

0497491

1642

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile  N

OBTS Number	Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 1 1 8 1 0 0 2 3 9 4 (1 1)	
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		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 10125 Riverside Dr Palm Beach Gardens FL			Location of Offense (Business Name, Address) 10125 Riverside Dr Palm Beach Gardens FL			
Date of arrest 0 4 1 6 1 8	Time of Arrest 0 2 3 1	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Mckay Kareena Nicole							Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	I - American Indian O - Oriental	Sex M F	Date of Birth 0 5 0 7 8 7	Height 5 11	Weight 1 6 0	Eye Color Bro	Hair Color Bro	Complexion Lt	Build Sm
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo right wrist + left ankle				Marital Status S	Religion Christian	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 10125 Riverside Dr Palm Beach gardens FL 33410			(City)	(State)	(Zip)	Phone (561) 768 2789	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number) 10125 Riverside Dr Palm Beach gardens FL 33410			(City)	(State)	(Zip)	Phone ( )	Address Source FL DL		
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone ( )	Occupation Event Planner		

D/L Number, State M200514876670 FL	INS Number	Place of Birth (City, State) West Palm Bch, FL	Citizenship US
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth

Parent Legal Custodian Name (Last)	(First)	(Middle)	Residence Phone
Other:	(City)	(State)	( )
Address (Street, Apt. Number)			Business Phone
			( )

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released	2. TOT DCF	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 parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attended	Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property REQUIRED		

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 F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description Simple Battery - Dating Domestic						Counts 61	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7 8 4 1 1 0 3 (1) A (1)		
Drug Activity N						Drug Type N	Amount / Unit 0	Offense # 18-002394		
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		
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Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		
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Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		
Drug Activity						Drug Type	Amount / Unit	Offense #		

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address)	
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and Time	
Month	Day	Year Time 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 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.

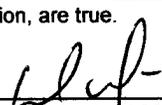
APR 16 AM 4:42

Signature of Defendant (or Juvenile and Parent / Custodian)		Date Signed	
HOLD for other Agency Name:	Signature of Arresting Officer X	Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) M. Valerio	I.D. # 487
Transporting Officer M. Valerio	I.D. # 487	Agency PBGPD	Witness here if subject signed with an "X" APR 16 2018

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT  
Palm Beach County

A D M I N	Date / Time <b>04/16/2018 01:56</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>		Agency Report Number <b>7   8   18-002394</b>																																																																																										
	Agency ORI Number <b>FL 0502600</b>		Name (Last, First, Middle) <b>MCKAY, KAREENA NICOLE</b>		Race <b>W</b>	Sex <b>F</b>																																																																																									
D E T R I M	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE / DATING DOMESTIC</b>				Date of Birth <b>05/07/1987</b>																																																																																										
	Victim's Name (Last, First, Middle) <b>LEHNERT, DANIEL WILLIAM</b>				Race <b>W</b>	Sex <b>M</b>																																																																																									
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>12311 174TH CT N, JUPITER, FL 33478</b>			Phone <b>(561) 768-6318</b>																																																																																											
	Business Address (Name, Street) (City) (State) (Zip)			Address Source																																																																																											
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>INJURED</b>																																																																																												
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>																																																																																															
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>GIRLFRIEND</b>																																																																																															
<table style="width:100%; border:none;"> <tr> <td style="width:150px;">PHOTOGRAPHS:</td> <td>Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>YES</td> <td>NO</td> </tr> <tr> <td></td> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">CALLER: <b>VICTIM</b></td> </tr> <tr> <td></td> <td>WEAPON USED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">TYPE: <b>HANDS/NAILS</b></td> </tr> <tr> <td></td> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">(If YES, attach witness list)</td> </tr> <tr> <td></td> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">PARAMEDICS:</td> </tr> <tr> <td></td> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">PHYSICIAN(S) / HOSPITAL:</td> </tr> <tr> <td></td> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">NAMES/AGES:</td> </tr> <tr> <td></td> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">CASE #:</td> </tr> <tr> <td></td> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2"></td> </tr> </table>						PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES	NO		Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <b>VICTIM</b>			WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: <b>HANDS/NAILS</b>			WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)			INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:			Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:			ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:			H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:			PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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A D D I T I O N A L  I N F O R M A T I O N	On Monday, April 16, 2018 at 1:56 am I responded to 10125 Riverside Drive within the City of Palm Beach Gardens, Palm Beach County, Florida in reference to a domestic. My body worn camera was activated during this call.																																																																																														
	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>16</u> day of <u>April</u> , <u>2018</u> .   _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																																																														

CERTIFIED COPY

APR 16 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

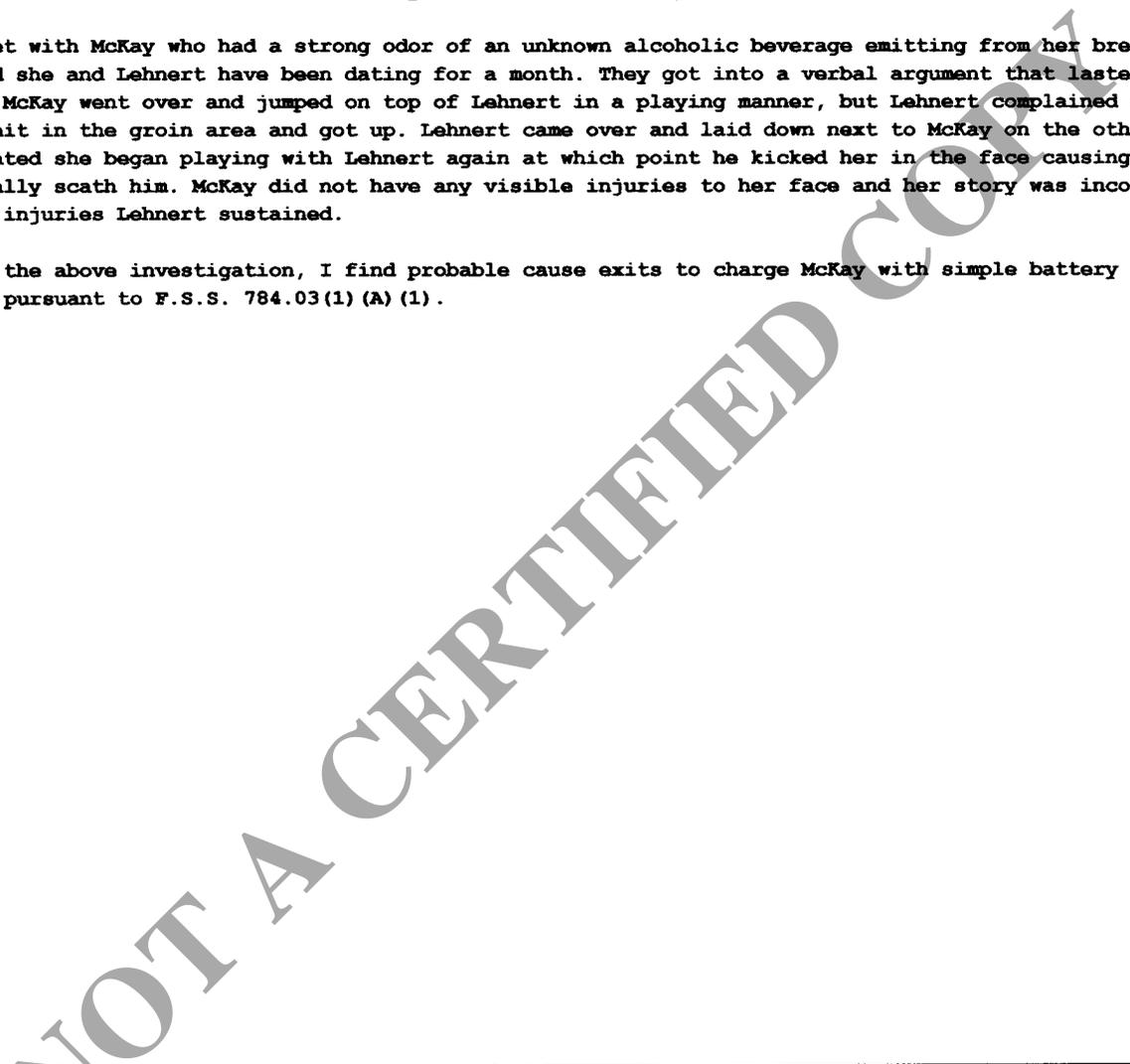
Palm Beach County  
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time <b>04/16/2018 01:56</b>	
	Agency ORI Number <b>FL 0502600</b>	Agency Name <b>PALM BEACH GARDENS POLICE</b>
	Agency Report Number <b>7   8   18-002394</b>	

Upon arrival, I met with the victim, Daniel Lehnert, who explained he has been dating his girlfriend, Karrena McKay, for six months. Earlier in the day Lehnert did not attend church with McKay and that started a verbal argument between the two. Throughout the day an argument continued between the two. While Lehnert was sitting on the couch in the living room, McKay came and jumped on top of him hurting his groin. Lehnert stated he got up and moved to the other couch. McKay came over and jumped on top of him again at which point he grabbed her by the sweatshirt and pulled her off. McKay grew angry with Lehnert and began scratching him. I observed several bloody lacerations/scratches to the left side of Lehnert's body and under his right eye. Lehnert provided a sworn statement and refused any medical treatment by Fire Rescue.

I then met with McKay who had a strong odor of an unknown alcoholic beverage emitting from her breath. McKay explained she and Lehnert have been dating for a month. They got into a verbal argument that lasted throughout the day. McKay went over and jumped on top of Lehnert in a playing manner, but Lehnert complained about getting hit in the groin area and got up. Lehnert came over and laid down next to McKay on the other couch. McKay stated she began playing with Lehnert again at which point he kicked her in the face causing her to accidentally scath him. McKay did not have any visible injuries to her face and her story was inconsistent with the injuries Lehnert sustained.

Based on the above investigation, I find probable cause exists to charge McKay with simple battery - dating domestic pursuant to F.S.S. 784.03(1) (A) (1).



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]  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 16 day of April, 2018.

[Signature] #334  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
APR 16 2018

**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 #: 18-002394 Agency: Palm Beach Gardens  
 Offense: Simple Battery - Dating Domestic  
 Suspect/Offender: Kareena McKay  
 D.O.B. 5/7/87 Race: W Sex: F
2. Warrant #(s): \_\_\_\_\_
3. Complete one (1) of the following:
  - a. Victim's name: Daniel Lehnert  
 Address: 12311 174th Ct N  
 City: Jupiter State: FL Zip: 33478  
 Home #: 5617686318 Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - b. Victim's next of kin: Dianne Lehnert  
 Address: 12311 174th Ct N  
 City: Jupiter State: FL Zip: 33478  
 Home #: 5613159287 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):  
18-002394

**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.

Signature of person waiving notification: \_\_\_\_\_  
Printed name of person waiving notification: \_\_\_\_\_

Officer's Name : M. Valerio I.D.: 487 Date: 04/16/2018

SUSPECT/OFFENDER: Kareena McKay  
COURT CASE/WARRANT #: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)