

0259889

507

| ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report  |   |   |   | 1 Juvenile   |   |  |  |   |   |   |  |
|--|---|---|---|--|---|--|--|---|---|---|--|
| ADMINISTRATION   | OBTS Number   |   | 1. Arrest<br>2. N.T.A.  |  | 3. Request for Warrant<br>4. Request for Capias                               |  |  |   |   |   |  |
|  | Agency ORI Number<br><b>FL 0500300</b>  |   | Agency Name<br><b>BOYNTON BEACH POLICE DEPT.</b>  |  | Agency Report Number<br><b>34-16-051527</b>                                   |  |  |   |   |   |  |
| Charge Type:<br>Check as many as Apply.  |   | <input type="checkbox"/> 1. Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 4. Traffic Misdemeanor |   | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |   |  |  |   |   |   |  |
| Location of Arrest (Including Name of Business)<br><b>643 LAS PALMAS PARK</b> , BOYNTON BEACH, FL, 33435   |   | Location of Offense (Business Name, Address)<br><b>643 LAS PALMAS PARK</b> , BOYNTON BEACH, FL, 33435   |   |  |   |  |  |   |   |   |  |
| Date of Arrest<br><b>09/16/2016</b>  |   | Time of Arrest<br><b>2128</b>   | Booking Date  | Booking Time   | Jail Date   |  |  |   |   |   |  |
| Name (Last, First, Middle)<br><b>DUNN, KRISTIN MICHELLE</b>  |   | Alias (Name, DOB, Soc. Sec. #, Etc)   |   |  |   |  |  |   |   |   |  |
| DEFENDANT  | W - White<br>B - Black  | I - American Indian<br>O - Oriental / Asian   | Race<br><b>W</b>  | Sex<br><b>F</b>  | Date of Birth<br><b>06/21/1982</b>  | Height<br><b>508</b>   | Weight<br><b>130</b>   | Eye Color<br><b>BLUE</b>  | Hair Color<br><b>BROWN</b>  | Complexion<br><b>FAIR</b>   | Build<br><b>THIN</b>                         |
|  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |   |   |  |   |  | Marital Status   |   | Religion<br><b>NONE</b>   | Indication of:<br>Y N Unk.<br>Alcohol Influence<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Drug Influence<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  |
| CO-DEF   | Local Address (Street, Apt. Number)   |   | (City)  | (State)  | (Zip)   | Phone<br>( ) -   |  | Residence Type<br>1. City 3. Florida<br>2. County 4. Out of State |   |   |  |
|  | Permanent Address (Street, Apt. Number)<br><b>643 LAS PALMAS PARK</b>   |   | (City)<br><b>BOYNTON BEACH</b>  | (State)<br><b>FL</b>   | (Zip)<br><b>33435</b>   | Phone<br>(561)723-2743   |  | Address Source<br><b>DEF</b>                                      |   |   |  |
| JUVENILE   | Business Address (Street, Apt. Number)  |   | (City)  | (State)  | (Zip)   | Phone<br>( ) -   |  | Occupation<br><b>WAITRESS</b>                                     |   |   |  |
|  | D/L Number, State<br><b>D500-513-82-721-0</b>   |   | Soc. Sec. Number  |  | INS Number  |  | Place of Birth<br><b>ALBANY, NY</b>  |   | Citizenship<br><b>U.S.</b>  |   |  |
| CHARGE   | Co-Defendant Name (Last, First, Middle)   |   |   | Race   | Sex   | Date of Birth  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |   | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor |   |  |
|  | Co-Defendant Name (Last, First, Middle)   |   |   | Race   | Sex   | Date of Birth  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |   | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor |   |  |
| CHARGE   | <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other   |   |   | Name (Last) (First) (Middle)   |   |  | Residence Phone  |   |   |   |  |
|  | Address (Street, Apt. Number)   |   |   | (City)   | (State)   | (Zip)  | Business Phone   |   |   |   |  |
| CHARGE   | Notified by: (Name)   |   |   | Date   | Time  | Juvenile Disposition   |  | 1. Handled/Processed within Dept. and Released                    |   |   | 2. TOT HRS/DYS                               |
|  |   |   |   |  |   |  |  |   |   |   | 3. Incarcerated                              |
| CHARGE   | 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.<br><input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason) |   |   |   |  |   | School Attended  |  |   |   | Grade   |  |
| NOTICE TO APPEAR   | Property Crime?   |   | Description of Property   |  |   | Value of Property  |  |   |   |   |  |
|  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |  |   |  |  |   |   |   |  |
| CODE   | Drug Activity<br>N. N/A<br>P. Possess   | S. Sell<br>B. Buy<br>T. Traffic   | R. Smuggle<br>D. Deliver<br>E. Use  | K. Dispense/<br>Distribute   | M. Manufacture/<br>Produce/<br>Cultivate                                      | Z. Other   | Drug Type<br>N. N/A<br>A. Amphetamine  | B. Barbituate<br>C. Cocaine<br>E. Heroin                          | D. Hallucinogen<br>M. Marijuana<br>O. Opium/Derv.                             | F. Hallucinogen<br>I. Marijuana<br>S. Synthetic   | G. Paraphernalia<br>J. Equipment<br>L. Other |
|  | Charge Description<br><b>DOMESTIC SIMPLE BATTERY</b>  |   |   | Counts<br><b>1</b>   |   | Domestic Violence<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Statute Violation Number<br><b>784.03.1A1</b>                     |   | Violation of ORD#   |  |
| CHARGE   | Drug Activity<br><b>N</b>   | Drug Type<br><b>N</b>   | Amount/Unit<br><b>N/A</b>   | Offense #<br><b>16-051527</b>  |   | Warrant/Capias Number<br><b>100</b>  |  | Bond  |   |   |  |
|  | Charge Description  |   |   | Counts   | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Statute Violation Number   |   | Violation of ORD#   |   |  |
| CHARGE   | Drug Activity   | Drug Type   | Amount/Unit   | Offense #  |   | Warrant/Capias Number  |  | Bond  |   |   |  |
|  | Charge Description  |   |   | Counts   | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Statute Violation Number   |   | Violation of ORD#   |   |  |
| CHARGE   | Drug Activity   | Drug Type   | Amount/Unit   | Offense #  |   | Warrant/Capias Number  |  | Bond  |   |   |  |
|  | Charge Description  |   |   | Counts   | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Statute Violation Number   |   | Violation of ORD#   |   |  |
| CHARGE   | Drug Activity   | Drug Type   | Amount/Unit   | Offense #  |   | Warrant/Capias Number  |  | Bond  |   |   |  |
|  | Charge Description  |   |   | Counts   | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Statute Violation Number   |   | Violation of ORD#   |   |  |
| NOTICE TO APPEAR   | <input type="checkbox"/> Instruction No. 1<br><input type="checkbox"/> Mandatory Appearance in Court  |   | Location (Court, Room Number, Address)<br><b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b> |  |   |  |  |   |   |   |  |
|  | <input type="checkbox"/> Instruction No. 2<br><input type="checkbox"/> You need not appear in Court but must Comply with instruction on reverse side. |   | Court Date and Time<br>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.                                |   |   |   |  |   |  |  |   |   |   |  |
| 09/16/2016   |   |   |   |  |   |  |  |   |   |   |  |
| Signature of Defendant (or Juvenile and Parent/Custodian)  |   |   |   |  |   |  |  |   |   |   |  |
| ADMIN.   | Hold for other Agency<br>Name:  |   |   | Signature of Arresting Officer   |   |  | Name Verification (Printed by Arrestee)<br>(PRINT)                           |   |   |   |  |
|  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal   |   |   | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other |   |  | Name of Arresting Officer (Print)<br><b>OFFICER RAMOS</b>                    |   | I.D. #<br><b>965</b>  | BU# <b>107447</b>   |  |
| Intake Deputy D#<br><b>100-8019</b>  |   |   | Pouch #   | Transporting Officer<br><b>OF.C. RAMOS</b>                                 |   | I.D. #<br><b>965</b>   | Agency<br><b>BBPD</b>  | Witness here is subject<br>Signed with an "X".                    |   |   |  |

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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: [REDACTED]

Local Ad: [REDACTED]

Personal Contact: [REDACTED]

### 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 Dunn's 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: \_\_\_\_\_ Age: \_\_\_\_\_  
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: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer: \_\_\_\_\_  
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 Of Arresting Officer

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

Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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SEP 17 2016

## VICTIM NOTIFICATION FORM

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

**- Homicide (Ch. 782)**

**- Sexual Offense (Ch. 794)**

**- Attempted Murder**

**- Attempted Sexual Offense**

**- 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*)

**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.

[REDACTED]

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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SEP 17 2016