0489935 17MM61078 3302

ARREST / NOTICE TO APPEAR

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

1 JUVENILE N

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 | 2 | 2017-010361

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/not Applicable
Multiple Clearance Indicator

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

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/22/2017	18:31	07/22/2017	18:41	07/22/2017	17:15	

DEFENDANT

Name (Last, First, Middle): SINAY, DAWN TRACEY
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

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	03/20/1966	5'03	122	BROWN	BLONDE	LIGHT	Thin

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT L BACK / FLOWERS; TATT L STOMACH / ROSES; TATT L
Marital Status: S
Religion: CHRISTIAN
Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 36 SW 9TH AVE, BOCA RATON, FL 33486
Phone: (305) 479-4077
Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 36 SW 9TH AVE, BOCA RATON, FL 33486
Phone: (305) 479-4077
Address Source

Business Address (Name, Street) (City) (State) (Zip): SELF EMPLOYED,
Phone: (561) -
Occupation: Self Employed

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S500178666001 / FL	[redacted]		BLACKPOOL, England	

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
Name (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 Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:
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. Disperses/ 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	Statute Violation Number	Violation of ORD #
BATTERY	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: NORMAL
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain: NONE

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To
BOCA PD	BOCA PD	PBCJ

Transported By	Date Transported	Time Transported	Other
BOCA PD	07/22/2017	18:45	

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
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.

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

ADMIN

HOLD for Other Agency
Signature of Arresting Officer
Name Verification (Printed by Arrestee) (PRINT)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Name of Arresting Officer (Print): FONG, KENNETH I.D. #: 763
Intake Deputy Pouch #
Transporting Officer: FONG I.D. #: 763 Agency: BRPD
Witness here if subject signed with an "X".
PAGE 1 OF 1

JUL 23 2017 5:33

[redacted]

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
07/22/2017 18:14	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2017-010361

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SINAY, DAWN TRACEY		W	F	03/20/1966

CHRG

Charge Description: **784.03(1A1) BATTERY**

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	M	09/24/1965

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

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

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☐	☒
VICTIM'S STATEMENTS:	☒	☐	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **LACERATIONS TO THE FACE**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **BOYFRIEND**

	YES	NO	
PHOTOGRAPHS: Scene:	☐	☒	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: [redacted]
WEAPON USED:	☐	☒	TYPE:
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☒	☐	
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☐	☒	PARAMEDICS:
Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #: **2016-018804**
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☒	☐	
ALCOHOL OR DRUGS INVOLVED:	☒	☐	

NARR

On 07-22-2017, at 1632 hours, I responded to [redacted] reference to a domestic disturbance. BRPD dispatch advised the caller W/M [redacted] was battered by [redacted] and needed BRPD to respond.

Upon arrival, Officer T. Codling and I made contact with W/F Dawn Sinay and was advised she had an altercation

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 22 day of July, 2017.

WOLLSCHLAGER, ANTHONY J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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

SCAN

JUL 23 2017

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN	Date / Time		
	07/22/2017 18:14		
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2017-010361

NARRATIVE

with her [redacted] It should be noted, Sinay was unforthcoming with explaining what had gone on. She kept on saying she did not remember and advised they were in an argument. I then questioned Sinay about what they were arguing about. Sinay stated they were arguing abou[redacted] She failed to elaborate on what the argument was about.

I was able to speak with [redacted] about the incident. [redacted] advised he told Sinay to get out of his house after he discovered that she had been[redacted] with him. [redacted] stated he discovered that Sinay was still speaking with[redacted] via text and Facebook. While[redacted] went into his office to get his proof to show her, she followed him and swung a left punch to [redacted]s right eye. The impact left lacerations and bruising to [redacted]s left eye. [redacted] then called BRPD for assistance while Sinay went into the bathroom. [redacted] advised Sinay came out with a mark on her face. [redacted] asked her what the marks from and was advised she knew how this game is played and I`m not going to jail. [redacted] was able to provide a written witness statement. His statement was submitted into BRPD evidence.

After obtaining a more detailed explanation on what occurred inside [redacted] from [redacted], I questioned Sinay about the allegations. Sinay did admit that she did punch[redacted] in the face and would not elaborate. It appeared that Sinay was changing her story and was trying to be deceptive about the incident.

Subsequently after my investigation, Dawn Sinay actually and intentionally battered[redacted] against his will. I placed Dawn Sinay under arrest at 1706 hours. After placing Sinay inside my patrol vehicle, she stated I punched him because I thought he was going to hit me. Sinay acknowledged that she was wrong for striking him in the face. Sinay is being charged with simple battery (domestic) under Florida State Statute 784.03(1A1). A victim notification form was completed. Sinay was then transported to Palm Beach County Jail for arraignment. Photographs were documented on scene of[redacted]s injuries and submitted into BRPD evidence.

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 22 day of July, 2017.

WOLLSCHLAGER, ANTHONY J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#: _____

1. Incident Report#: 2017-10361 Agency: BOYNTON PD
   Offense: SIMPLE BATTERY
   Suspect/Offender: DAWN SINAY
   D.O.B. 03/20/1966 Race: WHITE Sex: FEMALE

2. Warrant#(s): —

3.a. Victim
   Addres
   City:
   Home

b. Victim's next of kin, friend or neighbor: _____
   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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: FONG I.D.# 763 Date: 7/22/17

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