

OS/4675 2020CF001295AMB 382

ARREST / NOTICE TO APPEAR

ADMTINISTRATION	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 20-002445		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias	1	JUVENILE	
DEFENDANT	Charge Type: Check as many as apply		Location of Arrest (Including Name of Business) 1000 E ATLANTIC AVE		Location of Offense (Business Name, Address) 1000 E ATLANTIC AVE, DELRAY BEACH, FL 33483		If Weapon Seized Enter Type KNIFE		Multiple Clearance Indicator 6		
	Date of Arrest 02/10/2020		Time of Arrest 01:07		Booking Date 02/10/2020		Booking Time 01:17		Jail Date 02/10/2020		
DEFENDANT	Name (Last, First, Middle) HUNTER, JENNIFER LEE		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 03/21/1984		
	Height 5'01		Weight 102		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		
	Build THIN		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 9 EXECUTIVE PARK RD SUITE 9F, HILTON HEAD ISLAN, SC 29928- 0		(City) HILTON HEAD ISLAND, SC		(State) SC		(Zip) 29928- 0		Phone (813) 585-2140		
Permanent Address (Street, Apt. Number) 9 EXECUTIVE PARK RD SUITE 9F, HILTON HEAD ISLAN, SC 29928- 0		(City) HILTON HEAD ISLAND, SC		(State) SC		(Zip) 29928- 0		Phone (813) 585-2140			
Business Address (Name, Street) 9 EXECUTIVE PARK RD SUITE 9F, HILTON HEAD ISLAN, SC 29928- 0		(City) HILTON HEAD ISLAND, SC		(State) SC		(Zip) 29928- 0		Phone (813) 585-2140			
DL Number, State 0104321595 / SC		Soc. Sec. Number		DNS Number		Place of Birth (City, State) TALLAHASSEE, FL		Citizenship			
CO-DEFENDANT	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		
JUVENILE	Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone						
	Legal Custodian <input type="checkbox"/>		Address (Street, Apt. Number)		(City)		(State)		(Zip)		
JUVENILE	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 3. Incarcerated				
	Released To: (Name)		Relationship		Date		Time				
CODER	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		Grade				
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
CHARGE	Drug Activity		S. Sell		R. F-uggle		K. Disperse/Distribute		M. Manufacture/Produce/Cultivate		
	N. N/A		T. Traffic		E. Use		Z. Other		Drug Type		
CHARGE	Charge Description AGGRAVATED ASSAULT ON OFFICER, FIREFIGHTER, EMT ETC.		Statute Violation Number 784.07(2C)		Violation of ORD #						
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		
CHARGE	Charge Description AGGRAVATED BATTERY ON OFFICER, FIREFIGHTER, EMT, ETC.		Statute Violation Number 784.07(2D)		Violation of ORD #						
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		
CHARGE	Charge Description CARRYING A CONCEALED WEAPON		Statute Violation Number 790.01(1)		Violation of ORD #						
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		
INTEAKE	Health / Apparent Physical Condition of Defendant		Any knowledge of the following:		Mental <input type="checkbox"/>		Escape Risk <input type="checkbox"/>		Medication <input type="checkbox"/>		
	Check which applies:		Released O.R. <input type="checkbox"/>		Released to Parent/Guardian <input type="checkbox"/>		T.O.T. County Jail <input checked="" type="checkbox"/>		Deformities <input type="checkbox"/>		
NOTICE TO APPEAR	Transported By OFC. KITZEROW		PROPERTY - Received By OFC. KITZEROW		Released By OFC. KITZEROW		Released To PBCJ				
	Date Transported 02/10/2020		Time Transported 01:21		Other						
TO APPEAR	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		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						
ADMTINISTRATION	HOLD for Other Agency		Signature of Arresting Officer		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) KITZEROW, MATTHEW C		LD. # 1091		(PRINT) SCANNED				
Intake Deputy		LD. #		Pouch #		Transporting Officer KITZEROW		LD. # 1091		Agency DBPD	
Witness here if subject signed with an		PAGE 1 OF 2		FEB 10 2020							

BOOKING CLERK
SOUTH COUNTY JAIL
FEB 10 2020 11:17 AM

No Photo Available

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 20-002445
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Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 8. Other	

Name (Last, First, Middle) HUNTER, JENNIFER LEE	Alias	Race W	Sex F	Date of Birth 03/21/1984
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Charge Description 784.07(2C) AGGRAVATED ASSAULT ON OFFICER, FIREFIGHTER,	Charge Description 784.07(2D) AGGRAVATED BATTERY ON OFFICER, FIREFIGHT
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Charge Description 790.01(1) CARRYING A CONCEALED WEAPON	Charge Description 790.10 IMPROPER EXHIBITION OF DANGEROUS WEAPON OR
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Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
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Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
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Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
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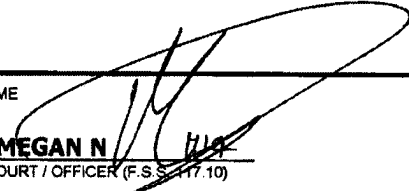

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 10 day of February, 2020 at 00:10 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, in Palm Beach County, FL. On February 9th, 2020 at approximately 2313 hours officers responded to the Seagate Hotel (1000 E. Atlantic Ave.) in-reference to hotel security, Wesly Pierre, advising there was an intoxicated female at the bar and requested police assistance on helping her.

Upon arrival Ofc. Umbriac and I made contact was made with Pierre, employee Anthony Dorcelon, and the female, Defendant Jennifer Hunter on the outside patio of the Seagate. Upon contact Hunter advised she was drunk, tired, and wanted to go home to sleep. She requested officers order a taxi to drive her back to Miami.

Upon arrival of Metro Taxi she was assisted over to the rear passenger seat. Once inside the taxi the driver requested she pay him the \$140 fare prior to leaving. Hunter stated she had cash but repeatedly provided the taxi driver with the incorrect dollar amount. Ofc. Umbriac advised Hunter multiple times of the incorrect amount and what she needed to provide him. Hunter became agitated and while Ofc. Umbriac was leaning into the rear passenger window of the taxi she stated to Ofc. Umbriac "Fuck You... you know what?" Hunter then, with her left hand, pulled out a stainless-steel knife out of her purse and jabbed the knife towards Ofc. Umbriac's face through the window. Ofc. Umbriac grabbed Hunter's right arm to prevent injury from the knife and in the process lost his balance on the curb causing an injury his right hamstring. After multiple orders to drop the knife Hunter eventually dropped it. Ofc. Umbriac and I then removed Hunter from the taxi and ordered her to put her hands behind her back, which she also refused and tensed up her arms. Hunter was eventually handcuffed and placed in the back of the patrol vehicle. Upon further inspection of the knife used, it was learned that it was made of all stainless-steel with a 4 inch smooth edge and a two inch serrated edge with a point that came to the top. The handle was rectangular in shape and had four finger holes (all stainless steel) which act as "brass knuckles." This weapon appears to be an uncommon

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
VICKERY, MEGAN N NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	KITZEROW, MATTHEW C (1091) NAME OF OFFICER (PLEASE PRINT)
<u>02/10/2020</u> DATE	<u>02/10/2020</u> DATE

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 20-002445				
Charge Type: Check as many as apply.		<input checked="" 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		Special Notes:			
D E F	Name (Last, First, Middle) HUNTER, JENNIFER LEE		Race W	Sex F	Date of Birth 03/21/1984		
<p>design allowing someone to strike and stab or cut quickly.</p> <p>It should be noted Sgt. Gallina took a Sworn Statement from Pierre (this is not verbatim, only a synopsis). Pierre stated he called officers in-reference to a drunk female at the bar. Officers assisted Hunter to the taxi and at that point he witnessed Hunter pull a knife on one of the officers and the officers had to react to protect themselves, which was grab her arm and remove her from the vehicle. He repeated again that the knife he observed was very large.</p> <p>Based on the above stated facts there is Probable Cause to charge the Defendant, Jennifer Hunter, with Aggravated Assault on Law Enforcement Officer F.S.S. 784.07(2C), Aggravated Battery on Law Enforcement Officer F.S.S. 784.07(2D), Carrying a Concealed Weapon F.S.S. 790.01(1), Improper Exhibition of a Dangerous Weapon F.S.S. 790.10, Disorderly Intoxication F.S.S. 856.011, and Resisting Officer Without Violence F.S.S. 843.02.</p>							
P R O B A B L E C A U S E S T A T E M E N T	NOT A CERTIFIED COPY						
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  VICKERY, MEGAN N <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> 02/10/2020 <small>DATE</small>		 <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> KITZEROW, MATTHEW C (1091) <small>NAME OF OFFICER (PLEASE PRINT)</small> 02/10/2020 <small>DATE</small>				<small>PAGE</small> 2 OF 2

**ARREST / NOTICE TO APPEAR
Additional Charge List**

Agency ORI Number 0500400		Agency Name Delray Beach Police Department			Agency Report Number (N.T.A.'s only) 4 0 20-002445						
C O D E	Drug Activity	S. Sell	R. Struggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown
	N. N/A	B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
	P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv.		
C H A R G E	Charge Description IMPROPER EXHIBITION OF DANGEROUS WEAPON OR FIREARMS						Statute Violation Number 790.10		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond <i>OK</i>		
			/		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
C H A R G E	Charge Description DISORDERLY INTOXICATION						Statute Violation Number 856.011		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond <i>OK</i>		
			/		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
C H A R G E	Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE						Statute Violation Number 843.02		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond <i>OK</i>		
			/		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					

NOT A CERTIFIED COPY



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: 2020004484	Date: 2/10/2020
	Specialist Name/ID: Gammage/5660