

0519988

2020 CF 9774

3180

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report				1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N		
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06</b>		<b>20-132894</b>				
Charge Type Check as many as apply <input checked="" 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		# Weapon Seized Enter Type		Multiple Clearance Indicator <b>0 1</b>				
Location of Arrest (Including Name of Business) <b>SCOTT'S PLACE</b>					Location of Offense (Including Name of Business) <b>12789 BOTTLEBRUSH CT. WELLINGTON, FL 33414</b>							
Date of Arrest <b>12/03/2020</b>		Time of Arrest <b>11:45</b>		Booking Date <b>Dec 3, 2020</b>		Booking Time		Jail Date		Jail Time		
Name (Last, First, Middle) <b>ZIMBRICK KEVIN</b>					Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black C - Oriental/Asian		Sex <b>M</b>	Date of Birth <b>05/07/1988</b>		Height <b>6'</b>	Weight <b>175</b>	Eye Color <b>BRN</b>		Hair Color <b>BRN</b>		Complexion <b>MED</b>	Build <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>MARRIED</b>		Religion <b>CHRISTIAN</b>		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>13789 BOTTLEBRUSH CT. APT#A</b>				City <b>WELLINGTON</b>		State <b>FL</b>		Zip <b>33414</b>		Phone <b>786-346-7814</b>		Residence Type 1 City 2 County 3 Florida 4 Out of State <b>1</b>
Permanent Address (Street, Apt. Number)				City		State		Zip		Phone		Address Source <b>VERBAL</b>
Business Address (Street, Apt. Number)				City		State		Zip		Phone		Occupation <b>HOSPITAL</b>
D/L Number, State <b>Z516519881670</b>		Social Security		INS Number		Place of Birth <b>BOYNTON BEACH/FL</b>		Citizenship <b>US</b>				
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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)							Phone				
Address (Street, Apt. No.)				City		State		Zip		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 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 561-355-2525) informed of any address change. <input type="checkbox"/> Yes by (Name) <input type="checkbox"/> No (Reason)					School Attended							Grade
<input type="checkbox"/> Yes <input type="checkbox"/> No	Property Crime? Description of Property							Value of Property				
Drug Activity S. Sell N. NA P. Possess	R. Smuggle B. Buy D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. NA A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Pharmaceutical Equipment	U. Unknown Z. Other		
Charge Description <b>DOMESTIC BATTERY ON A PREGNANT FEMALE</b>				Counts <b>01</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.045(1)(b)</b>			Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit		Offense # <b>20-132894</b>		Warrant/Capias Number			Bond			
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation or 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 or 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 or ORD. #			
Drug Activity	Drug Type	Amount/Unit		Offense #		Warrant/Capias Number			Bond			
Location (Court, Address, Room Number)												
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/>												
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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						
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Signature of Arresting Officer <b>DS V. CIUPERGER</b> ID # <b>7917</b>				Name Verification (Printed by Arrestee) (PRINT)				
Intake Deputy ID # Pouch #				Transporting Officer ID # <b>DS M. CASAREZ</b>				Page <b>1</b>				

Circuit Criminal Department

DEC 04 2020

SHARON R. BOCK  
Clerk & Comptroller  
Palm Beach County

SCANNED DEC 4 2020 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: Kevin Zimbrick DOB: 05/02/1988 Case #: 20132874

Victim: Chandre Zimbrick DOB: 06/10/1987 Race: W Sex: F

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: \_\_\_\_\_

Weapon Used:  Yes  No Type: Hand

Witness:  Yes  No Name: \_\_\_\_\_

Victim Pregnant:  Yes  No If yes, 34 weeks \_\_\_\_\_ months

Injuries:  Yes  No Description: Busted Lip

Medical Treatment:  Yes  No

At Scene:  Yes  No Paramedics: \_\_\_\_\_

At Hospital:  Yes  No Hospital: Sage Dental Physician: \_\_\_\_\_

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

Name: Jousha L Zimbrick DOB: 05/10/2015

Name: Caleb M Zimbrick DOB: 11/26/2016

Name: \_\_\_\_\_ DOB: 1/1

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: OK, I understand.

Defendant Cooperative

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

First words Victim said when you responded to scene: \_\_\_\_\_

My husband hit me

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

Yes  No If yes, name: PASTOR phone ( ) - -

Observations of Victim (Physical & Emotional): \_\_\_\_\_

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other \_\_\_\_\_

Victim Contact Information:

Local Address: 13789 Bottlebrush Ct. Wellington, FL 33414

Phone: Home ( ) - - Work ( ) - - Cell: 813 09 5986

Employer: \_\_\_\_\_

Name of Relative: Rene Steenkam Phone ( ) - -

Address: South Africa

# VICTIM NOTIFICATION FORM

- 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
- Dating Violence

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 20-132894 Agency: Palm Beach County Sheriff's Office  
Offense: DOMESTIC BATTERY ON A PREGNANT FEMALE  
Suspect/Offender: ZIMBRICK KEVIN  
DOB: 05/07/1988 Race: W Sex: M

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

3.a. Victim's Name: ZIMBRICK CHANDRE DOB: 06/17/1987 Race: W Sex: F  
Address: 13789 BOTTLEBRUSH CT. APT#A  
City: WELLINGTON, State: FL Zip: 33414  
Home #: 581-809-5986 Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: DS V. CIUPERGER ID #: 7917 Date: \_\_\_\_\_

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2020028269	Date: 12/4/2020
	Specialist Name/ID: B Evans / 23649