his live in girlfriend, Kamryn O'Connor. I met with both parties and spoke with them separately. Kamryn advised the two were arguing over accusations of infidelity when the argument became heated and she grabbed a hold of one of Richards wrists. Kamryn denied being struck.

Richard confirmed the two argued over cheating accusations and Kamryn demanded to view his phone. Richard was holding his phone in his hand and Kamryn tried to grab it in order to view the contents. While doing so, she grabbed hold of Richard's wrist with her hand. Richard denied injuries and there were no marks or indications of injury on his wrist.

Richard captured the incident on his phone. A review of the stored video shows Kamryn did grab hold of Richard's wrist. Based solely on the unwanted touch, probable cause exists for the arrest of Kamryn for violation of FSS 784.03.1a1, Battery.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Siew (ID #) 7587
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of December 20 24 by Siew 7587

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

Harris 40938
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)
CASE INFORMATION FORM

Date: 12/28/2024 | Time: 7:58 | Case #: 24124281

CHECK ONE: ☒ PERSON CRIME ☐ PROPERTY CRIME ☐ DOMESTIC - NON-CRIME CASE ☐ OTHER - NON-CRIME CASE

Deputy:	ID#:	Dist. / Div.	Phone:	Case Type/Offense/Crime (do not use signal code):
J Hallis	40938	1	5616883400	Domestic battery

☒ Victim ☐ Witness • Name (Last, First, M.):	Race:	Sex:	D.O.B.:	Phone:
YUPPA Richard	W	M	[redacted]	[redacted]

[redacted]

DEPUTY TO VERIFY AND CHECK APPLICABLE BOX(ES) – VICTIM/WITNESS TO INITIAL APPLICABLE SECTIONS – WRITE LEGIBLY

A ☒ VICTIM / WITNESS RIGHTS BROCHURE – ACKNOWLEDGEMENT

***BROCHURE TO BE PROVIDED TO ALL CRIME VICTIMS AND/OR WITNESSES* (PBSO #0147)**

I, [Initials RY], have received a copy of the Victim Rights Brochure and/or acknowledge I can view electronically via **www.pbso.org**.

B ☒ VICTIM NOTIFICATION (V.I.N.E.) – FOR CORRECTIONS TO CONTACT VICTIM UPON JAIL RELEASE

REQUIRED IF ARREST OR WARRANT FOR HOMICIDE, ATTEMPTED MURDER, SEXUAL OFFENSES, ATTEMPTED SEXUAL OFFENSES, STALKING, DOMESTIC/DATING VIOLENCE - TO INCLUDE ANY ASSAULT, AGG. ASSAULT, BATTERY, AGG. BATTERY, SEXUAL ASSAULT, SEXUAL BATTERY, STALKING, AGG. STALKING, VIOLATION OF NCO OR INJUNCTION, 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.

Suspect Name (Last, First, M.):	Race:	Sex:	D.O.B.:
Dacosta Lamar	B	M	[redacted]/2001

I understand that I may be notified when the arrestee is released from PBSO custody at the phone number I provided above.
I request the following person be notified if I was not contacted (optional):

Name: _____ Address: _____ Primary Phone: _____
(Next of Kin/Neighbor/Friend/etc.)

(optional) I choose **NOT** to be notified when the arrestee is released from custody. [Initial_____]

Deputy to check one: ( ) ARREST or ( ) WARRANT #_____

C ☒ MARSY'S LAW – CONFIDENTIAL VICTIM INFORMATION – FL Constitution, Article 1, §16(b)

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, [Initials RY] request confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:
As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number and work and business addresses of me and my family be redacted from my records indefinitely, if my records are requested pursuant to a public records request.

D ☒ CONFIDENTIAL VICTIM INFORMATION – FS 960 – ONLY APPLIES TO SPECIFIC CRIMES LISTED BELOW

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, [Initials RY], as a victim (or spouse/former spouse) of **Harassment** (FSS 784.048(1)(a)), **Sexual Battery**, **Aggravated Child Abuse**, **Domestic Violence** (live together, lived together or have a child in common), **Aggravated Stalking** (FSS 784.048 (3)(4)), or **Aggravated Battery** (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

E ☐ AUTHORIZED RECORD EXEMPTION(S) - PUBLIC RECORDS ACT - FS 119.071(4)(d) – VERIFY EMPLOYMENT

CRIME OR NON CRIME REPORT - MUST FIT THE CRITERIA DESCRIBED

I, [Initials_____], attest that I am an individual exempt under FS 119.071(4)(d) (to include a spouse or child of), a current or former **Law Enforcement Officer, Firefighter, Justice or Judge, General Magistrate, Code Enforcement Officer, Child Enforcement Hearing Officer, State Attorney, Public Defender, U.S. Attorney, U.S. Judge, U.S. Magistrate**, or other authorized person and hereby request my information be redacted from public record.

CURRENT or FORMER exempt position: _____ Name of current or last agency: _____

SIGN BELOW

I have read and initialed the applicable section(s) and sign of my own free will (if a minor, a parent or guardian must sign):

Print Parent/Guardian/Next of Kin name (if applicable):

MY SIGNATURE: X [signature] Date: 12/28/24

Deputy Signature: [signature] ID#: 40938

If Criminal Case or Domestic – Non-Crime:
Scanned to Victim Advocate by ID#: _____

WHITE – CENTRAL RECORDS YELLOW – CORRECTIONS (if arrest) PINK – VICTIM/WITNESS

PBSO#0028 REV.3/2024

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: O'Connor Kamryn Nicole **DOB:** 01/15/2001 **Case #:** 24129281

Victim: Yuppa Richard **DOB:** [redacted] **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

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

911 Call: × Yes No **Caller:** Yuppa Richard Gordon

Weapon Used: Yes × No **Type:** _____

Witness: Yes × No **Name:** _____

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

Injuries: Yes × No **Description:** _____

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: _____ **DOB:** _____

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: Yuppa Richard

Local Address: [redacted]

_____

Phone: Home (___)___-_____ Work (___)___-_____ Cell [redacted]

Employer: _____

Name of Relative: N/A **Phone** _____

Address: _____

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☒	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)	1-5
	☐	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024033917	**Date:** 12/29/2024
	Specialist Name/ID#: Joe Kovach 44820