

0482289

411

ARREST / NOTICE TO APPEAR

OBTS Number		ARREST / NOTICE TO APPEAR										1 Arrest 2 N T A		3 Request for Warrant 4 Request for Capias		1	JUVENILE				
Agency ORI Number <b>0501600</b>		Agency Name <b>Juno Beach Police Dept</b>										Agency Report Number (N T A's only) <b>5-2 16-00058</b>									
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other						If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator							
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>									
Name (Last, First, Middle) <b>TURNER, STEPHANIE ANNE</b>												Alias (Name, DOB, Soc Sec #, Etc.) <b>N/A</b>									
Race W - White B - Black		Sex W - Female B - Black		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>THIN</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence					
Local Address (Street, Apt. Number) <b>1462 VILLA JUNO DR N, JUNO BEACH, FL 33408</b>												Phone <b>(972) 742-4607</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>1</b>							
Permanent Address (Street, Apt. Number) <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) <b>HEALTHCARE, INTRACOASTAL DR JUPITER, FL</b>												Phone <b>(561) 277-1268</b>		Occupation <b>Recruiter</b>							
DL Number, State <b>T656781865230 / FL</b>		Soc Sec Number [REDACTED]		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					
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth					
<input type="checkbox"/> Parent <input type="checkbox"/> Other _____ <input type="checkbox"/> Legal Custodian												Name (Last, First, Middle)				Residence Phone					
Address (Street, Apt. Number) (City) <b>N/A</b> (State) <b>TX</b> (Zip) <b>76063</b>												Business Phone									
Notified by (Name) <b>No Bond</b>												Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Remanded 2. TOT JAC					
Released To: (Name) <b>N/A</b>												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.												School Attended				REQUIRED					
<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	
C O D E Drug Activity S Sell R Smuggle K Disperses/ N/A B Buy D Deliver M Manufacture/ P Possess T Traffic E Use Z Other												Drug Type B Barbiturate H Hallucinogen P Paraphernalia/ N/A C Cocaine M Marijuana S Equipment A Amphetamine E Heroin O Opium/Derv S Synthetic				U Unknown Z Other					
C H A R G E <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					
N		/		16-000508		1		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N													
C H A R G E												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 checked="" type="checkbox"/> N													
C H A R G E												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 checked="" type="checkbox"/> N													
I N T A K E												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:				Violation of ORD #					
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												PROPERTY - Received By				Released By		Released To			
Transported By <b>N/A</b>												Date Transported <b>10/30/2016</b>		Time Transported <b>00:43</b>		Other					
N O T I C E <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)				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.					
												Court Date and Time									
T O A P P E A R Signature of Defendant (or Juvenile and Parent/Custodian) <b>Colleen Larken 4716</b>												Date Signed <b>10/30/2016</b>									
A D M I N 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>#292</b>		Name Verification/Printed by Arresting Officer <b>SCANNED</b>							
												Name of Arresting Officer (Print) <b>FITCH, JEFFREY</b>		I.D. # <b>292</b>							
												Transporting Officer <b>FITCH, JEFF</b>		I.D. # <b>292</b>							
												Agency <b>JUNO</b>									
																Witness here if subject signed with an "X"					

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

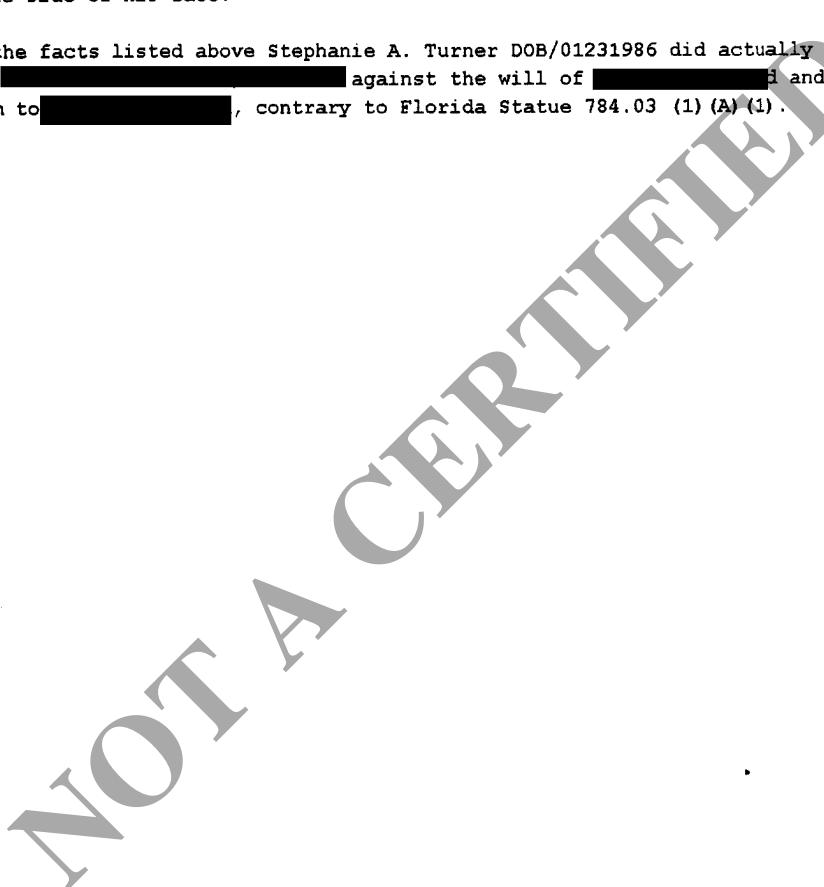
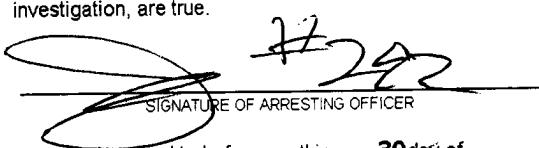
A D M I N	Date / Time <b>10/30/2016 00:46</b>	Agency ORI Number <b>FL 0501600</b>	Agency Name <b>JUNO BEACH POLICE DEPT</b>	Agency Report Number <b>16-000508</b>	
D E F	Name (Last, First, Middle) <b>TURNER, STEPHANIE ANNE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/23/1986</b>
C H R G	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>				
V I C T I M	Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth	
<p><b>DEFENDANT'S STATEMENTS:</b> <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral</p> <p><b>VICTIM'S STATEMENTS:</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>OBSERVATIONS OF VICTIM (PHYSICAL &amp; EMOTIONAL):</b> <b>CALM</b></p>					
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>BF-GF</b>					
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input type="checkbox"/> <input checked="" type="checkbox"/> CALLER: 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 checked="" type="checkbox"/> <input 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 type="checkbox"/> <input checked="" type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>				
N A R R	<p>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.</p> <p>Upon my arrival I made contact with the victim [REDACTED], he told me that he had arrived</p>				
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, <u>Calvin McGriff</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><u>Calvin McGriff</u> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this 30 day of October 2016</p> <p><u>Calvin McGriff</u> MCGRIFF, CALVIN</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)</p>					
<p>SCANNED OCT 30 2016</p>					

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

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>
<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 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 Statute 784.03 (1)(A)(1).</p>			
			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, <u>[REDACTED]</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>30</u> day of <u>October</u>, <u>2016</u></p> <p><b>MCGRIFF, CALVIN</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S. 117 10)</p>			
<b>SCANNED</b> <b>OCT 30 2016</b>			

# 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.

SUSPECT/OFFENDER:

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

1. Incident Report #: 16-000508 Agency: Juno Beach  
Offense: Domestic Battery

Suspect/Offender: STEPHANIE ANNE TURNER  
D.O.B. 1-23-86 Race: W Sex: F

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

3.a. Victim's information:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

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

PBSO #0029A REV. 4/98

SCANNED  
OCT 30 2016