

0123313

883

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
ADMINISTRATION	OBTS Number										
	Agency ORI Number FL 0500300	Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-18-036650						
	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 N/A				Multiple Clearance Indicator 01					
Location of Arrest (Including Name of Business) 652 Manor Dr. Boynton Beach, FL					Location of Offense (Business Name, Address) 652 Manor Dr. Boynton Beach, FL						
Date of Arrest 07/15/2018		Time of Arrest 2151		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Ingham, Kurt, Kristian											
Aliases (Name, DOB, Soc. Sec. #, Etc)											
W - White 1 - American Indian B - Black 0 - Oriental / Asian		Race	Sex	Date of Birth 04/07/1970		Height 5'11"	Weight 180	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							Marital Status SINGLE	Religion NA	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 652 Manor Dr.			(City) Boynton Beach		(State) FL	(Zip) 33435	Phone (561)350-4511		Residence Type 1. City 3. Florida 2. County 4. Out of State 1		
Permanent Address (Street, Apt. Number)			(City)		(State)	(Zip)	Phone		Address Source FL DL		
Business Address (Street, Apt. Number)			(City)		(State)	(Zip)	Phone		Occupation Business		
D/L Number, State 1525-511-70-127-0				INS Number			Place of Birth N/A		Citizenship CA-USA		
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 Name (Last) (First) (Middle)		Residence Phone									
<input type="checkbox"/> Legal Custodian		Business Phone									
<input type="checkbox"/> Other											
Address (Street, Apt. Number)			(City)		(State)	(Zip)					
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? <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	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	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description Domestic Battery		Counts 1M		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03 (1) A 1		Violation of ORD#			
Drug Activity N		Drug Type N		Amount/Unit		Offense # 18-036650		Warrant/Capias Number		NONE	
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) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time			Month		Day		Year		Time <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 07				
HOLD for other Agency Name:		Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT) CS					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. Finch ID 1107				I.D. # 1107		BU#			Page 1 OF 1
Intake Deputy		Pouch #		Transporting Officer Ofc. Finch		I.D. # 1107		Agency BBPD		Witness here is subject Signed with an "X" SCANNED	

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**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**



On the 15th day of July 2018 at 2146 hours
 Subject: Ingham, Kurt, Kristian DOB: 04/07/1970 Case #: 18-036650
 Charge Description: Domestic Battery Statute #: 784.03 (1)
 Victim: Monell, Leslie DOB: 01/29/1961 Race: White Sex: Female
 Local Address: 652 Manor Dr. , Boynton Beach ,FL, 33435
 Personal Contact: _____

Narrative:

I responded to 652 Manor Dr. in Boynton Beach, FL in reference to a domestic battery. Upon arrival, I met w/f Leslie Monell, who stated her live in boyfriend, w/m Kurt Ingham, pulled by her hair and poured bloody mary mix over her head during an argument. Monell and Ingham went to the residential pool around 1430 hours and returned to their home later at 1600 hours. Ingham had fell asleep outside on the patio and Monell attempted to wake him up with negative results. Monell stated she took a shower and when she was finished Ingham woke up very angry. Monell stated Ingham started blurting out comments to her such as "cunt, whore, and you're pushing 60." Sometime during this incident, Ingham took a pot of hot stew and poured it on the bed while she lay in it. This cause the hot particles to splash on her skin. A short time later, he poured bloody mary mix over her head. Ingham then started pulling Monell by the hair and dragging her by the arm into the bedroom. Monell was left with bruises to her arm and was covered in bloody mary mix. She stated she was in fear and called police for assistance.

I observed Monell's hair and shirt covered in bloody mary mix and fresh raised bruises on her right arm approx. 5 inches in length. I also observed a blanket outside on the patio area covered in stew.

Due to officers being informed that Ingham could be violent he was placed in custody in the bedroom. He initially denied being abusive to Monell however he freely admitted to pouring bloody mary mix over her head for unknown reasons.

Due to the above Ingham was arrested (D/L and spaced) and charged with Domestic Battery (FSS 784.03)

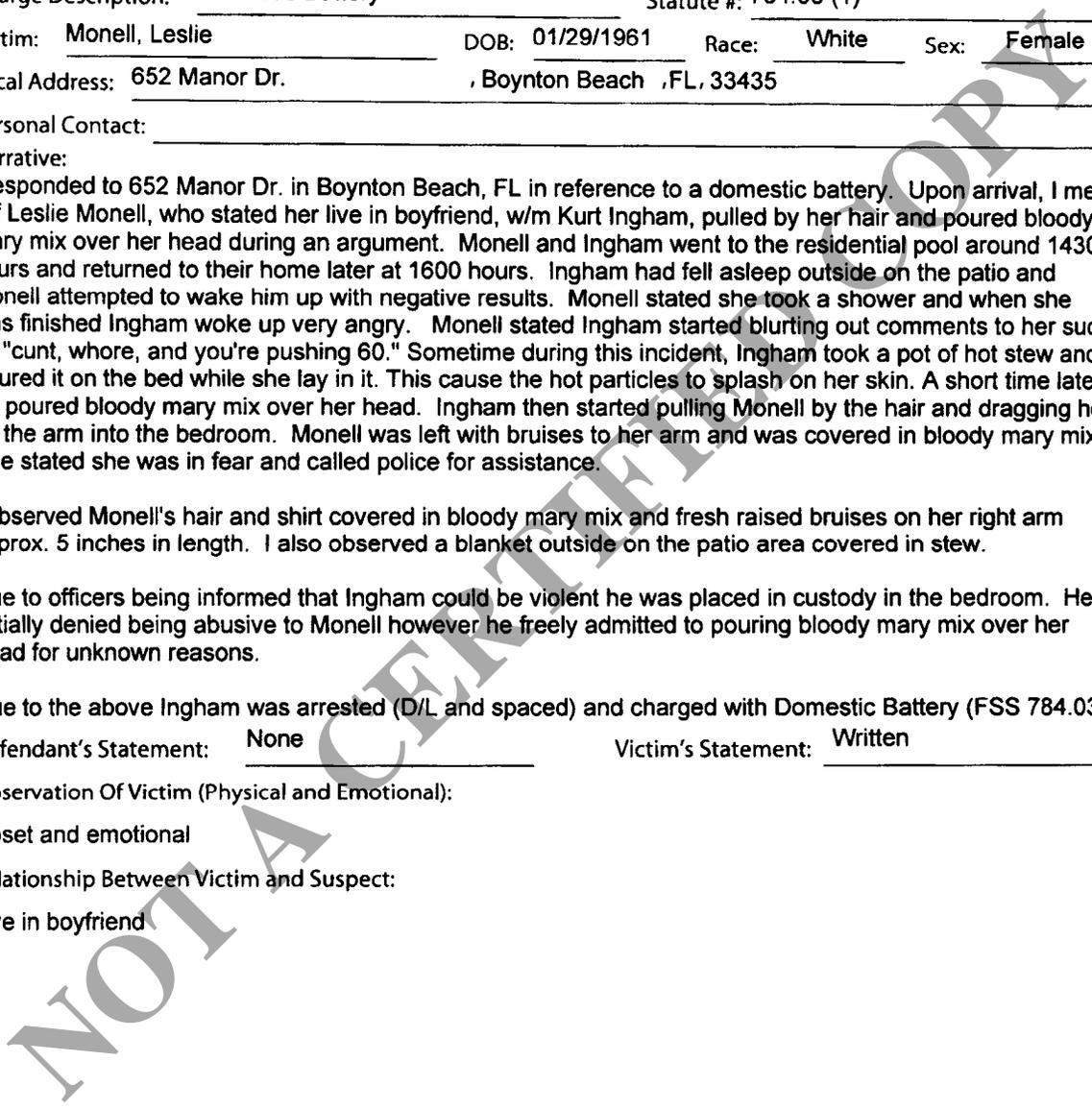
Defendant's Statement: None Victim's Statement: Written

Observation Of Victim (Physical and Emotional):

Upset and emotional

Relationship Between Victim and Suspect:

Live in boyfriend



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Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: Victim
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: 18-036650
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

Phone Home: 954-536-6826 Work: _____
 Employer: Hillsboro Square Barbershop
 Relative Name: _____ Phone: _____
 Address: _____
 City/State: _____

State Of Florida
 County Of Palm Beach
 Appeared before me, Ofc. Finch ID 1107, (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 15th day of July , 2018


 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 #: 18-036650 Agency: Boynton Beach Police Department
Offense: Domestic Battery
Suspect/Offender: Ingham, Kurt, Kristian
DOB: 04/07/1970 Race: W Sex: M

2. Warrant # (s): _____

3. Complete one (1) of the following:
 - A. Victim's Name: Monell, Leslie
Address: 652 Manor Dr.
City: Boynton Beach State: FL Zip: 33435
Home #: 954-536-6826 Work #: _____ Other: _____

 - 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: Monell, Leslie

Officer's Name: Ofc. Finch ID 1107 I.D.# 1107 Date: 07/15/2018

SUSPECT/OFFENDER:

Ingham, Kurt, Kristian

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

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Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018023606	Date: 07/16/2018
	Specialist Name/ID: howardt/7185

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