

0510963 19CF 8700 AMB P# 271

ARREST / NOTICE TO APPEAR

ADVISOR	AGENTS NUMBER	1. Arrest	3. Request for Warrant	1	JUVENILE
INSTR	AGENCY ORI NUMBER	2. N.T.A.	4. Request for Capias		
TRATION	AGENCY NAME	AGENCY REPORT NUMBER (N.T.A.'s only)			
	0501700	Jupiter Police Department 5 4 19-004151			
	CHARGE TYPE	IF WEAPON SEIZED			
	1. Felony	2. Misdemeanor			
	2. Traffic Felony	3. Ordinance			
	3. Misdemeanor	4. Traffic Misdemeanor			
	4. Traffic Misdemeanor	5. Other			
	5. Other	6. Other			
	6. Other	Multiple Offenses Indicated			
	LOCATION OF ARREST (Including Name of Business)	LOCATION OF OFFENSE (Business Name, Address)			
	134 BAYBERRY CIR, JUPITER, FL, 33458	134 BAYBERRY CIR, JUPITER, FL 33458			
	DATE OF ARREST	TIME OF ARREST	BOOKING DATA	BOOKING TIME	JAIL DATE
	09/14/2019	21:48			
	NAME (Last, First, Middle)	ALIAS (Name, DOB, Soc. Sec. #, Etc.)			
	GAMBLE, BENJAMIN JOSEPH	Alias:			
	RACE	SEX	DATE OF BIRTH	HEIGHT	WEIGHT
	W - White	M	07/12/1988	6'00	220
	R - Black				
	COMPLEXION	HAIR COLOR	EYE COLOR	RELIGION	MARRIAGE STATUS
	LIGHT	BROWN	GREEN	OTHER	M
	INDICATION OF ALCOHOL INFLUENCE	INDICATION OF DRUG INFLUENCE	RESIDENCE TYPE	ADDRESS SOURCE	OCCUPATION
	Yes <input type="checkbox"/> No <input type="checkbox"/> Uok. <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Uok. <input type="checkbox"/>	1. City 3. Florida	FL DL	Software Dev.
	2. County 4. Out of State	1. City 3. Florida	2. County 4. Out of State		
	LOCAL ADDRESS (Street, Apt. Number)	(City)	(State)	(Zip)	PHONE
	134 BAYBERRY CIR, JUPITER, FL 33458				(561) 670-5693
	PERMANENT ADDRESS (Street, Apt. Number)	(City)	(State)	(Zip)	PHONE
	134 BAYBERRY CIR, JUPITER, FL 33458				(561) 670-5693
	BUSINESS ADDRESS (Name, Street)	(City)	(State)	(Zip)	PHONE
	IT.				
	D/L NUMBER, STATE	SEX, SEX NUMBER	D/S NUMBER	PLACE OF BIRTH (City, State)	CITIZENSHIP
	G514070882521 / FL			JUPITER, FL, United	JUPITER, FL, United
	CO-DEFENDANT NAME (Last, First, Middle)	RACE	SEX	DATE OF BIRTH	RESIDENCE PHONE
	CO-DEFENDANT NAME (Last, First, Middle)	RACE	SEX	DATE OF BIRTH	RESIDENCE PHONE
	NOTIFIED BY (Name)	RELATIONSHIP	DATE	TIME	NOTICE DISPOSITION
					1. Notified 2. TOT IAC 3. Incarcerated
	RELEASED TO (Name)	RELATIONSHIP	DATE	TIME	NOTICE DISPOSITION
					1. Notified 2. TOT IAC 3. Incarcerated
	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.				
	PROPERTY CRIME?	DESCRIPTION OF PROPERTY	VALUE OF PROPERTY		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	DRUG ACTIVITY	S. Sell	X. Seizure	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate
	N. N/A	B. Buy	D. Deliver		Z. Other
	P. Possess	T. Traffic	E. Use		
	DRUG TYPE	N. N/A	A. Amphetamine	B. Barbiturate	C. Cocaine
				H. Hallucinogen	M. Marijuana
				O. Opioid/Deriv.	P. Paraphernalia/ Equipment
				S. Synthetic	U. Unknown
				Z. Other	
	CHARGE DESCRIPTION	STATUTE VIOLATION NUMBER	VIOLATION OF ORD #		
	BATTERY - FELONY DOMESTIC BY STRANGULATION	784.04(1)(a) 3		NO BOND	
	DRUG ACTIVITY	DRUG TYPE	AMOUNT / UNIT	OFFENSE #	COUNTS
	N				1
	DOMESTIC VIOLENCE	WARRANT / CAPIAS NUMBER	BOND		
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	CHARGE DESCRIPTION	STATUTE VIOLATION NUMBER	VIOLATION OF ORD #		
	DRUG ACTIVITY	DRUG TYPE	AMOUNT / UNIT	OFFENSE #	COUNTS
	DOMESTIC VIOLENCE	WARRANT / CAPIAS NUMBER	BOND		
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	CHARGE DESCRIPTION	STATUTE VIOLATION NUMBER	VIOLATION OF ORD #		
	DRUG ACTIVITY	DRUG TYPE	AMOUNT / UNIT	OFFENSE #	COUNTS
	DOMESTIC VIOLENCE	WARRANT / CAPIAS NUMBER	BOND		
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	HEALTH / APPARENT PHYSICAL CONDITION OF DEFENDANT	ANY KNOWLEDGE OF THE FOLLOWING: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
		Etc.			
	CHECK WHICH APPLIES:	RELEASED O.R.	RELEASED TO PARENT/GUARDIAN	T.O.T. COUNTY JAIL	PROPERTY - RECEIVED BY
	TRANSPORTED BY	DATE TRANSPORTED	TIME TRANSPORTED	OTHER	RELEASED BY
	INSTRUCTION NO. 1 - Mandatory appearance in court	LOCATION (Court, Room)			
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court	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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				No Photo Available
	SIGNATURE OF DEFENDANT (or Juvenile and Parent/Custodian)				DATE SIGNED
	HOLD FOR OTHER AGENCY	SIGNATURE OF ARRESTING OFFICER	NAME VERIFICATION (Printed by Arrestee)		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest				
	<input type="checkbox"/> Seized <input type="checkbox"/> Other	NAME OF ARRESTING OFFICER (Print)	ID #		
		IMPERIALE, NICHOLAS	1169		
	ISSUING OFFICER	FRANCH #	ISSUING OFFICER		
	IMPERIALE		IMPERIALE		
	ISSUING OFFICER	ISSUING OFFICER	ISSUING OFFICER		
	IMPERIALE	IMPERIALE	IMPERIALE		
	ISSUING OFFICER	ISSUING OFFICER	ISSUING OFFICER		
	IMPERIALE	IMPERIALE	IMPERIALE		
	ISSUING OFFICER	ISSUING OFFICER	ISSUING OFFICER		
	IMPERIALE	IMPERIALE	IMPERIALE		


VICTIM NOTICE REQUIRED

EP 15 AM

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/14/2019 23:39	Agency OR# Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 19-004151																		
	Name (Last, First, Middle) GAMBLE, BENJAMIN JOSEPH				Race W	Sex M																	
D E F	Charge Description 784.041(2)(A) BATTERY - FELONY DOMESTIC BY STRANGULATION				Date of Birth 07/12/1988																		
	Victim's Name (Last, First, Middle) GAMBLE, KRISTIN DANIELLE				Race W	Sex F																	
C H I L D	Local Address (Street, Apt. Number) (City) (State) (Zip) 134 BAYBERRY CIRCLE, JUPITER, FL 33458				Phone (561) 676-4550																		
	Business Address (Name, Street) (City) (State) (Zip)				Address Source Occupation																		
V I C T I M	DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET/TRYING NOT TO CRY/CRYING																		
	VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>																			
R E L A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE																						
	PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/>	Victim: <input checked="" type="checkbox"/>	911 CALL: <input checked="" type="checkbox"/>	WEAPON USED: <input type="checkbox"/>	WITNESSES: <input type="checkbox"/>	INJURIES: <input checked="" type="checkbox"/>	MEDICAL TREATMENT: <input type="checkbox"/>	AT: Scene: <input type="checkbox"/>	Hospital: <input type="checkbox"/>	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/>	H. R. S. NOTIFIED: <input checked="" type="checkbox"/>	VICTIM PREGNANT: <input type="checkbox"/>	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/>	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/>	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CALLER: KRISTIN/VICTIM	TYPE: (If YES, attach witness list)	PARAMEDICS: <input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL: <input checked="" type="checkbox"/>	NAMES/AGES: <input checked="" type="checkbox"/>
A D D I T I O N I N F O R M A T I O N	On 14 September 2019, at 2110 hours, I responded to 134 Bayberry Circle, in reference to a domestic incident where the caller advised that it was "verbal and a bit violent".																						
	Upon arrival, I was waved down by the caller, Kristin Gamble (3/23/88) at her front door, as well as the male																						
N A R R	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ 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 <u>14</u> day of <u>September</u> , 2019. ALBANO, JAMES _____ NOTARY PUBLIC / CLERK OF COURT (OF FLORIDA) (F.S.S. 117.10)																						

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 09/14/2019 23:39	
	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT
	Agency Report Number 5 4 19-004151	
half, Benjamin "Ben" J Gamble (7/12/88), who was standing just inside the doorway. Kristin's mother, Diane Johnson (8/2/58) was also in the house, but was not present during the incident.		
I spoke with Ben very briefly outside and he initially stated to me that he and Kristin were in an argument over their difference of political views and that Kristin had come at him with a pair of scissors and had cut the front of his pants. I could smell the odor of an unknown alcoholic beverage coming from his breath, and he also stated that they have been married since 2010.		
I went inside and began speaking with Kristin who was upset and trying not to cry. She advised that the argument started because earlier in the evening they were in a disagreement over letting one of their children do something outside after both had been consuming alcohol. Kristin stated that he sometimes gets upset when he is drinking but an incident like this had not happened for around a year or so. After the children were put to sleep, Kristin advised the following: Ben took money out of her wallet and told her that she wasn't going to spend their money. She stated that when she did not show any emotion over it, Ben took her debit card from her wallet and started to cut it with a pair of scissors. Kristin stated that she grabbed the cards and scissors away from him and tried to walk to another room to start gathering things to leave. While walking away, she advised that Ben grabbed her hair from behind and pulled her to the ground. While on the ground, he told her to give him the card and scissors back, which she had already dropped. After getting back up, she started to run towards the closet to hide from Ben, and he pushed her into one of the windows in their room. She had marks on her back and right arm consistent with the window.		
Kristin was able to get into the closet and started to shut the door, but stated that Ben was sticking his head through the door and trying to break the door down. The wooden border close to the lower door hinge was splinted out, and freshly damaged. Kristin told me that she was able to call her mother briefly while in the closet and told her to come over quickly. She advised me that Ben was able to enter the closet, get on top of her and put his hands around her throat. She stated to me that she felt like she could not breath and also told Ben that during the incident. I asked he if she felt like she was going to pass out, but she could not give me an answer and only stated that she was trying to get him off of her. Kristin stated that he finally got off of her, and she was able to get out of the closet.		
After she got out of the closet, she began gathering her passport as well as some cards, her wallet and other items to leave. While placing them into her purse, she stated that Ben tried to grab the purse from her, and the purse ripped apart and the contents fell onto the ground. She pulled the purse out of the garbage for me, and it was torn almost completely in half, as if two people were pulling from each side. It is noted that in the trash was a broken pair of scissors, and multiple cut up bank cards. Kristin ended up, going out to the front door waiting for her mother to arrive, and that Ben locked her out of the house and started turning off all the lights inside. After her mother arrived, they were able to get back in the house, and all parties waited inside for police arrival. Kristin provided a sworn statement via BWC, received a Domestic Rights pamphlet, and told me that she did not want Ben arrested. It is noted that Kristin had several marks and bruising, including small cuts on multiple locations to include, her right arm below her shoulder, her left shoulder blade, her right elbow, her right thumb and wrist area, her left forearm and elbow, and red marks on the right side of her throat. Kristin did not request medical attention at this time.		
I went back outside and read Ben his rights from a pre-printed text. Ben acknowledged his rights and advised me that he understood them. Ben then advised me that he did not want to speak with me, and would like to exercise his right to remain silent. At this time, I advised Ben that he was under arrest for Domestic Battery		
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ 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 <u>14</u> day of <u>September</u> , <u>2019</u> .		
_____ ALBANO, JAMES NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.16)		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 09/14/2019 23:39	
	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT
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<p>and placed him into handcuffs, which were checked for proper spacing and double locked. Ben was transported to the Jupiter Police Department so arrest documents could be completed. It is noted that the front of Bens left pant leg was ripped and he had a small mark above his left knee. He also had a small cut on his left ring finger.</p> <p>I made contact briefly with Kristin's mother who stated that Kristin had called her and told her to come over to the house quickly, and then Kristin hung up the phone. She was not present during the altercation and everything was calm when she got there, and that Kristin Was locked out waiting to be let back in the house. It is noted that their two daughters Chloe Gamble (5/1/14), and Savannah Gamble (6/1/17) were sleeping in another room of the house during the incident. DCF was called reference children being in the house.</p> <p>Based on the statements and injuries observed, probable cause exists for Benjamin Gamble as he did knowingly and intentionally, and against the will of Kristin Gamble, apply pressure on the throat or neck or block the nose or mouth of Kristin Gamble, impeding the normal breathing or circulation of the blood so as to create a risk of or cause great bodily harm and Kristin Gamble was a family or household member or a person in a dating relationship with Benjamin Gamble, contrary to Florida Statute 784.041(2) and (3). (3 DEG FEL) (LEVEL 6)</p>		
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><i>[Signature]</i> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>14</u> day of <u>September</u>, <u>2019</u>.</p> <p>ALBANO, JAMES <i>[Signature]</i> _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>		

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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 #: 19 004151 Agency: JUPITER PD
Offense: FELONY DOMESTIC BATTERY BY STRAGULATION
Suspect/Offender: BENIAMIN GAMBLE
D.O.B. 7/12/88 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: KRISTIN GAMBLE D.O.B. 3/23/88 Race: W Sex: F
Address: 134 BERRY CIR
City: JUPITER State: FL Zip: 33458
Home #: 561-676-4550 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: DIANE JOHNSON
Address: 413 MORNING DOVE PT
City: JUPITER State: FL Zip: 33458
Home #: 561-596-5778 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: _____ I.D. # _____ Date: _____

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

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), 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), 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), 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"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019030077	Date: 09/15/2019
	Specialist Name/ID: M. Tooks #8557