

0484701

ARREST / NOTICE TO APPEAR

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

9

JUVENILE

ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE			
OBTS Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 1 4 17-000359						
Charge Type: Check as many as apply. 1. Felony 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				
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				
Name (Last, First, Middle) CONWAY, KELLY ANN										
Alias: CONWAY, KELLY ANN										
Race W - White B - Black	Sex W - Female B - Black	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					
Local Address (Street, Apt. Number) 5005 SE GRAHAM DR, STUART, FL 34997				Phone (516) 712-7207		Indication of Influence: 1. Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. 2. Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk.				
Permanent Address (Street, Apt. Number) 5005 SE GRAHAM DR, STUART, FL 34997				Phone (516) 712-7207		Residence Type: 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>				
Business Address (Name, Street) SELF EMPLOYED,				Phone		Address Source VERBAL				
D/L Number, State C500501878500 / FL		Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) MINEOLA, NY		Occupation Cleaner				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth				
Name (Last, First, Middle) CONWAY, KELLY ANN				1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor						
Address (Street, Apt. Number) 5005 SE GRAHAM DR, STUART, FL 34997				1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor						
Notified by: (Name) [REDACTED]				Date [REDACTED]	Time [REDACTED]	Business Phone				
Released To: (Name) [REDACTED]				Date [REDACTED]	Time [REDACTED]	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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. □ Yes, by: <input type="checkbox"/> No: <input type="checkbox"/>				School Attended				Grade		
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	U. Unknown Z. Other
Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)								Statute Violation Number 784.03(1)(A)(1)	Violation of ORD # 784.03(1)(A)(1)	
Drug Activity N	Drug Type	Amount / Unit /	Offense # 17-000359	Counts [REDACTED]		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			Bond
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			Bond	
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			Bond	
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				Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By	Released To	
Transported By				Date Transported // : :	Time Transported // : :	Other				
<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						
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.										
Signature of Defendant (or Juvenile and Parent/Custodian)								Date Signed 2017-01-22		
HOLD for Other Agency				Signature of Arresting Officer			Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) CONNOR, CHRISTOPHER			I.D. # 1173			
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other							(PRINT)			
Initial Deputy CONWAY, KELLY ANN		I.D. # CONWAY, KELLY ANN	Pouch #	Transporting Officer C. CONNOR		I.D. # 350	Agency JPD	Witness here if subject signed with me CONWAY, KELLY ANN		

No
Photo
Available

Signature of Defendant (or Juvenile and Parent/Custodian)

Date Signed

R		Signature of Defendant (or Person Arrested)					
ADMIN	HOLD for Other Agency			Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print)		I.D. #	(PRINT)
				CONNOR, CHRISTOPHER		1173	
Inmate Deputy		I.D. #	Pouch #	Transporting Officer	I.D. #	Agency	
<i>Offender Name</i>		<i>100</i>	<i>720</i>	C. CONNOR	350	JPD	<i>Witness here if subject signed with another name</i>
JAN 22 AM 3:41							
PAGE 5 OF 1							
SCANNED							

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/22/2017 00:54	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-000359
D E F	Name (Last, First, Middle) CONWAY, KELLY ANN	Alias	Race W Sex F Date of Birth 09/30/1987
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)		
V I C T I M	Victim's Name (Last, First, Middle) [REDACTED]	Race M Sex 11/20/1984	Address Source
	Business Address (Name, Street) [REDACTED]	Occupation	
	Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM [REDACTED]	
	DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
RELATIONSHIP BETWEEN VICTIM & SUSPECT			
DATING			
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> Victim: <input checked="" type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	911 CALL:	<input type="checkbox"/> <input checked="" type="checkbox"/>	CALLER: <input type="checkbox"/>
	WEAPON USED:	<input checked="" type="checkbox"/> <input type="checkbox"/>	TYPE: HANDS
	WITNESSES:	<input type="checkbox"/> <input checked="" type="checkbox"/>	(If YES, attach witness list)
	INJURIES:	<input checked="" type="checkbox"/> <input type="checkbox"/>	
	MEDICAL TREATMENT:	<input checked="" type="checkbox"/> <input type="checkbox"/>	
	AT:	Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/>	PARAMEDICS: PALM BEACH FIRE RESCUE PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/>
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/> <input checked="" type="checkbox"/>	NAMES/AGES: <input type="checkbox"/>
	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 #: <input type="checkbox"/>			
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/>			
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>			
N A R R	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]		
STATE OF FLORIDA COUNTY OF PALM BEACH			
Appeared before me, <u>[Signature]</u> 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> .			
<u>POPE, KARI</u> <i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
CRIME ANALYSIS
JAN 22 2017

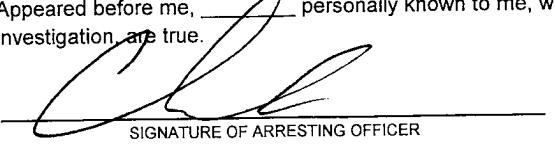
P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

ADM IN	Date / Time 01/22/2017 00:54		
	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-000359
<p>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.</p> <p>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] Conway, attacked and he stated he was being scratched and [REDACTED] by Conway. I asked [REDACTED] Conway, and [REDACTED], he tried to push Conway off of [REDACTED]</p> <p>I attempted to obtain video surveillance of the battery, but was informed by Castaways management the video system was not working.</p> <p>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.</p> <p>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].</p> <p>[REDACTED] by Palm Beach Fire Rescue, filled out a witness statement and was provided a domestic violence brochure.</p> <p>Conway was transported to Palm Beach County Jail without incident.</p>			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, [REDACTED] 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 <u>22</u> day of <u>January</u>, <u>2017</u>.</p> <p>POPE, KARI <u>16 352083</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED

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)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**

- **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.

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 info: _____
Address: _____
City: _____ State: FL Zip: 34983
Home #: _____ 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