

0491105

NR

309, 17MM/0952

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 34-17-050941			
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 None	
Location of Arrest (Including Name of Business) 1375 Piazza Delle Pallotelle Boynton Beach, Florida 33435		Date of Arrest 09/02/2017		Time of Arrest 1524		Booking Date		Booking Time	
Location of Offense (Business Name, Address) 375 Piazza Delle Pallotelle Boynton Beach, Florida 33435		Jail Date		Jail Time		Location of Vehicle None		Multiple Clearance Indicator 01	
Name (Last, First, Middle) Eubanks, Andrea Dawn		Alias (Name, DOB, Soc. Sec. #, Etc)							
W - White B - Black		I - American Indian O - Oriental / Asian		Race W		Sex F		Date of Birth 09/30/1976	
Height 503		Weight 140		Eye Color Green		Hair Color Brown		Complexion Light	
Build Thin		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single		Religion Refused		Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) 1375 Piazza Delle Pallotelle		(City) Boynton Beach, Florida 33435		(State) FL		(Zip) 33435		Phone (901)364-9880	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone () - ()	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone () - ()	
D/L Number, State 078340622/ Tennessee		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth Memphis, TN		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 3. Felony ☐ 4. Misdemeanor	
☐ Parent ☐ Legal Custodian ☐ Other		Name (Last)		(First)		(Middle)		Residence Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)		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 561-355-2526) informed of any change of address: ☐ Yes, By: (Name) ☐ No: (Reason)		School Attended		Grade					
Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture Produce/ Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic	
U. Unknown Z. Other		Charge Description Domestic Battery		Counts 1		Domestic Violence ☒ Yes ☐ No		Statute Violation Number 784.046 (A)(1), 03. (1A1)	
Drug Activity N		Drug Type N		Amount/Unit NA		Offense # 17-050941		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444		Court Date and Time Month Day Year Time		A.M. ☐ P.M. ☐	
Signature of Defendant (or Juvenile and Parent/Custodian)		Signature of Arresting Officer [Signature] 987		Date Signed		Name Verification (Printed by Arrestee) (PRINT)			
HOLD for other Agency Name:		Name of Arresting Officer (Print) Ofc. Jumelles		I.D. # 989		BU# 109622		Page 1 OF 1	
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other:		Intake Deputy D/S B. SHATARA #7623		Pouch #		Witness here is subject Signed with an "X".	
Transporting Officer K. STRONG 958		Agency BPP							

SEP 2 PM 8:51



DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY



On the 02 day of September, 2017 at 1524
Subject: Eubanks, Andrea Dawn DOB: 09/30/1976 Case #: 17-050941
Charge Description: Domestic Battery Statute #: 784.046 (A)(1)
Victim: William Michael McKinley DOB: 01/07/1972 Race: W Sex: M
Local Address: 1375 Piazza Delle Pallotelle, Boynton Beach, FL, 33435
Personal Contact: 561-503-9120
Narrative:

Upon arrival, I made contact with W/M William McKinley who stated his girlfriend of one year later identified as W/F Andrea Eubanks struck him in his ~~right~~ ^{left} ear with a closed fist. McKinley believes Eubanks had a key in her hand when she struck him but he is not sure. McKinley advised that he and Eubanks had been drinking alcohol the previous evening, and they continued drinking into today. McKinley stated that he and Eubanks were walking back into home from buying more alcoholic drinks at Bru's Room when they entered the residence through the garage area. McKinley stated that he and Eubanks got into a verbal altercation since she wanted to leave the residence on her motor scooter. McKinley stated that when Eubanks was heading to the scooter, he knocked over the scooter and took the keys away from her in fear that she would operate the scooter while being drunk; he then stated the keys came off the key ring and he was unsure if Eubanks kept a key in her hand. He then stated Eubanks punched him with a closed fist in his ear. McKinley stated that he is not sure how many times Eubanks struck him in the face and ear area. I asked McKinley if he hit or struck Eubanks and he stated no, the only time he touched her is when he tried to push her away to get off of him. McKinley was treated by Boynton Beach Fire Department and declined medical transport.

I then made contact with Eubanks and I observed no visible marks, cuts, or bruising on her person. Eubanks then stated that she and McKinley had gone to Bru's Room and had drinks. Eubanks stated in a sworn statement that when she returned back to their residence, she and McKinley got into a verbal altercation and she wanted to leave the house. Eubanks then stated McKinley knocked over her scooter and they proceeded into the home. Eubanks then stated McKinley then shoved her to the ground. I did not observe and injuries and Eubanks declined any medical care from Boynton Beach Fire Department. Eubanks stated to Ofc. Barrios in a sworn statement that McKinley choked her in the neck area. I did not observe and marks or bruising in Eubanks neck area. When I asked Eubanks if she struck McKinley she stated she did not strike him, and stated that McKinley fell.

Based on my above investigation, coupled with the taped sworn written statement from the victim, conflicting defendant statement and victim injuries, I find Probable Cause to charge Andrea Dawn Eubanks with one count of Domestic Simple Battery in violation of F.S.S. 784.03 1 (A) (1).

I took photographs of McKinley's injuries to his ear area and of the scene. Photographs of Eubanks non-injuries were taken and placed into BBPD Evidence.

McKinley signed an Exemption from Public Records form and was provided with a Victim's Rights and Remedies pamphlet.

Sworn statements were captured on my department issued body camera.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Victim was very emotional and distraught, had a physical injury to the ^{left} ~~right~~ ear and was covered in blood.

Relationship Between Victim and Suspect:

[REDACTED]

SOB
SEP

Photographs: Scene: ☒ Yes ☐ No
Victim: ☒ Yes ☐ No
911 Call: ☒ Yes ☐ No Caller: William McKinley
Tape Requested: ☒ Yes ☐ No
Weapon Used: ☒ Yes ☐ No Type: Key
Witnesses: ☐ Yes ☒ No
Injuries: ☒ Yes ☐ No
Medical Treatment: ☒ Yes ☐ No
At Scene ☒ Yes ☐ No Paramedics: Boynton Beach Fire Dept
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: 561-503-9120 Work: _____

Employer: Unemployed

Relative Name: _____ Phone: _____

Address: _____

City/State: _____

State Of Florida
County Of Palm Beach

Appeared before me, Ofc. Jumelles, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] 989
Signature Of Arresting Officer

Sworn to and subscribed to me before this 2nd day of Sept., 2017

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