

0511328

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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias	1 Juvenile	N
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-19-054558				
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		
Location of Arrest (including Name of Business)		238 Southwest 8th Street, Boynton Beach, FL 33426						
Date of Arrest 09/27/2019		Time of Arrest 0015		Booking Date		Booking Time		
Name (Last, First, Middle) Boyle, Robin M		Alias (Name, DOB, Soc. Sec. #, Etc)						
W - White B - Black		I - American Indian O - Oriental / Asian		Race W F		Sex F		
Date of Birth 10/14/1986		Height 5'4"		Weight 120		Eye Color Brown		
Hair Color Blonde		Complexion Fair		Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) heart on left arm		
Local Address (Street, Apt. Number)		City		State		Zip		
Permanent Address (Street, Apt. Number)		City		State		Zip		
Business Address (Street, Apt. Number)		City		State		Zip		
DIL Number, State B400-733-86-874-0		Soc. Sec. Number		INS Number		Place of Birth Franklinville, NJ		
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		
Parent Name (Last, First, Middle)		Name (Last)		Name (First)		Name (Middle)		
Legal Custodian		Other		Residence Phone		Business Phone		
Address (Street, Apt. Number)		City		State		Zip		
Notified by (Name)		Date		Time		Juvenile Disposition		
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.		School Attended		Grade		Property Crime?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property		Value of Property		Drug Activity		
S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		
Z. Other		Drug Type		B. Barbituate C. Cocaine A. Amphetamine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv. S. Synthetic		
U. Unknown Z. Other		Charge Description Simple Battery		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
N		Drug Type		Amount/Unit		Statute Violation Number 784.03 (1)(A)(1)		
N		N		Offense # 19-054558		Warrant/Capias Number		
Charge Description		Counts		Domestic Violence		Statute Violation Number		
Drug Activity		Drug Type		Amount/Unit		Offense #		
Charge Description		Counts		Domestic Violence		Statute Violation Number		
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Charge Description		Counts		Domestic Violence		Statute Violation Number		
Drug Activity		Drug Type		Amount/Unit		Offense #		
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.		Month		Day		Year		
Time		A.M.		P.M.		Signature of Defendant (or Juvenile and Parent/Custodian)		
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.		Date Signed		Name Verification (Printed by Arrestee) (PRINT)		Page		
HOLD for other Agency Name:		Signature of Arresting Officer A. Paciello		I.D. # 1109		Witness here is subject Signed with an "X".		
Name		Name of Arresting Officer (Print) A. Paciello		I.D. # 1109		Agency BBPD		
Pouch # 7956		Name of Transporting Officer A. Paciello		I.D. # 1109		Agency BBPD		

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



On the 27th day of September, 2019 at 238 Southwest 8th Street
 Subject: Boyle, Robin M DOB: 10/14/1986 Case #: 19-054558
 Charge Description: Simple Battery Statute #: 784.03 (1)(A)(1)
 Victim: Christian Velasco DOB: 08/25/1986 Race: H Sex: M
 Local Address: 238 Southwest 8th Street, Boynton Beach, FL, 33426

Personal Contact: _____

Narrative:
 I responded to 238 Southwest 8th Street, Boynton Beach, Palm Beach County, Florida, 33426 in reference to a domestic incident.

Upon arrival, officers met with Christian Velasco outside of the residence. Velasco stated that he was in an argument with his girlfriend, identified as Robin Boyle. Velasco advised that earlier in the day he received a call from his brother, Diego Velasco Pelaez, stating that Boyle returned home from the airport intoxicated. Upon coming home, Velasco stated that Boyle left the residence through the bedroom window, leaving the window open. Velasco advised that he was unsure of where Boyle went, and she was not answering her phone. Velasco advised that around 2300 he heard a tapping on the bedroom window, and upon looking outside he saw Boyle passed out in the yard. Velasco advised that he and Diego then went outside and brought her back inside into the living room. Velasco advised that once back inside, Boyle attempted to come to the bedroom, and it started an argument due to the fact that Boyle was drunk and had disappeared. Velasco advised that at a certain part of the argument, Boyle picked up a mason jar and struck him with it in the back of the head. Velasco advised that his brother then entered the room to help him bring her back to the living room, and once they got her out of the bedroom she struck him multiple times. Velasco advised that Boyle then went to the living room and he called the police.

I then spoke with Boyle, who advised that she had gotten home from the airport earlier in the day, and she decided to go out. Boyle advised that once she returned home, Velasco started an argument with her over their daughter. Boyle advised that Velasco also accused her of hooking up with someone else while she was gone. Boyle advised that the argument was strictly verbal and stated that she did not strike Velasco. Boyle advised that she had been drinking prior to the incident.

I observed no physical injuries to either Velasco or Boyle. Both Velasco and Boyle advised that they are in a relationship, live together, and share a daughter.

Officers then spoke with Diego, who advised that he was in his bedroom when he heard something happening between Velasco and Boyle. Diego advised that he walked out of his bedroom and into Velasco and Boyle's bedroom where he saw Boyle strike Velasco in the head with the mason jar. Diego advised that his son then began to walk into the room, so he left to put his son back into his bedroom. Diego advised that he then helped to get Boyle to the couch to calm her down while Velasco called the police.

Based on the witness statement, I find Probable Cause to charge Robin Boyle with Simple Domestic Battery pursuant to Florida State Statute 784.03 (1)(A)(1).

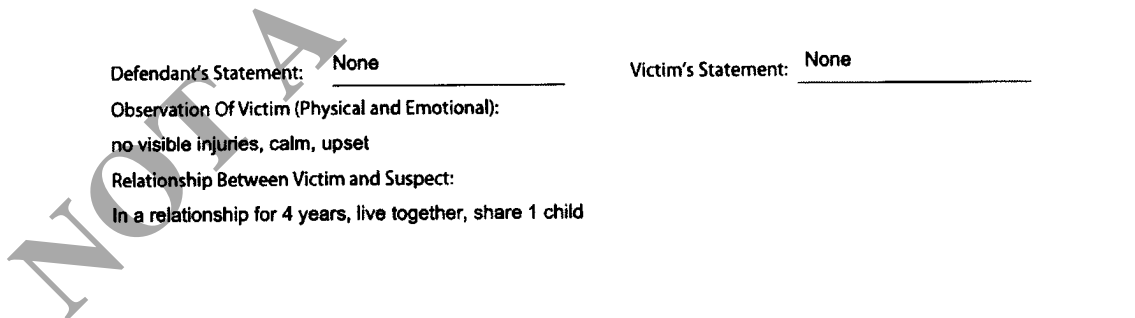
Defendant's Statement: None Victim's Statement: None

Observation Of Victim (Physical and Emotional):

no visible injuries, calm, upset

Relationship Between Victim and Suspect:

In a relationship for 4 years, live together, share 1 child



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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: mason jar
 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: Valentina J Velasco Age: 2
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown


Victim Contact Information:

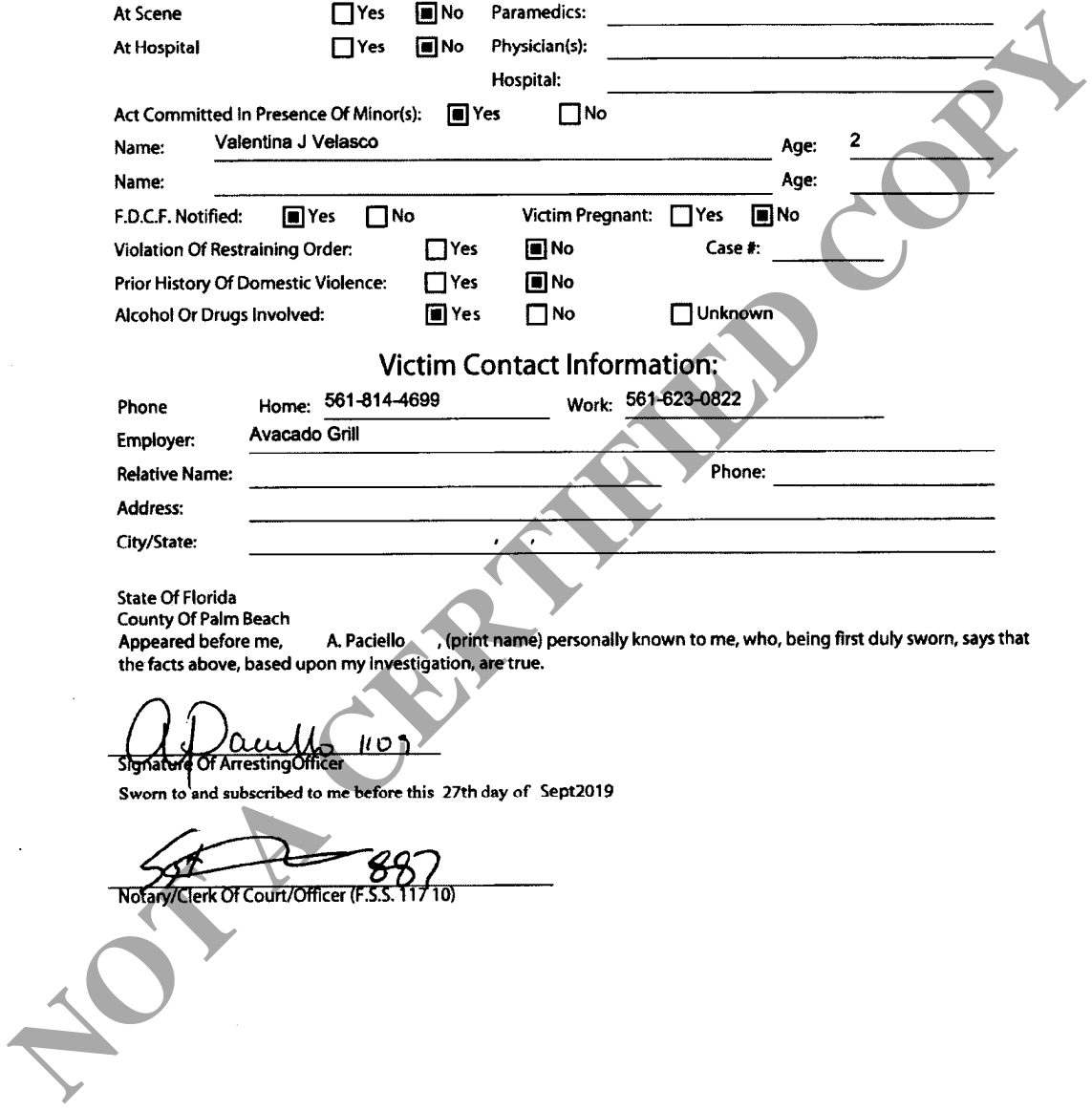
Phone Home: 561-814-4699 Work: 561-623-0822
 Employer: Avacado Grill
 Relative Name: _____ Phone: _____
 Address: _____
 City/State: _____

State Of Florida
 County Of Palm Beach
 Appeared before me, A. Paciello, (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 27th day of Sept 2019


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



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 #: 19-054558 Agency: Boynton Beach Police Department
 Offense: Simple Battery
 Suspect/Offender: Boyle, Robin M
 DOB: 10/14/1986 Race: W Sex: F
2. Warrant # (s): _____
3. Complete one (1) of the following:
 - A. Victim's Name: Christian Velasco
 Address: 238 Southwest 8th Street
 City: Boynton Beach, State: FL Zip: 33426
 Home #: 561-814-4699 Work #: 561-623-0822 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: _____

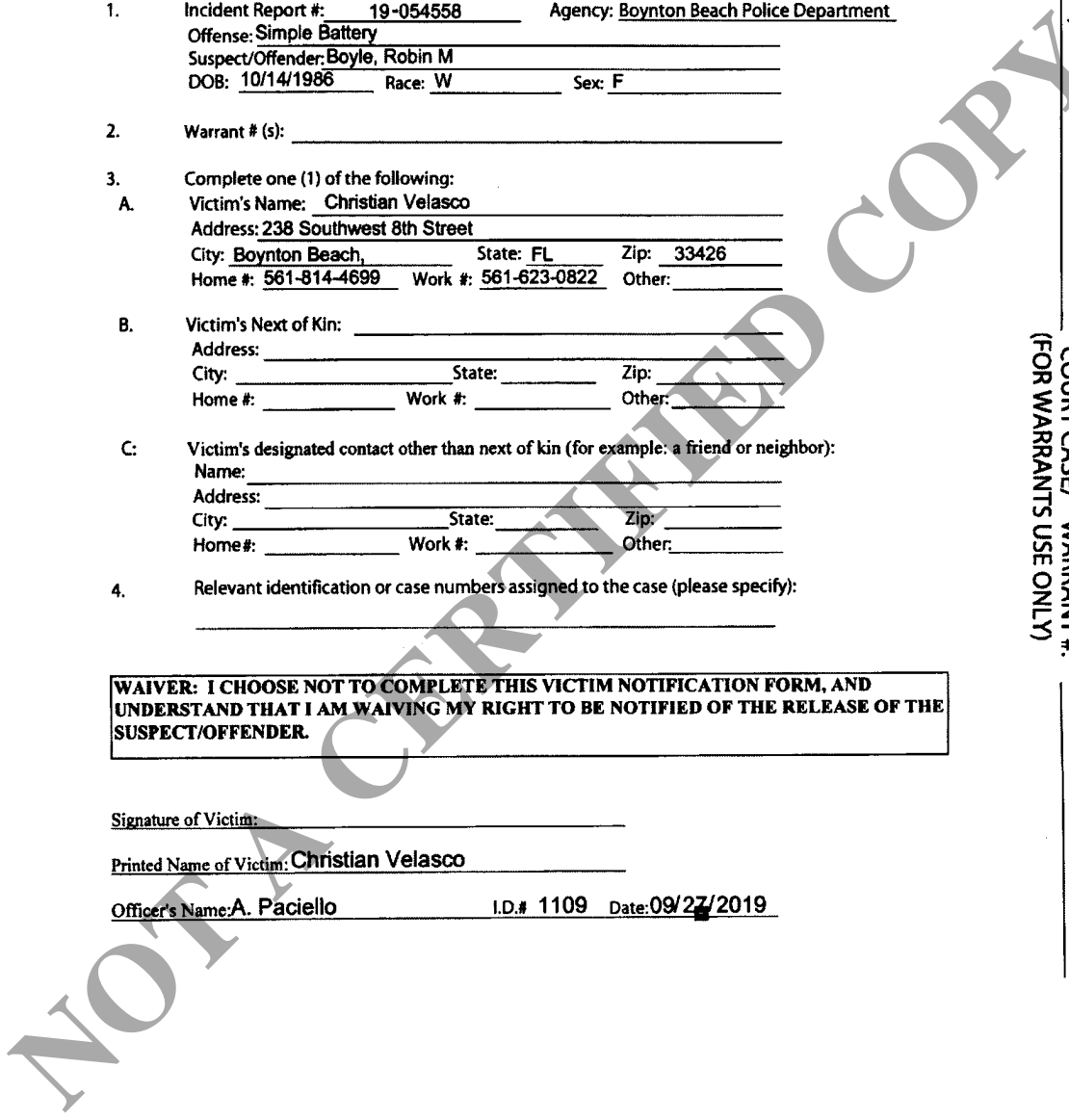
Printed Name of Victim: Christian Velasco

Officer's Name: A. Paciello I.D.# 1109 Date: 09/27/2019

SUSPECT/OFFENDER:

Boyle, Robin M

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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.071(2)(j)1	Other: Addresses, telephone numbers and personal assets of domestic vio. and other specified crime victims	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019031634	Date: 9/28/2019
	Specialist Name/ID: Tiara Jones/34072

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