

05191639 50-2020-MM-008910-AMB  
454

ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	Agency ORI Number <b>0502000</b>	Agency Name <b>Lantana Police Department</b>	Agency Report Number (N.T.A.'s only) <b>6   4   20-002357</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>	JUVENILE																
DEF END ANT	Charge Type Check as many as apply	Location of Arrest (Including Name of Business) <b>350 E OCEAN AVE, LANTANA, FL 33462</b>			Location of Offense (Business Name, Address) <b>350 E OCEAN AVE, LANTANA, FL 33462</b>																	
	<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	Date of Arrest <b>11/15/2020</b>			Time of Arrest <b>00:24</b>	Booking Date <b>11/15/2020</b>	Booking Time <b>04:14</b>	Jail Date <b>11/14/2020</b>	Jail Time <b>23:55</b>	Location of Vehicle												
CO DE F	Name (Last, First, Middle) <b>EHLERS, KIMBERLY MADELINE</b>		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W. White I - American Indian B. Black O - Oriental/Asian <b>W F</b>					Date of Birth <b>05/16/1978</b>	Height <b>5'08</b>	Weight <b>145</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>	Build <b>Small</b>						
	Local Address (Street, Apt. Number) <b>4122 SW 54TH CIR, OCALA, FL 34474</b>		Permanent Address (Street, Apt. Number) <b>4122 SW 54TH CIR, OCALA, FL 34474</b>		Business Address (Name, Street)		Mental Status <b>S</b>		Religion		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>3</b>		Address Source <b>VERBAL</b>					
JU VE NI LE	D/L Number, State <b>E462513786760 / FL</b>		INS Number		Place of Birth (City, State) <b>FORT LAUDERDALE, FL</b>		Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>					
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>					
CH AR GE	<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone							
	Notified by (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated															
Admitted 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 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				
CH AR GE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description <b>BATTERY</b>		Statute Violation Number <b>784.03 (1)(A)(1)</b>		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
CH AR GE	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
IN TA KE	Health / Apparent Physical Condition of Defendant		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:		Check which applies: <input type="checkbox"/> Released OR <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released For							
	Transported By <b>DORFMAN</b>		Date Transported <b>11/15/2020</b>		Time Transported <b>04:14</b>		Other		Location (Court, Room)		Court Date and Time		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed							
AD MI N	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		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		Name Verification (Printed by Arrestee) <b>NOV 15 AM 5:18</b>		Witness here if subject signed with an 'X'		PAGE 1 OF 1									

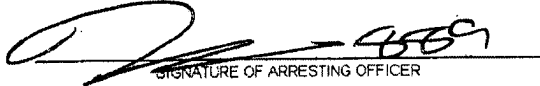
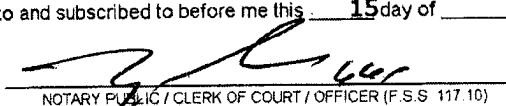
COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P.I.O.  DEFENDANT

454

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>11/14/2020 23:01</b>	Agency Name <b>LANTANA POLICE DEPARTMENT</b>		Agency Report Number <b>6   4   20-002357</b>	
	Agency ORI Number <b>FL 0502000</b>	Alias		Race <b>W</b>	Sex <b>F</b>
D E F	Name (Last, First, Middle) <b>EHLERS, KIMBERLY MADELINE</b>			Date of Birth <b>05/16/1978</b>	
	Charge Description <b>784.03 (1)(A)(1) BATTERY</b>				
C H A R G E S	Victim's Name (Last, First, Middle) <b>MIRCHANDANI, MITCH</b>			Race <b>W</b>	Sex <b>M</b>
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>350 E OCEAN AVE, LANTANA, FL 33462</b>			Phone <b>(561) 758-9880</b>	
	Business Address (Name, Street) (City) (State) (Zip)			Address Source	
				Occupation	
V I C T I M	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>	
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
A D D I T I O N A L  I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>BF/GF</b>				
	PHOTOGRAPHS:	Scene:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		Victim:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
		911 CALL:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER: <b>VICTIM</b>	
		WEAPON USED:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE:	
		WITNESSES:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(If YES, attach witness list)	
		INJURIES:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		MEDICAL TREATMENT:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		AT: Scene:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS:	
		Hospital:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL: <b>CHRISTOPHER MCDOW/JFK</b>	
N A R R	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES:				
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:				
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
<p>On November 14, 2020, at approximately 2301 hours, I was dispatched to 350 E Ocean Ave, single family residence, in reference to a female yelling at a male half and damaging property.</p> <p>Upon my arrival, I first met with Kimberly Ehlers who obviously intoxicated. I asked Ehlers what had</p>					
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ 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>15</u> day of <u>November</u>, <u>2020</u></p> <p> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S 117.10)</p>					

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>11/14/2020 23:01</b>	Agency Name <b>LANTANA POLICE DEPARTMENT</b>	Agency Report Number <b>6   4   20-002357</b>
	Agency ORI Number <b>FL 0502000</b>		

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happened? Ehlers replied, "Nothing happened we were just arguing about me drinking." Note, I did not observe any visible injuries at this time.

I went inside the residence and met Mitch Mirchandani who appeared sober. Mirchandani stated he got into a verbal argument with his Fiance (dating for two and a half years). It should be noted Mirchandani stated that she lives in Ocala, Florida, and comes from time to time to stay with him.

Mirchandani told me that at approximately 1700 hours, Ehlers arrived at the residence and was highly intoxicated. Mirchandani stated that they began arguing over all the interior house lights being left on by Ehlers. Mirchandani stated that Ehlers took off her engagement ring and threw it on the desk in the upstairs office. Mirchandani said that she kept on arguing about how she is not perfect and he was OCD. Mirchandani advised the argument lasted about 30 minutes.

Mirchandani stated that he left the house around 1730 hours to get away from the argument and had dinner. Mirchandani stated that he was hoping that when he returned Ehlers would be calm. Mirchandani arrived back home around 1930 hours.

Mirchandani told me that Ehlers was demanding her ring back and he refused to give it to her, when Ehlers got into his face and started pushing him in his chest area.

Mirchandani stated that he went to the family room couch and sat down to get away from Ehlers, Ehlers came from behind and tried to take his wallet out of his back pocket thinking the ring was in the wallet.

Mirchandani advised that he got up and Ehlers started repeatedly pounding him in the chest area with a closed fist. As Mirchandani was blocking Ehlers' blows with his arms he finally pushed Ehlers away. Ehlers lost her balance and fell on the corner of the nearby coffee table in the family room (which is next to the couch).

Mirchandani advised after Ehlers, fell things started to calm down. He went to the freezer to get ice cream, began taunting the ice cream in the microwave, when Ehlers opened the microwave and threw the ice cream in the sink. Ehlers then grabbed two handfuls of ice cream and wiped the ice cream on his face and belly, antagonizing Michandani calling him fat.

While Michandani was trying to clean himself up at the sink, Ehlers allegedly began trying to repeatedly kick Michandani in the groin, but Michandani was able to protect himself and Ehlers kicks landed on his legs.

Note, Mirchandani showed me a photograph he took of the crumbled ice cream container in the sink. This photograph will be placed into evidence.

Mirchandani told me that retreated to various rooms to avoid further conflict, however Ehlers kept on insisting on getting the engagement ring back and continuing the argument.

Finally Mirchandani claimed that he locked himself in the bedroom to go to sleep, but Ehlers started banging on the door and it finally opened, again demanding the ring back. When Mirchandani continued to refuse to give the ring back Ehlers started slamming doors in an attempt to break the doors.

Mirchandani explained that finally called the police as a last resort.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ 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 before me this 15 day of November, 2020

  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time <b>11/14/2020 23:01</b>	Agency ORI Number <b>FL 0502000</b>	Agency Name <b>LANTANA POLICE DEPARTMENT</b>	Agency Report Number <b>6   4   20-002357</b>
	N A R R A T I V E			

It should be noted Mirchandani did not have any visible injuries at this time.

Mirchandani completed a sworn written statement and a Mirchandani notification form was completed. Also, I completed a domestic violence diagram.

After I got my statement from Mirchandani, Officer Esposito told me that Ehlers claimed that she got into Mirchandani's face and she was slapped. I asked Ehlers if any of the allegations Mirchandani stated were true? Ehlers denied all of these allegations.

Ehlers then again told me again that nothing happened. When I told Ehlers she was being placed under arrest for domestic battery, she told me that she was punched in the right cheek bone three times and pushed into a table.


Note, when I was placing Ehlers in handcuffs I observed approximately a dozen fresh superficial lacerations on both of her wrists. I asked Ehlers how that happened? Ehlers stated, that she did not know. Sergeant Schaaf however later told me that Ehlers told him that she cuts herself.

I then went back into the residence and asked Mirchandani if he knew how she got the cut marks on Ehlers's wrist? Mirchandani advised that when he arrived home from dinner he noticed the marks, and a serrated steak knife with a blood like substance on the handle and blade, in the sink.

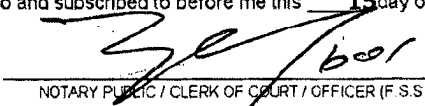
Ehlers was subsequently arrested for Simple Battery, Dating Violence.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ 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 before me this 15 day of November, 2020

  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

# 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
- 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 #: 92-002357 Agency: Lantana PD  
 Offense: Domestic Violence  
 Suspect/Offender: Kimberly Ehlers  
 D.O.B. 5/14/78 Race: W Sex: F

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

3.a. Victim's name: Mitch Mirchandani D.O.B. 11/6/56 Race: W Sex: M  
 Address: 350 E Ocean Ave  
 City: Lantana State: FL Zip: 33462  
 Home #: 561-758-9880 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 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: Dorfman I.D. # 889 Date: 11/14/2020  
 officer

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:



**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)
<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**

<b>Booking Number:</b> 2020026868	<b>Date:</b> 11/15/2020
	<b>Specialist Name/ID:</b> B Evans / 23649