0506101

19mm002969

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

Juvenile: 1

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 5 0 2 7 0 0

Agency Name: PALM SPRINGS PUBLIC SAFETY

Agency Report Number (N.T.A.'s only): 8 2 - 19 - 4258

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: N/A

Multiple Clearance Indicator:

Location of Arrest (including Name of Business): 160 YUCATAN DR PALM SPRINGS FL 33461

Location of Offense (Business Name, Address): 160 YUCATAN DR PALM SPRINGS FL 33461

Date of Arrest: 03/01/19 Time of Arrest: 2233

Booking Date: Booking Time: Jail Date: Jail Time:

Location of Vehicle: N/A

DEFENDANT

Name (Last, First, Middle): DUNN KELSEY D

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: W (W - White, B - Black, I - American Indian, O - Oriental/Asian) Sex: F Date of Birth: 05/13/93 Height: 5'06" Weight: 128 Eye Color: BLU Hair Color: BRO Complexion: LT Build: THIN

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATOOS ARMS + LEGS.

Marital Status: SINGLE Religion: CHRIST.

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☑ Unk

Local Address (Street, Apt. Number): 160 YUCATAN DR (City): PALM SPRINGS (State): FL (Zip): 33461 Phone: (561)324-6645

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number): 160 YUCATAN DR (City): PALM SPRINGS (State): FL (Zip): 33461 Phone: (561)324-6645

Address Source: D/L

Business Address (Name, Street): (City): (State): (Zip): Phone: ( )

Occupation: SEVER

D/L Number, State: D500-504-93-673-0 [redacted] INS Number:

Place of Birth (City, State): RIVIERA BCH, FL Citizenship: US.

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: 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 Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name): Relationship: Date: Time:

VICTIM NOTIFICATION REQUIRED

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: (Name) ☐ No (Reason)

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. Dispense/ 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: SIMPLE BATTERY (DOMESTIC) Counts: 1 Domestic Violence ☑ Y ☐ N Statute Violation Number: 784.03 (1)(A)(1) Violation of ORD #:

Drug Activity: N Drug Type: N Amount / Unit: N/A Offense #: 2019-4258 Warrant / Capias Number: Bond: NO BOND

CHARGE

Charge Description: Counts: Domestic Violence ☐ Y ☐ N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

CHARGE

Charge Description: Counts: Domestic Violence ☐ Y ☐ N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

CHARGE

Charge Description: Counts: Domestic Violence ☐ Y ☐ N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

NOTICE TO APPEAR

Location (Court, Room Number, Address):

Court Date and Time: Month Day Year Time A.M. P.M.

MAR 11 2019 12:45 PM

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:

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy: THOMAS D.O.C. I.D. # 996 Pouch #:

Signature of Arresting Officer: X 187

Name of Arresting Officer (Print): OFC. F. RICCIARDI I.D. # 187

Transporting Officer: OFC F. RICCIARDI I.D. # 187 Agency: PSPD

Name Verification (Printed by Arrestee): (PRINT) Kelsey Dunn

Witness here if subject signed with an "X":

SCANNED MAR 11 2019

PAGE 1 OF 1

NOT A CERTIFIED COPY

PSPD #0148 REV. 09/07 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT (N.T.A.'s ONLY)

PALM SPRINGS POLICE DEPARTMENT

DOMESTIC VIOLENCE

PROBABLE CAUSE AFFIDAVIT

PALM BEACH COUNTY

ON THE **10th** DAY OF **March** 2019, AT **10:17** ☐ AM / ☒ PM

SUBJECT: **Kelsey D. Dunn** DOB: **05/13/1993** CASE NUMBER: **2019-4258**

CHARGE DESCRIPTION: **DOMESTIC BATTERY** STATUE NUMBER: **784.03 (1) a (1)**

VICTIM: **Duane Dunn** DOB: **10/23/1960** RACE: **W** SEX: **M**

LOCAL ADDRESS: **160 Yucatan Dr Palm Springs Fl 33461**

PERSONAL CONTACT

NARRATIVE:

On March 10, 2019, at approximately 2217hrs, I responded to 160 Yucatan Dr in reference to a Domestic Disturbance that became physical (Father and Daughter).

Upon arrival, I spoke with Victim, Duane Dunn, DOB 10/23/60, who advised during an argument with his daughter (transgender), he was struck in the nose and bitten on his chest by his Daughter, Kelsey Dunn, DOB 5/13/93. Mr. Dunn was bleeding from his nose and had a visible bite wound to the right side of his chest. Mr. Dunn stated the argument started because he took the tires off the vehicle Kelsey drives. Apparently, she was involved in a crash and would not provide any information to them about what happened. Mr. Dunn stated the vehicle is registered to both him and Kelsey. Mr. Dunn said Kelsey had a tire iron and was going to take the lugs off another vehicle to on hers. When Kelsey came at her mother aggressively, Mr. Dunn tried to restrain her. He was struck in the face and bitten on the chest. Officer Carpentier #165 took photos, which were placed into evidence.

Kelsey stated she became afraid when her dad grabbed her, so she struck him and bit him. Kelsey stated her mother had her wallet and she wanted it back. Kelsey also stated the argument was over the vehicle.

Based on my investigation, Kelsey Dunn was placed under arrest and charged with Domestic Battery, as she did intentionally strike Mr. Dunn against his will, causing injury.

TOT County Jail

DEFENDANT'S STATEMENTS: (Written ☐ / Taped ☐ / Oral ☒)

Kelsey stated she became afraid when her dad grabbed her, so she struck him and bit him. Kelsey stated her mother had her wallet and she wanted it back. Kelsey also stated the argument was over the vehicle.

VICTIM'S STATEMENTS: (Written ☐ / Taped ☐ / Oral ☒):

Mr. Dunn said Kelsey had a tire iron and was going to take the lugs off another vehicle to on hers. When Kelsey came at her mother aggressively, Mr. Dunn tried to restrain her. He was struck in the face and bitten on the chest.

OBSERVATIONS OF VICTIM (PHYSICAL AND EMOTIONAL)

Mr. Dunn was bleeding from his nose and had a visible bite wound to his chest. Photos taken and placed into evidence.

NOT A CERTIFIED COPY

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: **Father and Daughter**

PHOTOGRAPHS:
SCENE: YES ☐ NO ☒
VICTIM: YES ☒ NO ☐

911 CALL: YES ☒ NO ☐ CALLER: **Kathleen Dunn**

WEAPON USED YES ☒ NO ☐ TYPE: **Hands and Teeth**

WITNESSES: YES ☒ NO ☐ (IF YES, ATTACH WITNESS LIST)

INJURIES: YES ☒ NO ☐

MEDICAL TREATMENT: YES ☐ NO ☒

AT: SCENE: YES ☐ NO ☒ PARAMEDICS: **N/A**

AT: HOSPITAL: YES ☐ NO ☒ PHYSICIAN(S): **N/A**

HOSPITAL: **N/A**

ARE THERE CHILDREN LIVING IN THE HOME: YES ☐ NO ☒
NAME(S) & DOB:

WAS ACT COMMITTED IN FRONT OF MINOR(S): YES ☐ NO ☒
NAME(S) & DOB:

H.R.S. NOTIFIED: YES ☐ NO ☒

VICTIM PREGNANT: YES ☐ NO ☒

VIOLATION OF RESTRAINING ORDER: YES ☐ NO ☒ CASE NUMBER:

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES ☐ NO ☒

ALCOHOL OR DRUGS INVOLVED: YES ☐ NO ☒

VICTIM CONTACT INFORMATION

PHONE:Hm: **561-969-0143** Wk: Employer:

RELATIVE: Name: **Kathleen Dunn** Phone: **561-969-0143**

Address: **160 Yucatan Dr Palm Springs Fl 33461**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, **Officer Frank Ricciardi #187** (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

187
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this **11** day of **March** ,2019

111
NOTARY / CLERK OF COURT / OFFICER (F.S.11710)

NOT A CERTIFIED COPY

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **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 #: [illegible] Agency: [illegible]
   Offense: [illegible]
   Suspect/Offender: DUNN, KELLY
   D.O.B. 5/13/93 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: DUNN, DUANE D.O.B. 10/23/60 Race: W Sex: M
   Address: 160 YUCATAN DR
   City: PALM SPRINGS State: FL Zip: 33461
   Home #: 561 968-0143 Work #: _____ Other: 561-707-6360

b. Victim's next of kin, friend or neighbor: DUNN, KATHLEEN
   Address: 160 YUCATAN DR
   City: PALM SPRINGS State: FL Zip: 33461
   Home #: 561 968 0143 Work #: _____ Other: 561 670 1448

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: OFC RICCIARDI I.D.# 157 Date: 3/10/19

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

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

NOT A CERTIFIED COPY

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019008301	**Date:** 3/11/2019
	Specialist Name/ID: Gammage/5660