

0259889

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ADMINISTRATION		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 <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-16-051527</b>					
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) <b>643 LAS PALMAS PARK, BOYNTON BEACH, FL, 33435</b>		Location of Offense (Business Name, Address) <b>643 LAS PALMAS PARK, BOYNTON BEACH, FL, 33435</b>									
Date of Arrest <b>09/16/2016</b>	Time of Arrest <b>2128</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) <b>DUNN, KRISTIN MICHELLE</b>		Alias (Name, DOB, Soc. Sec. #, Etc)									
W - White B - Black	L - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/21/1982</b>	Height <b>508</b>	Weight <b>130</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>	Build <b>THIN</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Religion <b>NONE</b>	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ( ) -		Residence Type 1. City 3. Florida 2. County 4. Out of State		1		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone (561) 723-2743		Address Source <b>DEF</b>				
Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ( ) -		Occupation <b>WAITRESS</b>				
D/L Number, State <b>D500-513-82-721-0</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth <b>ALBANY, NY</b>		Citizenship <b>U.S.</b>			
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"/> Legal Custodian <input type="checkbox"/> 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						
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 change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No, (Reason)						School Attended		Grade			
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. Barbituate C. Cocaine E. Heroin	F. Hallucinogen M. Marijuana O. Opium/Deriv.	S. Synthetic	H. Unknown I. Other
Charge Description <b>DOMESTIC SIMPLE BATTERY</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number <b>784.03 1A1</b>		Violation of ORD#					
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount/Unit <b>N/A</b>	Offense # <b>16-051527</b>		Warrant/Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond			
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>									
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month <b>OCTOBER</b> Day <b>19TH</b> Year <b>2016</b> Time <b>09:30</b> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.									
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 <b>09/16/2016</b>									
HOLD for other Agency Name		Signature of Arresting Officer		Name Verification (Printed by Arrestee) (PRINT)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>OFFICER RAMOS</b>		I.D. # <b>965</b>		BU# <b>107447</b>		Page <b>1 OF 1</b>			
Intake Deputy		Pouch #		Transporting Officer <b>OFC. RAMOS</b>		I.D. # <b>965</b>		Agency <b>BBPD</b>		Witness here is subject Signed with an "X".	

SCANNED  
SEP 17 2016



DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY



On the 16TH day of SEPTEMBER 2016 at 2056 HOURS  
Subject: DUNN, KRISTIN MICHELLE DOB: 06/21/1982 Case #: 16-051527  
Charge Description: DOMESTIC SIMPLE BATTERY Statute #: 784.03.1A1

Victim:

Local Address:

Personal Contact:

Narrative:

I was dispatched to 643 Las Palmas Park, in reference to a domestic violence, with limited information. Upon arrival officers made contact with W/F Kristin Dunn and her child's father [REDACTED] who stated the following:

Dunn stated she had an argument with [REDACTED] and could not provide a reason what the argument began over. Dunn kept stating she wanted to call her Lawyer and for [REDACTED] to just leave. While speaking with Dunn, she had a strong odor of an unknown alcoholic beverage coming from her person. The odor intensified as she spoke. I asked Dunn if she had any alcoholic beverages, which she replied "a couple glasses of wine." Dunn kept changing her story as to what had exactly occurred, from being a physical altercation to a verbal altercation, being very vague and at times hostile towards officers. I observed Dunn to have a small rip in her shirt however, she refused to have pictures taken prior to taking her shirt off. I did not observe any physical injuries on Dunn.

Upon speaking with [REDACTED] he advised that Dunn had been drinking alcohol all day and that tonight she was intoxicated. [REDACTED] told me that Dunn became angry when she was using the computer and the keyboard was not working correctly. [REDACTED] stated that Dunn started to smack the tower of the computer which alarmed him and made him come out of his room. [REDACTED] advised that a verbal argument began during which Dunn began to take dishes and glassware and break them in the kitchen sink. [REDACTED] then stated that Dunn aimed her aggression at him and began to punch him in his face and scratch him in his neck and left arm. I did observe injuries (lacerations and bruising) on [REDACTED] that were consistent with what he had just told me. [REDACTED] advised me that the reason Dunn's shirt was ripped was due to self defense in which he told me that he was trying to block her from hitting him. Photographs were taken of Dunns injuries. [REDACTED] also advised that this incident occurred in the presence of their daughter, [REDACTED].

[REDACTED] refused to complete a sworn written statement advising of the above incident. Based on the above I find probable cause to charge Kristin Dunn with Domestic Simple Battery in accordance to F.S. S. 784.03.1A1. Dunn was transported to BBPD booking for processing and later TOT to PBCJ without further incident.

Defendant's Statement: Oral Victim's Statement: Oral

Observation Of Victim (Physical and Emotional):

Upset over the incident and had visible injuries on his head, neck and arm (scratches and bruises).

Relationship Between Victim and Suspect:

LIVE IN BOYFRIEND/GIRLFRIEND - SHARE A CHILD IN COMMON

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Photographs: Scene: ☒ Yes ☐ No  
Victim: ☒ Yes ☐ No  
911 Call: ☒ Yes ☐ No Caller: Kirstin Dunn  
Tape Requested: ☒ Yes ☐ No  
Weapon Used: ☐ Yes ☒ No Type: N/A  
Witnesses: ☐ Yes ☒ No  
Injuries: ☒ Yes ☐ No  
Medical Treatment: ☐ Yes ☒ No  
At Scene ☐ Yes ☒ No Paramedics: Refused  
At Hospital ☐ Yes ☒ No Physician(s): \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Act Committed In Presence Of Minor(s): ☒ Yes ☐ No  
Name: [REDACTED] Age: [REDACTED]  
Name: N/A Age: N/A  
F.D.C.F. Notified: ☒ Yes ☐ No Victim Pregnant: ☐ Yes ☒ No  
Violation Of Restraining Order: ☐ Yes ☒ No Case #: N/A  
Prior History Of Domestic Violence: ☐ Yes ☒ No  
Alcohol Or Drugs Involved: ☒ Yes ☐ No ☐ Unknown

### Victim Contact Information:

Phone [REDACTED] Work: \_\_\_\_\_  
Employer: [REDACTED]  
Relative Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_

State Of Florida  
County Of Palm Beach

Appeared before me, OFFICER RAMOS, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] #965  
Signature Of Arresting Officer

Sworn to and subscribed to me before this 16th day of September 16

[Signature] 869  
Notary/Clerk Of Court/Officer (F.S.S. 117 10)


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## VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 16-051527 Agency: Boynton Beach Police Department  
Offense: DOMESTIC SIMPLE BATTERY  
Suspect/Offender: DUNN, KRISTIN MICHELLE  
DOB: 06/21/1982 Race: W Sex: F
2. Warrant # (s): \_\_\_\_\_
3. Complete one (1) of the following:
  - A. 
  - B. Victim's Next of Kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.**

Signature of Victim: \_\_\_\_\_

Printed Name of Victim: 

Officer's Name: OFFICER RAMOS I.D.# 965 Date: 09/16/2016

SUSPECT/OFFENDER:

DUNN, KRISTIN MICHELLE

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

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