19mm38606

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0502300

Agency Name: North Palm Beach Police Department

Agency Report Number (N.T.A.'s only): 7 | 0 | 19-000189

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: Hands, Feet, Fist, Teeth

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 300 BLOCK SOUTHWIND CIR

Location of Offense (Business Name, Address): 628 SOUTHWIND CIR 5, NORTH PALM BEACH, FL 33408

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/31/2019	03:38					

DEFENDANT

Name (Last, First, Middle): MALLINSON, KEVIN MICHAEL

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	09/19/1972	5'09	200	BROWN	BROWN	LIGHT	Medium

Marital Status: S | Religion: CHRISTIAN

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 3125 PARK AVE 2, SINGER ISLAND, FL 33404 — Phone: (561) 727-5040

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 3125 PARK AVE 2, SINGER ISLAND, FL 33404 — Phone: (561) 727-5040 — Address Source:

Business Address (Name, Street) (City) (State) (Zip): HURRICANE CAFE, — Phone: — Occupation: Server

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M452513723390 / FL	[redacted]		VIRGINIA BEACH, VA	US

CO-DEF

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

Co-Defendant Name (Last, First, Middle) | 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

VICTIM NOTIFICATION REQUIRED

Notified by: (Name) — Date — Time — JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship — Date — Time

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: ☐ No:

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. 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

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY-SIMPLE (TOUCH OR STRIKE)	784.03(1)(A)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		I	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ 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

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: D-N~ 9870

Name of Arresting Officer (Print): NEWMAN, J. — I.D. #: 9870

Intake Deputy — I.D. # — Pouch #

Transporting Officer: K. BEARSBY 9777 — I.D. # — Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

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SCANNED
APR 01 2019

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number:

Agency ORI Number: FL 0502300 | Agency Name: NORTH PALM BEACH POLICE | Agency Report Number: 7 | 0 | 19-000189

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MALLINSON, KEVIN MICHAEL	MALLINSON, KEVIN MICHAEL	W	M	09/19/1972

CHARGES

Charge Description: 784.03(1)(A)(1)- SIMPLE BATTERY

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
LYNCH, CAITLIN	W	F	04/21/1987

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
628 SOUTHWIND CIRCLE APT. 5, NORTH PALM BEACH, FL 33408	(561) 294-4364	

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
MELTING POT		BARTENDER

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☒ was observed by CAITLIN LYNCH who told MYSELF that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 31 day of March, 2019 at 05:08 (Specifically include facts constituting cause for arrest.)

On 3/31/2019, at approximately 3:21a.m., I responded to 628 Southwind Circle, Apt # 5, North Palm Beach, FL 33408, reference a possible domestic disturbance between Caitlin Lynch 4/21/1987 W/F (complainant) and Kevin M. Mallinson 9/19/1972 W/M.

While en route to the incident location, North Palm Beach Communications advised that Kevin left the incident location on foot. He was described as wearing a blue shirt and shorts. As I approached the intersection of Southwind Dr. and Southwind Cir., I observed an UBER vehicle leaving the area. I stopped the vehicle and looked inside for a passenger, to which Kevin was sitting in the back seat. He was wearing a blue shirt, light colored checkered shorts and grey sandals. Kevin was removed from the vehicle and detained by Police Officer Bussek. I continued to the incident location to make contact with Caitlin.

Upon arrival, I met with Caitlin. She was crying and her left cheek appeared to be red and swollen. She was wearing a black tank top and black pants. Caitlin said she and Kevin got into a verbal argument which escalated into Kevin slapping her left cheek then pushing her down on the floor. She declined medical services several times while on scene.

I continued my investigation and asked Kevin what occurred prior to my arrival. Kevin said they had been drinking and got into an argument when Caitlin wouldn`t let him sleep on the couch. As he attempted to leave the residence, Caitlin threatened to call the police and say he hit her. He denies touching her prior to leaving the residence but did add that she slapped his right cheek as he walked out the door. Let it be noted that I did not observe any redness or swelling anywhere on his face.

Kevin was subsequently placed under arrest for violation of F.S.S. 784.03(1)(a)(1) - simple battery. He was placed in hand cuffs that were checked for proper fit and double

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

LEW, GARY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/31/2019
DATE

9870
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

NEWMAN, JENNIFER (9870)
NAME OF OFFICER (PLEASE PRINT)

03/31/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0502300	NORTH PALM BEACH POLICE	7 0 19-000189

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MALLINSON, KEVIN MICHAEL	MALLINSON, KEVIN MICHAEL	W	M	09/19/1972

PROBABLE CAUSE STATEMENT

locked. He did not have any contraband on his person. Kevin was taken to the North Palm Beach Police Dept. for processing and later transported to the Palm Beach County Jail without incident.

Photographs were taken of Caitlin and placed into evidence. She completed an Affidavit of Prosecution form and a Domestic Violence Risk Assessment Screen. She received a Victim's Rights brochure, the victim advocates contact information and a North Palm Beach Police Dept. case number with my contact information attached. All documents were submitted into records. There is nothing further to report at this time.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

LEW, GARY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/31/2019
DATE

9870
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

NEWMAN, JENNIFER (9870)
NAME OF OFFICER (PLEASE PRINT)

03/31/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
03/31/2019 05:16		
Agency ORI Number	Agency Name	Agency Report Number
FL 0502300	NORTH PALM BEACH POLICE	7 0 19-000189

NARRATIVE

While en route to the incident location, North Palm Beach Communications advised that Kevin left the incident location on foot. He was described as wearing a blue shirt and shorts. As I approached the intersection of Southwind Dr. and Southwind Cir., I observed an UBER vehicle leaving the area. I stopped the vehicle and looked inside for a passenger, to which Kevin was sitting in the back seat. He was wearing a blue shirt, light colored checkered shorts and grey sandals. Kevin was removed from the vehicle and detained by Police Officer Bussek. I continued to the incident location to make contact with Caitlin.

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I continued my investigation and asked Kevin what occurred prior to my arrival. Kevin said they had been drinking and got into an argument when Caitlin wouldn't let him sleep on the couch. As he attempted to leave the residence, Caitlin threatened to call the police and say he hit her. He denies touching her prior to leaving the residence but did add that she slapped his right cheek as he walked out the door. Let it be noted that I did not observe any redness or swelling anywhere on his face.

Kevin was subsequently placed under arrest for violation of F.S.S. 784.03(1)(a)(1) - simple battery. He was placed in hand cuffs that were checked for proper fit and double locked. He did not have any contraband on his person. Kevin was taken to the North Palm Beach Police Dept. for processing and later transported to the Palm Beach County Jail without incident.

Photographs were taken of Caitlin and placed into evidence. She completed an Affidavit of Prosecution form and a Domestic Violence Risk Assessment Screen. She received a Victim's Rights brochure, the victim advocates contact information and a North Palm Beach Police Dept. case number with my contact information attached. All documents were submitted into records. There is nothing further to report at this time.

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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.

D. N 9870
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 31 day of March , 2019

KEW, GARY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O.

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
03/31/2019 05:16	FL 0502300	NORTH PALM BEACH POLICE	7 0 19-000189

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MALLINSON, KEVIN MICHAEL	MALLINSON, KEVIN MICHAEL	W	M	09/19/1972

CHRG

Charge Description: 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
LYNCH, CAITLIN	W	F	04/21/1987

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628 SOUTHWIND CIRCLE APT. 5, NORTH PALM BEACH, FL 33408	(561) 294-4364	

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
MELTING POT		BARTENDER

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☐	☒
VICTIM'S STATEMENTS:	☒	☐	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING, RED/SWOLLEN LEFT CHEEK

RELATIONSHIP BETWEEN VICTIM & SUSPECT: DATING

ADDITIONAL INFORMATION

	YES	NO	
PHOTOGRAPHS: Scene:	☐	☒	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: VICTIM
WEAPON USED:	☒	☐	TYPE: HANDS
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☒	☐	ABRASIONS
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☐	☒	PARAMEDICS:
Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☒	☐	
ALCOHOL OR DRUGS INVOLVED:	☒	☐	ALCOHOL

NARR

On 3/31/2019, at approximately 3:21a.m., I responded to 628 Southwind Circle, Apt # 5, North Palm Beach, FL 33408, reference a possible domestic disturbance between Caitlin Lynch 4/21/1987 W/F (complainant) and Kevin M. Mallinson 9/19/1972 W/M.

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.

9870
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 31 day of March, 2019

LEW, GARY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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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.

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

1. Incident Report #: 19000189 Agency: NPB PD
   Offense: BATTERY SIMPLE DOMESTIC
   Suspect/Offender: KEVIN M. MALLINSON
   D.O.B. 9/19/1972 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: CAITLIN LYNCH D.O.B. 4/11/87 Race: W Sex: F
   Address: 628 SOUTHWIND CIR #5
   City: NPB State: FL Zip: 33408
   Home #: 561-294-4364 Work #: _____ 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: _____

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

PBSO #0029A REV. 05/11

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

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:	

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REVIEW COMPLETED BY

Booking Number: 2019010741	**Date:** 04/01/2019
	Specialist Name/ID: AM/31562