

ADMINISTRATION	OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N
	Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>				Agency Report Number <b>34-17-006232</b>				
DEFENDANT	Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type <b>NA</b>		Multiple Clearance Indicator		
	Location of Arrest (Including Name of Business) <b>2895 SE 2ND ST</b>						Location of Offense (Business Name, Address) <b>2895 SE 2ND ST</b>				
CO-DEF	Date of Arrest <b>02/02/2017</b>	Time of Arrest <b>2316</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) <b>ROBINSON, STEPHEN, MICHAEL</b>						Alias (Name, DOB, Soc. Sec. #, Etc)				
JUVENILE	W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/24/1993</b>	Height <b>6'0</b>	Weight <b>185</b>	Eye Color <b>BLUE</b>	Hair Color <b>BRO</b>	Complexion <b>FAIR</b>	Build <b>MED</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status <b>SINGLE</b>		Religion <b>CHRISTIAN</b>		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.
CHARGE	Local Address (Street, Apt. Number) <b>2895 SE 2ND ST</b>		(City) <b>BOYNTON BEACH</b>		(State) <b>FL</b>	(Zip) <b>33436</b>	Phone <b>(732)485-2794</b>	Residence Type 1. City 3. Florida 2. County 4. Out of State		1	
	Permanent Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone ( ) -	Address Source <b>VERBAL</b>			
CHARGE	Business Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone ( ) -	Occupation <b>UNEMPLOYED</b>			
	D/I Number, State <b>n/a</b>		Soc. Sec. Number <b>n/a - -</b>		INS Number		Place of Birth <b>SYRACUSE, NY</b>		Citizenship <b>US</b>		
CHARGE	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			
CHARGE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone								
	<input type="checkbox"/> Legal Custodian		Business Phone								
CHARGE	<input type="checkbox"/> Other										
	Address (Street, Apt. Number)		(City) (State) (Zip)								
CHARGE	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released		2. TOT HRS/DYS 3. Incarcerated		
	Released To: (Name)		Relationship		Date		Time				
CHARGE	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: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade		
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property				
CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture Produce/ Cultivate		
	Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		
CHARGE	U. Unknown Z. Other		Charge Description <b>BATTERY (DOMESTIC)</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number <b>784.03.1A1.</b>		
	Violation of ORD#		Drug Activity <b>NA</b>		Drug Type <b>NA</b>		Amount/Unit <b>NA</b>		Offense # <b>17-006232</b>		
CHARGE	Warrant/Capias Number		Bond								
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#		
CHARGE	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		
	Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		
CHARGE	Violation of ORD#		Drug Activity		Drug Type		Amount/Unit		Offense #		
	Warrant/Capias Number		Bond								
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#		
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		
CHARGE	Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		
	Violation of ORD#		Drug Activity		Drug Type		Amount/Unit		Offense #		
CHARGE	Warrant/Capias Number		Bond								
	Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>						
CHARGE	Court Date and Time Month Day Year 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								
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer <b>954</b>		Name Verification (Printed by Arrestee) (PRINT)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Ofc. B Jones</b>		I.D. # <b>954</b>		Agency <b>BBPD</b>		Page <b>1 OF 1</b>		
ADMIN.	Intake Deputy I.D. #		Pouch #		Transporting Officer <b>BJONES</b>		I.D. # <b>954</b>		Witness here is subject Signed with an "X".		



DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY



On the 2 day of FEB 2017 at 2228 HOURS  
Subject: ROBINSON, STEPHEN, MICHAEL DOB: 07/24/1993 Case #: 17-006232  
Charge Description: BATTERY (DOMESTIC) Statute #: 784.03.1A1.  
Victim: ALEXIS WINDLE DOB: 10/23/1992 Race: W Sex: F  
Local Address: 2895 SE 2ND ST , BOYNTON BEACH FL, 33436  
Personal Contact: 732-485-2794

Narrative:

Occurring in the city of Boynton Beach, county of Palm Beach, the above named defendant did commit the above listed offense. On February 2, 2017 at 2228 hours I responded to 2895 SE 2ND St. in reference to a disturbance. Upon arrival I met W/F Alexis Windle, who advised her roommate (who wished to remain anonymous) advised Windle that her live-in boyfriend W/M Stephen Robinson cheated on her. Windle stated, she confronted Robinson about the cheating allegations; Robinson then became angry and punched her in the face with a closed fist. I observed a small one inch laceration to Windle's forehead.

It should be noted Windle refused FD and refused to complete a sworn written statement. Windle signed the exemption from public records form and was also provided with a victim rights packet and domestic violence packet. Photographs were taken and later submitted into BBPD as evidence.

I then met with the roommate, who advised she witnessed Robinson punch Windle in the face. The roommate refused to complete a sworn written statement.

I then met with Robinson, who advised he did not punch Windle. He further stated that he thought she fell.

Based on the aforementioned I found probable cause to charge Stephen Robinson with one count of Simple Battery ( Domestic ) , contrary to Florida Statute 784.03.1A1..

Defendant's Statement: Refused

Victim's Statement: None

Observation Of Victim (Physical and Emotional):

laceration to forehead.

Relationship Between Victim and Suspect:

boyfriend and girlfriend

Photographs: Scene: ☐ Yes ☒ No  
Victim: ☒ Yes ☐ No  
911 Call: ☒ Yes ☐ No Caller: \_\_\_\_\_  
Tape Requested: ☒ Yes ☐ No  
Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_  
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: \_\_\_\_\_ Age: \_\_\_\_\_

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: 732-485-2794 Work: N/A

Employer: UNEMPLOYED


Relative Name: REFUSED Phone: \_\_\_\_\_

Address: 2895 SE 2ND ST

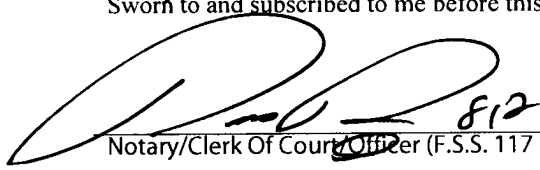
City/State: BOYNTON BEACH ,FL ,33436

State Of Florida  
County Of Palm Beach

Appeared before me, Ofc. B.Jones , (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 02 day of FEB , 2017

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