

0493484

NH

796

ARREST / NOTICE TO APPEAR

OBTS Number	Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 4 17-002811	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number 0502000	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized	Enter Type OTHER	Multiple Clearance Indicator	1
Location of Arrest (Including Name of Business) 331 W MANGO ST LANTANA FL 33462		Location of Offense (Business Name, Address) 331 W MANGO ST, LANTANA, FL 33462				
Date of Arrest 11/19/2017	Time of Arrest 18:42	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) FLYNN, ERIKA EVA						
Alias: _____						
Race W - White B - Black I - American Indian O - Oriental/Asian	Sex F	Date of Birth 12/22/1979	Height 5'07	Weight 150	Eye Color BLUE	Hair Color BLONDE
Complexion LIGHT		Build Small		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status M	Religion CHRISTIAN		
Local Address (Street, Apt. Number) 331 W MANGO ST, LANTANA, FL 33462		(City)	(State)	(Zip)	Phone (561) 797-7564	Residence Type: 1. City 3. Florida 2. County 4. Out of State 4
Permanent Address (Street, Apt. Number) 331 W MANGO ST, LANTANA, FL 33462		(City)	(State)	(Zip)	Phone (561) 797-7564	Address Source DEFENDANT
Business Address (Name, Street) DENTIST,		(City)	(State)	(Zip)	Phone	Occupation Dental Hygenist
D/L Number, State F450205799620 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) DEMMAM, Saudi	Citizenship US		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 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"/> Other: _____		Name (Last, First, Middle)				Residence Phone
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)				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 <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.				School Attended	Grade	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. 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		J. Unknown Z. Other
Charge Description BATTERY - SIMPLE TOUCH / STRIKE		Statute Violation Number 784.03 1A1	Violation of ORD #			
Drug Activity N	Drug Type N	Amount / Unit 2	Offense # 17-002811	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description		Statute Violation Number	Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description		Statute Violation Number	Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
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 Explain:		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By
Transported By		Date Transported	Time Transported	Other NOV 19 PM 6:02		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room)		No Photo Available
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Court Date and Time		
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"/> Resisted Arrest		Name of Arresting Officer (Print) CUMMINGS, PETER J.		I.D. # 848		
Intake #		Transporting Officer Cummings		Agency 848 UPD		
Pouch #		Witness here if subject signed with an "X".				

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/19/2017 18:58		Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 17-002811	
	Name (Last, First, Middle) FLYNN, ERIKA EVA						Race W	Sex F
D E M O G R A P H I C S	Charge Description 784.03 BATTERY - SIMPLE TOUCH / STRIKE							
	Victim Name (Last, First, Middle) [REDACTED]						Race W	Sex M
V I C T I M	(State)		(Zip)		Phone [REDACTED]		Address Source	
	Business Address (Name, Street) SELF				(City)	(State)	(Zip)	Phone [REDACTED]
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): ANGRY				
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>							
N A R R A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE							
	<p>PHOTOGRAPHS: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Victim: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>911 CALL: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CALLER: [REDACTED]</p> <p>WEAPON USED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> TYPE: MOUTH</p> <p>WITNESSES: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>MEDICAL TREATMENT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>AT: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PARAMEDICS: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Hospital: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NAMES/AGES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>H. R. S. NOTIFIED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CASE #: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>							
<p>On 11/19/2017, at approximately 1815 hours, I Officer Cummings ID# 848, responded to [REDACTED] in reference to a domestic battery that occurred. Upon my arrival I made contact with the caller W/M [REDACTED] D.O.B 04/03/1972, who advised me that the following transpired:</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>_____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this 19 day of November, 2017.</p> <p>_____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>								

CERTIFIED COPY

SCANNED
NOV 20 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 11/19/2017 18:58	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 17-002811
	<p>██████████ stated that he and his wife W/F Erika Flynn D.O.B 12/22/1979, got into a verbal argument while eating dinner. ██████████ stated that in his angered state he threw a plate of food against the wall and walked into his bedroom. ██████████ stated that Ms. Flynn became more irate after the plate was thrown and followed him into the bedroom. ██████████ stated that he grabbed his laptop and was going to do some billing on it when Ms. Flynn came into the room and attempted to take the laptop away from him. ██████████ stated that as Ms. Flynn was attempting to take his laptop away he kept a good grip on it and would not let it go. ██████████ stated that because he would not let the laptop go Ms. Flynn proceeded to bite him on his right forearm causing a bruise.</p> <p>██████████ refused to fill out a sworn written statement of the noted events and refused to allow officers to take photographs of his injuries. I then made contact with Ms. Flynn who was very angry. Ms. Flynn stated that ██████████ threw the plate of food against the wall and went into the their room to get his laptop so he could cancel her phone service. Ms. Flynn stated at this point in time she attempted to take the laptop away from him and when he did not let go she admitted to biting him. As a result of the investigation it was determined that Ms. Flynn was the primary aggressor in this case and was arrested as for the result. Ms. Flynn was advised that she was being placed under arrest for domestic battery. She was handcuffed (Double locked checked for tightness and fit) and placed into the rear of my marked patrol vehicle. She was transported back to the Lantana Police Department for processing and later transported and lodged at the Palm Beach County Jail.</p>			

N
A
R
R
A
T
I
V
E

NOT A CERTIFIED COPY

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 19 day of November, 2017.

NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)

SCANNED
NOV 20 2017

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** – (This includes any assault, agg. Assault, battery, agg. Battery, sexual assault, sexual battery, stalking, agg. 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.

1. Incident Report#: 17-002811 Agency: LANTANA PD
Offense: Domestic Battery
Suspect/Offender: Flynn, Erika E.
D.O.B. 12/22/79 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

a. Victim's name: _____
Address: _____
City: _____ State: _____
Home #: _____ Work #: _____ Other#: _____

b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other#: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other#: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

SCANNED
NOV 20 2017

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Cummings I.D.: 848 Date: 11/19/17

SUSPECT/OFFENDER: _____

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

