

0497628

1069

ARREST / NOTICE TO APPEAR

OBTS Number			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE			
Agency ORI Number	Agency Name		Agency Report Number (N.T.A.'s only)								
0501700	Jupiter Police Department		5, 4 18-002173								
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized	Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)									
34 FISHERMANS WAY		34 FISHERMANS WAY, JUPITER, FL 33477									
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
04/21/2018	08:40										
Name (Last, First, Middle)		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
KLINK, KEVIN J											
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build			
W - White B - Black O - Oriental/Asian	W	M	09/14/1976	5'09	220	BROW	BALD	LIGHT	Large		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion	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"/>					
				M	OTHER						
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone						
90 CEDARWOOD BLVD, BALDWINSVILLE, NY 13027					(315) 516-2219						
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone						
90 CEDARWOOD BLVD, BALDWINSVILLE, NY 13027					(315) 516-2219						
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone						
					PERSON						
D/L Number, State		INS Number		Place of Birth (City, State)		Citizenship					
128862894 / NY				CYRCUS, NY, United		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					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone							
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone						
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION		<input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 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							
Property Crime?		Description of Property		Value of Property							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Drug Activity	S. Sell N. N/A P. Possess	B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate C. Cocaine A. Amphetamine	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description		Statute Violation Number		Violation of ORD #							
CHILD ABUSE		827.03(2)(c)									
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
	N	/	18-002173	1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
Charge Description		Statute Violation Number		Violation of ORD #							
Charge Description		Statute Violation Number		Violation of ORD #							
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"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To					
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											
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)		APR 21 AM 10:03 APR 22 AM 5:50 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.											
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed									
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)							
		359									
<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)					
		CASTANEDA, JONATHAN		1207							
Intake Deputy		I.D. #	Pouch #	Transporting Officer		I.D. #		Agency			
				346		352					
D/S T. BURNSIDE #5406		Witness here if subject signed with an "X".									

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

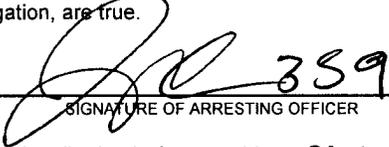
A D M I N	Date / Time 04/21/2018 06:53		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 18-002173	
	Name (Last, First, Middle) KLINK, KEVIN J						Race W	Sex M
C H A R G E S	Charge Description 827.03 CHILD ABUSE							
	Victim's Name (Last, First, Middle) [REDACTED]						Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING, SAD, UPSET.					
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]								
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:		Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>			
			Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	911 CALL:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: [REDACTED]		
	WEAPON USED:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS, FIST,		
	WITNESSES:			<input checked="" type="checkbox"/>	<input 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"/>	PARAMEDICS: PALM BEACH FIRE RESCUE		
	Hospital:			<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):			<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES: [REDACTED]		
H. R. S. NOTIFIED:			<input checked="" type="checkbox"/>	<input type="checkbox"/>				
VICTIM PREGNANT:			<input type="checkbox"/>	<input checked="" type="checkbox"/>				
VIOLATION OF RESTRAINING ORDER:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	CASE #: OUT OF STATE			
PRIOR HISTORY OF DOMESTIC VIOLENCE:			<input checked="" type="checkbox"/>	<input type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED:			<input type="checkbox"/>	<input checked="" type="checkbox"/>				
N A R R	On 4/21/18 at 0455 hours I responded to 34 Fisherman's Way (La Quinta Hotel, Room 312) in reference to a domestic disturbance call.							
	Upon my arrival, the caller [REDACTED] (W/F, DOB: 3/18/77) advised [REDACTED] Kevin Klink (W/M, DOB: [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. _____ 359 SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>21</u> day of <u>April</u> , <u>2018</u> . _____ QUIROS, MARCIEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time	04/21/2018 06:53	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0501700	JUPITER POLICE DEPARTMENT	5 4 18-002173
N A R R A T I V E	<p>9/14/76) left the scene on foot. Officer Quiros #305 reviewed the surveillance footage from the security cameras at La Quinta Hotel. Officer Quiros advised he saw K. Klink leaving the scene on foot heading west toward the next plaza. Meanwhile, Officer Pope #316 conducted an interview with [REDACTED] (W/M, DOB: 7/10/01).</p> <p>While patrolling the surrounding area of the hotel, I made contact with K. Klink who stated the following: K. Klink simply had a verbal argument with [REDACTED]. K. Klink further stated him and [REDACTED] usually argue, and he therefore took his belongings and left for the night.</p> <p>I then went to the hotel and made contact with [REDACTED] who stated the following: [REDACTED], K. Klink and [REDACTED] (W/M, DOB: 7/10/01) are visiting Florida from the state of New York. [REDACTED] stated K. Klink has anger issues. [REDACTED] further stated K. Klink has a history of drugs, and was drinking on 4/20/18. [REDACTED] advised K. Klink went out to drink and returned to the La Quinta Hotel at around 0230 on 4/21/18. [REDACTED] also stated when K. Klink returned he was being loud and needed to make a phone call. [REDACTED] then told K. Klink to lower his voice. [REDACTED] stated K. Klink became angry at [REDACTED] and [REDACTED] and began calling them names. [REDACTED] stated K. Klink became angry because he wanted to make a phone call to contact his friend; at the same time K. Klink was calling [REDACTED] a "retard". [REDACTED] stated K. Klink continued to call her and [REDACTED] abusive names such as "cunt, retard, etc.". [REDACTED] further stated [REDACTED] told K. Klink to lower his voice because he needed to rest. [REDACTED] stated K. Klink then turned to [REDACTED] and began to slap [REDACTED] on the face and the left ear several times. [REDACTED] advised [REDACTED] fought K. Klink back to defend himself. [REDACTED] stated she told K. Klink to leave. K. Klink then began to pack his bag to leave. [REDACTED] stated K. Klink turned a second time and slapped [REDACTED] numerous times. [REDACTED] stated K. Klink continued to mal treat [REDACTED] for a period of five minutes, and K. Klink slapped [REDACTED] 15 to 20 times. [REDACTED] further stated K. Klink has a past of domestic violence in the state of New York and he has been arrested before for domestic battery.</p> <p>Upon further investigation, [REDACTED] stated she voice recorded the argument with K. Klink on her cellphone. I asked [REDACTED] permission to review the recording, [REDACTED] agreed. On the recording K. Klink's anger is heard as he used verbal abusive terms toward [REDACTED] and [REDACTED]. In the recording the sound of someone slapping another person is heard. In the recording [REDACTED] mentioned to K. Klink he was being recorded; however, K. Klink replied he did not care. [REDACTED] then told K. Klink he just finished slapping [REDACTED] K. Klink then replied "I'll do it again".</p> <p>Upon further investigation, I asked [REDACTED] if I could meet with [REDACTED] seemed disturbed, sad, and emotionally upset because of the situation. [REDACTED] was covering himself as he seemed embarrassed and did not wish to speak to us for long. [REDACTED] face was red, and his left ear was irritated, swollen, and purple. [REDACTED] allowed us to take photos of his injuries.</p> <p>At this time I proceeded to place K. Klink under arrest for child abuse (double locked/checked for proper spacing). I then read K. Klink his Miranda Rights and K. Klink verbalized "Yes" he understood his rights. I asked K. Klink if he wished to provide a statement, but he did not wish to speak to me about the incident.</p> <p>Based on my above described investigation, I find probable cause to charge Kevin Klink with child abuse, because he did intentionally inflict physical or mental injury upon [REDACTED], a child, did an intentional act or actively encouraged another to do an act that resulted or could have reasonably been expected to result in physical or mental injury to [REDACTED], a child, contrary to Florida statute 827.03(1)(b) and (2)(c).</p>		
	STATE OF FLORIDA COUNTY OF PALM BEACH		
	<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> 359 SIGNATURE OF ARRESTING OFFICER</p>		
	<p>Sworn to and subscribed to before me this <u>21</u> day of <u>April</u>, <u>2018</u>.</p> <p><u>QUIROS, MARCIEL</u>  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>		