

0363084

COMM 7612

873

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest
2. N.T.A. 3. Request for Warrant
4. Request for Capias 1

Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-111682				
	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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01						
	Location of Arrest (Including Name of Business) 22124 PALMS WAY #102, BOCA RATON/FL/33433				Location of Offense (Business Name, Address) 22124 PALMS WAY #102, BOCA RATON/FL/33433						
	Date of Arrest 09/29/2020	Time of Arrest 1404	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) Zimmer, Jeffrey, Todd								Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American/Indian B - Black O - Oriental/Asian W		Sex M	Date of Birth 11/10/1955	Height 5'09	Weight 207	Eye Color BLUE	Hair Color BROWN	Complexion MED	Build HEAVY		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status SINGLE	Religion JEWISH	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) 22124 Palms Way Apt 102, Boca Raton, FL 33433				City ()	State ()	Zip ()	Phone (561) 654-0774	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number)				City	State	Zip	Phone	Address Source DRIVER'S LICENSE			
Business Address (Name, Street)				City	State	Zip	Phone	Occupation			
D/L Number, State Z560438554100, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BROOKLYN, NY		Citizenship U.S.			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
Parent Legal Custodian Other:		Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone () () ()					
Address (Street, Apt. Number)		City		State		Business Phone () () ()					
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						
The above address 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 (Phone 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							
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. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description BATTERY - DOMESTIC		Counts 01	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a)		Violation of ORD #					
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-111682	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Location (Court, Room Number, Address)											
Court Date and Time Month Day Year Time AM PM											
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 09/29/2020											
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed							
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) JAMES K. DURR		I.D. # 3561					
Int. #		I.D. #		Pouch #		Transporting Officer J. DURR					
I.D. #		I.D. #		Agency PBSO		Witness here if subject signed with an "X"					

VICTIM NOTIFICATION
REQUIRED

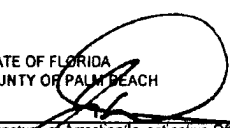
2020 SEP 30 AM

SCANNED

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A. 3. Request for Warrant
4. Request for Capias

Juvenile N

ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 20-111682	
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) Zimmer, Jeffrey, Todd		Alias	
CHARGES	<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		Race W		Sex M		Date of Birth 11/10/1955	
	Charge Description BATTERY -DOMESTIC		784.03(1a1)		Charge Description		Charge Description	
VICTIM	Victim's Name (Last, First, Middle) Hood, Edith, Margaret		Race W		Sex F		Date of Birth 06/10/1976	
	Local Address (Street, Apt. Number) 22124 Palms Way Apt 102, Boca Raton, FL 33433		(City) (State) (zip)		Phone ()		Address Source	
Business Address (Name, Street) N/A		(City) (State) (zip)		Phone ()		Occupation		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>29</u> day of <u>SEPTEMBER</u> 20<u>2020</u> at <u>1:45</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On September 29, 2020 at approximately 1340 hours, I responded to 22124 #102 Palms Way, unincorporated Boca Raton, in regards to a domestic in progress. Upon my arrival, I made contact with Edith Hood who stated she had been battered by Jeffrey Zimmer.</p> <p>Hood stated she and Zimmer have resided at the above location for the past three years. Hood stated they have been in a romantic relationship and lived as a couple for the past three years at the above location. Hood stated they have been having troubles in their relationship for the past several months. Hood stated when she returned home at approximately 1315 hours this date, Zimmer became irate and started an argument because of her purchasing and wanting to burn sage within the residence. Hood stated Zimmer grabbed her by the throat and then slapped her on the right side of the face. After being slapped, Hood went into her room and called 911 for a law enforcement response. Hood stayed on the 911 communications line until our arrival.</p> <p>I examined Hood who had some slight red marks on the right side of the face as well as her throat. I spoke with Zimmer who confirmed he had a verbal dispute with Hood about the sage but denied battering Hood.</p> <p>Based upon my investigation and the statements by Hood, there is probable cause for arrest for Domestic Battery, Florida State Statute 784.03(1a1). Zimmer was placed under arrest and transported to Palm Beach County Jail.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		 JAMES K. DURR (Signature of Arresting/Investigative Officer)					
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>29</u> day of <u>JUNE</u> 20 <u>2020</u> by <u>J. K. DURR</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____ Notary Public, Clerk of Court, Officer (F.S.S. 117.10)							

SCANNED PAGE 1
SEP 30 2020 OF 1

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Suspect: Zimmer, Jeffrey, Todd DOB: 11/10/1955 Case #: 20-111682

Victim: Hood, Edith, Margaret DOB: 06/10/1976 Race: W Sex: F

Relationship between Victim and Defendant: BOYFRIEND/GIRLFRIEND

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, ___ weeks ___ months

Injuries: Yes No Description: MARK TO HER RIGHT CHECK AND RIGHT NECK

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: _____ DOB: ___/___/___

Name: _____ DOB: ___/___/___

Name: _____ DOB: ___/___/___

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: _____

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: WE HAVE BEEN FIGHTING AND HE GRABBED ME BY THE THROAT

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone (____) ____ - ____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 22124 Palms Way Apt 102, Boca Raton, FL 33433

Phone: Home (____) ____ - ____ Work (____) ____ - ____ Cell (____) 561-255-1558

Employer: N/A

Name of Relative: UNK Phone (____) ____ - ____

Address: _____

SCANNED
SEP 30 2020

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 #: 20-111682 Agency: _____
Offense: BATTERY -DOMESTIC
Suspect/Offender: Zimmer, Jeffrey, Todd
D.O.B. 11/10/1955 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Hood, Edith, Margaret D.O.B. 06/10/1976 Race: W Sex: F
Address: 22124 Palms Way Apt 102
City: Boca Raton, FL 33433
Home #- 0 Work #: 0 Other: 561-255-1558

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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: Hood, Edith, Margaret

Deputy's Name: J. K. DURR

I.D.# 3561

Date: 09/29/2020

White/Corrections or State Attorney (Warrant Application)
PBSO 00029A REV. 4199

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER: Zimmer, Jeffrey, Todd

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

SCANNED
SEP 30 2020



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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"/>	Other:		
	<input type="checkbox"/>	Other:		

REVIEW COMPLETED BY

Booking Number: 2020022981	Date: 09/30/2020
	Specialist Name/ID: T Howard/7185

SCANNED
SEP 30 2020