

0432472

## ARREST / NOTICE TO APPEAR

3273

OBTS Number			Agency ORI Number			Agency Name			Agency Report Number (N.T.A.'s only)			1 JUVENILE							
0500400			Delray Beach Police Department						4 0 17-001867										
Charge Type: Check as many as apply: 1. Felony 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			If Weapon Seized Enter Type: <b>Hands/fist/feet/teeth</b>			Multiple Clearance Indicator <b>1</b>							
Date of Arrest <b>02/03/2017</b>		Time of Arrest <b>01:06</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle							
Name (Last, First, Middle) <b>ZINN, LAUREN</b>																			
Alias: <b>ZINN, LAUREN</b>																			
Race W - White B - Black		Sex <b>W F</b>		Date of Birth <b>01/01/1990</b>		Height <b>5'06</b>		Weight <b>120</b>		Eye Color <b>BROWN</b>		Hair Color <b>BLOND OR</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																			
Marital Status		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>															
Local Address (Street, Apt. Number) <b>603 NW 7TH ST, DELRAY BEACH, FL 33444</b>		(City) <b>Delray Beach</b>		(State) <b>FL</b>		(Zip) <b>33444</b>		Phone <b>(561) 233-5907</b>		Residence Type: 1. City <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>		<b>I</b>							
Permanent Address (Street, Apt. Number) <b>603 NW 7TH ST, DELRAY BEACH, FL 33444</b>		(City) <b>Delray Beach</b>		(State) <b>FL</b>		(Zip) <b>33444</b>		Phone <b>(561) 233-5907</b>		Address Source		<b>VERBAL</b>							
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation									
D.L. Number, State <b>Z500536905010 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>CLINTON, MD, United</b>		Citizenship											
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"/> Other: _____		Name (Last, First, Middle)										Residence Phone							
<input type="checkbox"/> Legal Custodian												Business Phone							
Address (Street, Apt. Number)		(City)		(State)		(Zip)													
Notified by: (Name)						Date		Time		JOUVENILE DISPOSITION									
Released To: (Name)		Relationship				Date		Time		1. Handled/Processed within Department and Released		2. TOT JAC 3. Incarcerated							
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 355-2526) informed of any change of address.																			
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:						School Attended						Grade							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property						Value of Property							
Drug Activity S. Sell B. Buy P. Possess		R. Smuggle D. Deliver T. Traffic		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/Derv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description <b>SIMPLE BATTERY(TOUCH OR STRIKE)</b>																			
Drug Activity <b>N</b>		Drug Type		Amount / Unit <b>/</b>		Offense # <b>17-001867</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number <b>784.03(1)(a)</b>		Violation of ORD #			
Charge Description																			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number		Violation of ORD #			
Charge Description																			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Statute Violation Number		Violation of ORD #			
Health / Apparent Physical Condition of Defendant																			
Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Motivation <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:																			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To									
Transported By				Date Transported		Time Transported		Other											
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>															
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				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																			
HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)											
				<i>GODEK, CHRISTOPHER J.</i>				1099											
								(PRINT)											
ADMIN				Name of Arresting Officer (Print)				I.D. #											
				<i>GODEK, CHRISTOPHER J.</i>				1099											
Intake Deputy				Transporting Officer				I.D. #											
<i>Op. Hardemon 411</i>				<i>Godek</i>				Agency											
Witness here if subject signed with an "X".																			

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N I N G D E F C H R G		Date / Time <b>02/03/2017 01:33</b>	Agency Name <b>FL 0500400 DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 17-001867</b>	
D E F		Name (Last, First, Middle) <b>ZINN, LAUREN RACHEL</b>	Alias	Race <b>W</b> Sex <b>F</b> Date of Birth <b>01/01/1990</b>	
C H R G		Charge Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>			
V I C T I M		Race <b>W</b> Sex <b>M</b> Date of Birth <b>03/11/1981</b>		Address Source	
Business Address (Name, Street)		(City)	(State)	(Zip)	
Phone		Occupation			
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>		
VICTIM'S STATEMENTS:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]					
PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> YES Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> NO			
911 CALL:		<input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: <b>FEMALE</b>			
WEAPON USED:		<input type="checkbox"/> <input checked="" type="checkbox"/> TYPE:			
WITNESSES:		<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)			
INJURIES:		<input checked="" type="checkbox"/> <input type="checkbox"/>			
MEDICAL TREATMENT:		<input type="checkbox"/> <input checked="" type="checkbox"/>			
AT: Scene:		<input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:			
Hospital:		<input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:			
ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:					
H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/>					
VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/>					
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:					
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/>					
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/>					
N A R R In the City of Delray of Delray Beach, County of Palm Beach, Fl: <i>✓ ✓</i>					
On February 3rd, 2017, at approximately 0040 hours, I responded to [REDACTED] for a possible Domestic Disturbance. Upon arrival, I was approached by [REDACTED] who was visibly upset and was yelling about [REDACTED]					
STATE OF FLORIDA COUNTY OF PALM BEACH					
Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.					
<i>[Signature]</i> SIGNATURE OF ARRESTING OFFICER					
Sworn to and subscribed to before me this <u>3</u> day of <u>February</u> , <u>2017</u> .					
<i>FERRERI, GARY</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S. 11710) <i>984</i>					

**SCANNED**  
**FEB 03 2017**

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

Date / Time <b>02/03/2017 01:33</b>
Agency ORI Number <b>FL 0500400</b>

Agency Name  
**DELRAY BEACH POLICE DEPARTMENT**Agency Report Number  
**4 | 0 | 17-001867**

N ■■■■■ Lauren Zinn. ■■■■■ explained that Zinn and ■■■■■ were hanging out downtown Delray and Zinn decided  
 A to go home before ■■■■■. ■■■■■ continued to hang out with his friends and went home approximately one hour  
 R later. ■■■■■ explained that when he arrived home, he was approached by Zinn who was upset that he came home  
 R late. ■■■■■ explained that Zinn attacked him by hitting him in the face causing a minor laceration to his lip  
 A and then scratched his neck, which caused multiple minor lacerations.

T I  
 V E I then attempted to talk to Zinn, who was uncooperative and did not want to explain what had happened. After I  
 spoke to ■■■■■ a second time, Zinn wanted to give her side of the story. Zinn explained that she was  
 sleeping and ■■■■■ walked up to her and punched her in the face. Zinn did have slight redness on her left  
 side of her face and minor scratches on left arms.

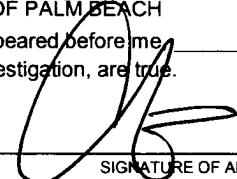
Both subjects ■■■■■  
 Both subjects gave a statement via body camera.

Based on the above investigation, Lauren Zinn was arrested charged with Simple Battery FSS 784.03(1a1). Zinn  
 was transported to the DBPD THF and was later transported to County Jail.

**NOT A CERTIFIED COPY**

STATE OF FLORIDA  
 COUNTY OF PALM BEACH

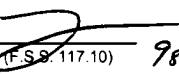
Appeared before me, ■■■■■ personally known to me, who, being first duly sworn, says that the facts above, based upon my  
 investigation, are true.

  
 SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 3 day of February, 2017.

FERRERI, GARY

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 9117.10)

  
 984

**SCANNED**  
**FEB 03 2017**

COURT

STATE ATTORNEY

CENTRAL RECORDS

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CRIME ANALYSIS

P. I. O.

# **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)
- **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**

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

1. Incident Report #: 17-1867 Agency: DBPD  
Offense: Simple Batt  
Suspect/Offender: ZINN, LAUREN  
D.O.B. 1/1/90 Race: W Sex: F

2. Warrant #(s):

3.a. Victim's name: John Doe D.O.B. 3/14/81 Race: W Sex: M

b. Victim's next of kin, friend or neighbor: N/A  
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: \_\_\_\_\_

SUSPECT/OFFENDER: \_\_\_\_\_ COURT # \_\_\_\_\_  
**(FOR WARRANTS USE ONLY)**

(FOR WARRANTS USE ONLY)