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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06 17151808	
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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 Enter Type		Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) 5880 BAHAMA CT WPB FL 33407				Location of Offense (Including Name of Business) SAME N			
Date of Arrest Nov 15, 2017	Time of Arrest 0730	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) VALENTINE KRISTEN MARIE				Aliases (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex F	Date of Birth 05/01/80	Height 5'2"	Weight 140	Eye Color BRN	Hair Color BRN	Complexion MED
Build MED				Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO OF LETF WRIST AND BOTH HIPS			
Local Address (Street, Apt. Number) 5285 STONYBROOK DRIVE		City BOYNTON BEACH	State FL	Zip 33437	Phone 561-997-4157	Residence Type 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) SAME AS ABOVE		City	State	Zip	Phone	Address Source PALMS	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
D/L Number, State V-453-513-80-661-0		Social Security Number		INS Number		Place of Birth PLANTATION, FL	Citizenship U.S.
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
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone	
Address (Street, Apt. No.)		City	State	Zip	Business Phone		
Notified By (Name)		Date	Time	Juvenile Disposition 1. Handed/Processed within Dept and Released 2. TOT HRS/DYS 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 561-355-2526) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input 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 Dispense/ Distribute	M Manufacture/ Produce Cultivate	Z Other	Drug Type N N/A A Amphetamine	B Barbiturate C Cocaine E Heroin
H Halonogen M Marijuana		P Paraphernalia Equipment		U Unknown Z Other			
Charge Description SIMPLE BATTERY		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(1)		Violation or ORD. #	
Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 17151808	Warrant/Capias Number		Bond	
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation or ORD. #	
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation or ORD. #	
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation or ORD. #	
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
Location (Court, Address, Room Number) TO BE SET							
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/> Nov 15, 2017 6 AM							
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 SHOULD BE ISSUED. Nov 15 2017 10:13 AM							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed Nov 15, 2017			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer D/S M. LUBINSKI		Name Verification (Printed by Arrestee)		Page 1 of 1	
Transporting Officer ID # D/S M. LUBINSKI 8935		Agency 8935		Witness here if subject signed with an "X"			

SCANNED
NOV 15 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE			Agency Report Number 06		17151808		
Charge Type Check as many as apply		Special Notes							
<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									
Defendant Name (Last, First, Middle) VALENTINE KRISTEN MARIE					Race W	Sex F	Date of Birth 05/01/80		
Charge SIMPLE BATTERY									
Victim Name (Last, First)					Race W	Sex M	Date of Birth 09/07/84		
Local Address (Street)					Address Source VERBAL				
Business Address (Street, Apt. Number)					City	State	Zip	Phone	Occupation
<p>The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the 15TH day of NOV 20 17 at 0710 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>									

On above date and time I responded to [REDACTED] which is located in the [REDACTED] subdivision, unincorporated WPB FL, in ref to a domestic dispute, which was in progress. While en rout PBSO communications advised that W/F KRISTEN VALENTINE called 911 and reported that her [REDACTED] had choked her. PBSO communications further explained that KRISTEN was hysterical and stated "I'm going to kill him he's done this before."

Upon my arrival I met with KRISTEN, who was waiting outside of the above mentioned residence. KRISTEN was acting belligerent and yelling "I want to kill him he choked me." KRISTEN had bloodshot eyes, slurred speech, was unsteady on her feet, and appeared to be highly intoxicated. As I attempted to ask KRISTEN questions she called me a "bitch, motherfucker, jackass, idiot, retard, and many other insults. KRISTEN refused to cooperate with my instigation or answer any questions. KRISTEN refused EMS and had no visible injuries.

I then met with KRISTEN'S [REDACTED] W/M [REDACTED], who had locked himself inside the residence. [REDACTED] was calm and was not under the influence of narcotics or alcohol. [REDACTED] stated that KRISTEN is his [REDACTED] of over a year, however she lives with her parents in Boynton Beach. [REDACTED] explained that KRISTEN spent the night and she was arguing with him before he went to bed. The couple was arguing over possible infidelities. At approximately 0200 hours [REDACTED] woke-up to KRISTEN punching him in the face. [REDACTED] stated that KRISTEN "beat the shit out of me." [REDACTED] then forced her out of the residence and thought she would drive home.

[REDACTED] had multiple contusions and scratched all over his face. [REDACTED] injuries were extensive and it appeared he had been punched 10-15 times. [REDACTED] refused to complete a statement or allow a DART deputy to take photos of his injuries. [REDACTED] also refused EMS and he did not want KRISTEN arrested. It should be noted KRISTEN has been arrested for domestic battery in the last 2 years.

After conducting my investigation and speaking with all parties involved, I determined that the DEF. KRISTEN VALENTINE, did in fact unlawfully strike the victim, [REDACTED] against his will, which is a violation of F.S.S. 784.03. (1) a 1 (simple battery). KRISTEN was placed in handcuffs, which were double locked and checked for proper fit. I then transported KRISTEN to the county jail for booking and processing.

The foregoing instrument was sworn to and affirmed before me this <u>15th</u> day of <u>NOV</u> 20 <u>2017</u> , by:	
<u>D/S BURNSEDE #5406</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S M. LUBINSKI 8235</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer

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VICTIM NOTIFICATION FORM

- 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 #: 17151808 Agency: Palm Beach County Sheriff's Office
Offense: SIMPLE BATTERY
Suspect/Offender: VALENTINE KRISTEN MARIE
DOB: 05/01/80 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: [REDACTED] DOB: 09/07/84 Race: W Sex: M
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Home #: [REDACTED] Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: _____ UNK
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: D/S M. LUBINSKI ID #: 8235 Date: Nov 15, 2017

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

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NOV 16 2017

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: VALENTINE KRISTEN MARIE DOB: 05/01/80 Case #: 17151808

Victim: [REDACTED] DOB: 09/07/84 Race: W Sex: M

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: def

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: victim multiple contusions and scratched all over his face

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are children living in the home? Yes No DCF Notified? Yes No

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Injunction: Yes No Case #: _____

No Contact Order: Yes No Case #: _____

Alcohol or Drugs: Yes No Unknown

Prior history of Domestic/Dating Violence Yes No

Defendant's statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: see report

Victim's statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim contact information: _____

Local Address: [REDACTED]

Phone: Home: [REDACTED] Work: [REDACTED] Cell: _____

Employer: [REDACTED]

Name of Relative: _____