

0482289

411



## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0501600</b>		Agency Name <b>Juno Beach Police Dept</b>		Agency Report Number (N.T.A.'s only) <b>5-216-000508</b>		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias <b>1</b>		JUVENILE <b>N</b>		
D E F E N D A N T	Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input 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>NONE</b>		Multiple Clearance Indicator <b>1</b>							
	Location of Arrest (Including Name of Business) <b>1462 VILLA JUNO DR N</b>					Location of Offense (Business Name, Address) <b>1462 VILLA JUNO DR N, JUNO BEACH, FL 33408</b>						
	Date of Arrest <b>10/30/2016</b>	Time of Arrest <b>00:33</b>	Booking Date <b>10/30/2016</b>	Booking Time <b>00:43</b>	Jail Date	Jail Time	Location of Vehicle <b>N/A</b>					
J U V E N I L E	Name (Last, First, Middle) <b>TURNER, STEPHANIE ANNE</b>											
	Alias: <b>N/A</b>											
	Race W - White A - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/23/1986</b>	Height <b>5'00</b>	Weight <b>110</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>THN</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>					Marital Status <b>S</b>	Religion <b>OTHER</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>				
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1462 VILLA JUNO DR N, JUNO BEACH, FL 33408</b>					Phone <b>(972) 742-4607</b>		Residence Type 1 City 3 Florida 2 County 4 Out of State <b>1</b>				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>1462 VILLA JUNO DR N, JUNO BEACH, FL 33408</b>					Phone <b>(972) 742-4607</b>		Address Source <b>FLORIDA ID</b>				
	Business Address (Name, Street) (City) (State) (Zip) <b>HEALTHCARE, INTRACOASTAL DR JUPITER, FL</b>					Phone <b>(561) 277-1268</b>		Occupation <b>Recruiter</b>				
	D/L Number, State <b>T656781865230 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>DALLAS, TX, United</b>		Citizenship <b>US</b>			
	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			
N O T I C E T O A P P E A R	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Notified by: (Name) _____ Date _____ Time _____ JUVENILE DISPOSITION Released To: (Name) _____ Relationship _____ Date _____ Time _____ 1. Handled/Processed within Department and Release 2. TOT JAC 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 _____ <b>VICTIM NOTIFICATION REQUIRED</b>											
	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 B Barbiturate H Hallucinogen P Paraphernalia/U Unknown N N/A C Cocaine M Marijuana A Amphetamine E Heroin O Opium/Deriv S Synthetic Z Other											
	Charge Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>					Statute Violation Number <b>784.03(1)(A)(1)</b>			Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
	<b>N</b>			<b>16-000508</b>	<b>1</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
	Charge Description					Statute Violation Number			Violation of ORD #			
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						<input type="checkbox"/> Y <input type="checkbox"/> N						
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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 Explain:												
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> TOT County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												
Transported By					Date Transported	Time Transported	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) 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.												
Signature of Defendant (or Juvenile and Parent/Custodian)												
Date Signed												
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other												
Signature of Arresting Officer <b>FITCH, JEFFREY</b> Name of Arresting Officer (Print) <b>FITCH, JEFFREY</b> ID # <b>292</b> Transporting Officer <b>FITCH, JEFF</b> ID # <b>292</b> Agency <b>JUNO</b>												
Name Verification (Printed by Arresting Officer) <b>SCANNED</b> <b>OCT 30 2016</b> Witness here if subject signed with an "X"												
PAGE 1 OF 1 2016 OCT 30 AM 5:13 Photo Available												

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>10/30/2016 00:46</b>	Agency Name <b>JUNO BEACH POLICE DEPT</b>		Agency Report Number <b>16-000508</b>																																																																											
	Agency ORI Number <b>FL 0501600</b>	Alias		Race <b>W</b>	Sex <b>F</b>																																																																										
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C H A R G E S	Victim's Name (Last, First, Middle)			Race	Sex																																																																										
V I C T I M	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):																																																																											
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral			<b>CALM</b>																																																																											
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>BF-GF</b>																																																																														
	<table border="0"><tr><td>PHOTOGRAPHS:</td><td>Scene:</td><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td><td></td><td></td></tr><tr><td></td><td>Victim:</td><td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td><td>CALLER:</td><td></td></tr><tr><td></td><td>911 CALL:</td><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td><td>TYPE:</td><td></td></tr><tr><td>WEAPON USED:</td><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td><td></td><td>(If YES, attach witness list)</td><td></td></tr><tr><td>WITNESSES:</td><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td><td></td><td></td><td></td></tr><tr><td>INJURIES:</td><td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td><td></td><td></td><td></td></tr><tr><td>MEDICAL TREATMENT:</td><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td><td></td><td></td><td></td></tr><tr><td>AT:</td><td>Scene:</td><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td><td>PARAMEDICS:</td><td></td></tr><tr><td></td><td>Hospital:</td><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td><td>PHYSICIAN(S) / HOSPITAL:</td><td></td></tr><tr><td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td><td></td><td>NAMES/AGES:</td><td></td></tr><tr><td>H. R. S. NOTIFIED:</td><td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td><td></td><td></td><td></td></tr><tr><td>VICTIM PREGNANT:</td><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td><td></td><td></td><td></td></tr><tr><td>VIOLATION OF RESTRAINING ORDER:</td><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td><td></td><td>CASE #:</td><td></td></tr><tr><td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td><td></td><td></td><td></td></tr><tr><td>ALCOHOL OR DRUGS INVOLVED:</td><td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td><td></td><td></td><td></td></tr></table>					PHOTOGRAPHS:	Scene:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Victim:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER:			911 CALL:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE:		WEAPON USED:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If YES, attach witness list)		WITNESSES:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				INJURIES:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				MEDICAL TREATMENT:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				AT:	Scene:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS:			Hospital:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL:		ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES:		H. R. S. NOTIFIED:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				VICTIM PREGNANT:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #:		PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
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N A R R	On 10-30-2016 at 00:06am I was dispatched to [REDACTED] located in Juno Beach (Palm Beach County) Fl. in reference to a domestic disturbance.																																																																														
	Upon my arrival I made contact with the victim [REDACTED], he told me that he had arrived																																																																														
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>  t  </u> 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 <u>  30  </u> day of <u>  October  </u> , <u>  2016  </u>  <b>MCGRIFF, CALVIN</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)																																																																															

SCANNED  
OCT 30 2016

## DOMESTIC VIOLENCE PROBABLE CAUSE

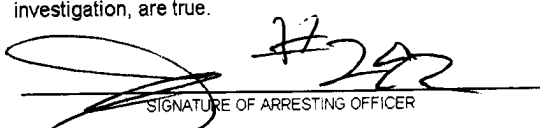
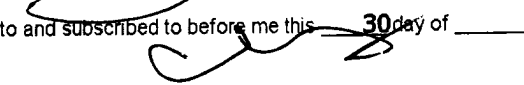
## AFFIDAVIT

Palm Beach County

Narrative Continuation

ADMINISTRATIVE	Date / Time <b>10/30/2016 00:46</b>	Agency ORI Number <b>FL 0501600</b>	Agency Name <b>JUNO BEACH POLICE DEPT</b>	Agency Report Number <b>16-000508</b>
	<p>home at approximately 8:00PM on 10-29-2016 and found his girlfriend WF Stephanie A. Turner DOB/01231986, sitting in the garage of their townhome drinking wine, he said that she was already intoxicated and left the home and went to a neighbors home a couple doors to the east of theirs and continued drinking. [REDACTED] said that he also went to the neighbors and had 2 beers with them and Stephanie.</p> <p>[REDACTED] said at 11:30pm on 10-29-2016 they walked back to their townhouse and entered the garage, [REDACTED] said he went through the pedestrian door from the garage to the interior of the home, when Stephanie slammed the door into his back, he said he went back out into the garage, where he said Stephanie slapped him in the face and then tripped and fell, she then got up and punched the hood of his vehicle, not causing any damage.</p> <p>[REDACTED] said he went upstairs and went into the master bedroom and shut the door in an attempt to go to sleep, he said while he was lying in bed Stephanie entered the bedroom. [REDACTED] said that his phone went off indicating a text message and Stephanie grabbed his phone to see who it was. [REDACTED] said he grabbed the cell phone from Stephanie and she turned and hit him on the left side of the face with a closed fist, leaving red marks to the side of his face.</p> <p>Based off the facts listed above Stephanie A. Turner DOB/01231986 did actually and intentionally touch or strike WM [REDACTED] against the will of [REDACTED] and / or did intentionally cause bodily harm to [REDACTED], contrary to Florida Statue 784.03 (1) (A) (1).</p>			

NOT A CERTIFIED COPY

STATE OF FLORIDA COUNTY OF PALM BEACH
Appeared before me, <u>X</u> 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 <u>30</u> day of <u>October</u> , <u>2016</u>
 <b>MCGRIFF, CALVIN</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
OCT 30 2016

# 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 #: 16-000508 Agency: JUNE BEACH  
Offense: DOMESTIC BATTERY  
Suspect/Offender: STEPHANIE ANNE TURNER  
D.O.B. 1-22-86 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: N/A  
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  
PSSC #0029A REV. 4/99

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED  
OCT 30 2016