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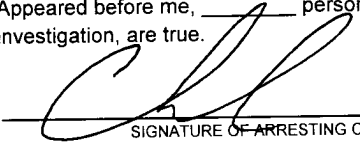
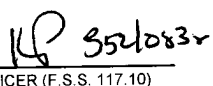
ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 514 17-000359		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
	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 Hands, Feet, Fist, Teeth		Multiple Clearance Indicator					
D E F E N D A N T	Location of Arrest (Including Name of Business) 1111 LOVE ST					Location of Offense (Business Name, Address) 1111 LOVE ST, JUPITER, FL 33477						
	Date of Arrest 01/22/2017	Time of Arrest 00:54	Booking Date 01/22/2017	Booking Time 01:04	Jail Date // : :	Jail Time	Location of Vehicle					
C O D E F	Name (Last, First, Middle) CONWAY, KELLY ANN											
	Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:											
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex F	Date of Birth 09/30/1987	Height 5'04	Weight 135	Eye Color GREEN	Hair Color BLONDE /	Complexion LIGHT	Build Medium		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion OTHER	Indication of: Alcohol Influence Drug Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 5005 SE GRAHAM DR, STUART, FL 34997					Phone (516) 712-7207		Residence Type: 1. City 3. Florida 2. County 4. Out of State		3		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 5005 SE GRAHAM DR, STUART, FL 34997					Phone (516) 712-7207		Address Source VERBAL				
	Business Address (Name, Street) (City) (State) (Zip) SELF EMPLOYED,					Phone		Occupation Cleaner				
	D/L Number, State C50050187500 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) MINEOLA, NY		Citizenship US			
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian											
	Address (Street, Apt. Number) (City) (State) (Zip)											
	Notified by: (Name)											
	Released To: (Name)											
	Relationship											
	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.											
	<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, 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											
C H A R G E	Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)											
	Drug Activity					Drug Type N	Amount / Unit /	Offense # 17-000359	Statute Violation Number 784.03(1)(A)(1)		Violation of ORD # 784.03(1)(A)(1)	
	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N					Warrant / Capias Number		Bond				
C H A R G E	Charge Description											
	Drug Activity					Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
	Violation of ORD #											
C H A R G E	Charge Description											
	Drug Activity					Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
	Violation of ORD #											
I N T A K E	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:											
N O T I C E T O A P P E A R	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail											
	PROPERTY - Received By											
	Released By											
A D M I N	Transported By											
	Date Transported											
	Time Transported											
A D M I N	<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)											
	Court Date and Time											
A D M I N	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											
A D M I N	HOLD for Other Agency											
	Signature of Arresting Officer											
	Name Verification (Printed by Arrestee)											
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other											
	Name of Arresting Officer (Print) CONNOR, CHRISTOPHER											
	I.D. # 1173											
A D M I N	Transporting Officer C. CONNOR											
	I.D. # 350											
	Agency JPD											
A D M I N	Witness here if subject is not											
	Signature of Witness											
	Date Signed											

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 01/22/2017 00:54		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 17-000359	
	Name (Last, First, Middle) CONWAY, KELLY ANN						Race W	Sex F
CHARGE	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) [REDACTED]						Race M	Sex F
VICTIM	Business Address (Name, Street) [REDACTED]						Address Source [REDACTED]	
	Occupation [REDACTED]							
DEFENDANT'S STATEMENTS:	Written	Taped	Oral	OBSERVATIONS OF VICTIM [REDACTED]				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[REDACTED]				
VICTIM'S STATEMENTS:				[REDACTED]				
RELATIONSHIP BETWEEN VICTIM & SUSPECT								
DATING								
PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 911 CALL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CALLER: WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: HANDS WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PARAMEDICS: PALM BEACH FIRE RESCUE Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES: H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
NARR	On Sunday 1/22/17 at approximately 0021 hours, I was dispatched to 1111 Love St (Castaways Bar & Grill) in reference to a domestic battery on the dock. While en route I was notified by Northcom a [REDACTED]							
	[REDACTED]							
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>22</u> day of <u>January</u> , <u>2017</u> . POPE, KARI  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

 SCANNED
 CRIME ANALYSIS
 JAN 22 2017

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 01/22/2017 00:54	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-000359
	Agency ORI Number FL 0501700		

Upon my arrival, at boat slip #7 (occupied by sportfishing yacht "Lo Que Sea") I made contact with W/F Kelly Conway (9/30/87) and [REDACTED]. [REDACTED] treated by Palm Beach Fire Rescue (run #17-008361). At this time I asked Conway the investigative question, "how did [REDACTED]" to which Conway replied "I did that". Conway further stated after having dinner and drinks, she noticed [REDACTED] on the Lo Que Sea talking to a girl on the dock. Conway stated she asked [REDACTED], and [REDACTED] her by the throat and pushed her to the ground. At this time I examined Conway, paying close attention to her neck, and noticed no swelling, redness or marks. I then asked Conway how she cut [REDACTED], and she replied "I am a fighter", and also "[REDACTED]". It should be noted while speaking with Conway I detected the odor of an unknown alcoholic beverage emitting from her person which became stronger as she spoke. In addition, Conway would consistently speak about issues unrelated to the investigation at hand.

I then approached [REDACTED] the broad investigative question "what happened". [REDACTED] he was on the Lo Que Sea he was talking to a female friend of his who was on the dock, about boat charters in the area. [REDACTED] (Conway) became jealous of the conversation and a short time later while he was putting away a trophy on the back of the Lo Que Sea [REDACTED]. I asked [REDACTED] attacked and he stated he was being scratched and pushed by Conway. I asked [REDACTED] Conway, and [REDACTED], he tried to push Conway off of [REDACTED].

I attempted to obtain video surveillance of the battery, but was informed by Castaways management the video system was not working.

Photographs of the scene, [REDACTED] Conway were taken and submitted into Jupiter Police Department Evidence.

Conway was escorted to the Castaways parking lot where I placed her into handcuffs, checking the handcuffs for proper spacing and double locking them for safety.

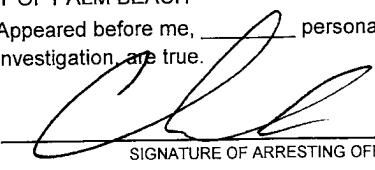
Based on the above described investigation, I believe probable cause exists to charge Conway with domestic simple battery in violation of FSS 784.03(1)(A)(1), to wit: Kelly Conway did intentionally touch or strike her [REDACTED], with the intent to [REDACTED].

[REDACTED] by Palm Beach Fire Rescue, filled out a witness statement and was provided a domestic violence brochure.

Conway was transported to Palm Beach County Jail without incident.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, [REDACTED] 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 January, 2017.

POPE, KARI 14 3521083
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED ANALYSIS

P. I. O.

JAN 22 2017

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 #: 17-000359 Agency: Jupiter Police Department
Offense: Simple Battery
Suspect/Offender: Kelly Conway
D.O.B. 9/30/87 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: [REDACTED] B. 11/20/84 Race: W Sex: M
Address: [REDACTED]
City: [REDACTED] State: FL Zip: 34983
Home #: [REDACTED] Other: _____

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:** 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: SCANNED

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records JAN 22 2017

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #: