

0432472

3273

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.F.A.'s only) 4 0 17-001867		1. Arrest 2. N.F.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE	
Charge Type: Check as many as apply: <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	If Weapon Seized Enter Type: Hands/fist/feet/teeth						Multiple Clearance Indicator 1			
Date of Arrest 02/03/2017	Time of Arrest 01:06	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) ZINN, LAUREN										
Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.)										
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 01/01/1990	Height 5'06	Weight 120	Eye Color BROWN	Hair Color BLOND OR	Complexion FAIR	Build		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) 603 NW 7TH ST, DELRAY BEACH, FL 33444					Phone (540) 233-5907		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 603 NW 7TH ST, DELRAY BEACH, FL 33444					Phone (540) 233-5907		Address Source VERBAL			
Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation			
D/L Number, State Z500536905010 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) CLINTON, MD, United		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 <input type="checkbox"/> 5. Juvenile			
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"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian										
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone										
Notified by: (Name) Date Time										
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 355-2526) informed of any change of address.										
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____ Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property										
Drug Activity: S. Sell R. Smuggle K. Disperse/Distribute M. Manufacture/Produce/Cultivate Z. Other N. N/A B. Buy D. Deliver E. Use P. Possess T. Traffic										
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 SIMPLE BATTERY(TOUCH OR STRIKE)						Statute Violation Number 784.03(1A1)		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond		
	N		17-001867	1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
Charge Description						Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond		
					<input type="checkbox"/> Y <input type="checkbox"/> N					
Charge Description						Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond		
					<input type="checkbox"/> Y <input type="checkbox"/> N					
Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> F.O.T. County Jail						PROPERTY - Received By		Released By		
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Date Transported		Time Transported		
Transported By						Other				
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.								No Photo Available		
Signature of Defendant (or Juvenile and Parent Custodian)						Date Signed				
HOLD for Other Agency						Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) I.D. # GODEK, CHRISTOPHER J. 1099		(PRINT)		
Intake Deputy ph Hardemon 4716						Pouch #		Witness here if subject signed with an "X".		
Transporting Officer Godek 1099						I.D. #		Agency		

FEB 3 AM 2:51

FEB 03 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 02/03/2017 01:33		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-001867	
	Name (Last, First, Middle) ZINN, LAUREN RACHEL						Race W	Sex F
C H A R G E S	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
	Name (Last, First, Middle) [REDACTED]						Race W	Sex M
V I C T I M	Address Source [REDACTED]						Occupation [REDACTED]	
	Business Address (Name, Street) [REDACTED]		(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]	Phone [REDACTED]		Occupation [REDACTED]
O B S E R V A T I O N S	Written <input type="checkbox"/>		Taped <input checked="" type="checkbox"/>		Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET	
	DEFENDANT'S STATEMENTS:		VICTIM'S STATEMENTS:					
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]							
	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/>		NO <input type="checkbox"/>	
A D D I T I O N A L	Victim: <input checked="" type="checkbox"/>		911 CALL: <input checked="" type="checkbox"/>		CALLER: FEMALE			
	WEAPON USED: <input type="checkbox"/>		WITNESSES: <input type="checkbox"/>		INJURIES: <input checked="" type="checkbox"/>		MEDICAL TREATMENT: <input type="checkbox"/>	
I N F O R M A T I O N	AT: Scene: <input type="checkbox"/>		Hospital: <input type="checkbox"/>		PARAMEDICS: <input checked="" type="checkbox"/>		PHYSICIAN(S) / HOSPITAL: <input checked="" type="checkbox"/>	
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/>		H. R. S. NOTIFIED: <input type="checkbox"/>		VICTIM PREGNANT: <input type="checkbox"/>		VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/>	
N A R R	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/>		ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/>		NAMES/AGES: <input checked="" type="checkbox"/>		CASE #: <input checked="" type="checkbox"/>	
	In the City of Delray of Delray Beach, County of Palm Beach, Fl: C C							
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, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true [Signature] 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. 117.10) 784								

SCANNED
FEB 03 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

AFFIDAVIT

Narrative Continuation

COURT STATE ATTORNEY CENTRAL RECORDS JAIL 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)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **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.)

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: _____ 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: _____

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/99

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____

SCANNED
FEB 03 2017