

0504045

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P#3738

## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number (N.T.A.'s only) <b>7, 8   21-001988</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE																				
D E F E N D E N T	Charge Type: Check as many as apply: <input 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		If Weapon Seized		Enter Type <b>UNARMED</b>		Multiple Clearance Indicator																											
	Location of Arrest (Including Name of Business) <b>12407 AVILES CIR PBG, FL 33410</b>						Location of Offense (Business Name, Address) <b>12407 AVILES CIR, PALM BEACH GARDENS, FL 33418</b>																											
	Date of Arrest <b>05/08/2021</b>		Time of Arrest <b>00:56</b>		Booking Date <b>05/08/2021</b>		Booking Time <b>01:06</b>		Jail Date		Jail Time		Location of Vehicle																					
	Name (Last, First, Middle) <b>DONALDSON, KIMBERLY NICOLE</b>														Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>																			
C O D E F	Race W - White A - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>12/01/1976</b>		Height <b>5'05</b>		Weight <b>120</b>		Eye Color <b>GREEN</b>		Hair Color <b>BLONDE /</b>		Complexion <b>LIGHT</b>		Build <b>SLIM</b>																	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>S</b>		Religion <b>CATHOLIC</b>		Indication of: Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
	Local Address (Street, Apt. Number) <b>459 WOODVIEW CIRCLE, PALM BEACH GARDENS, FL 33418</b>						(City) <b>(FL)</b>		(State) <b>(FL)</b>		(Zip) <b>(33418)</b>		Phone <b>(561) 676-6985</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>																			
	Permanent Address (Street, Apt. Number) <b>459 WOODVIEW CIRCLE, PALM BEACH GARDENS, FL 33418</b>						(City) <b>(FL)</b>		(State) <b>(FL)</b>		(Zip) <b>(33418)</b>		Phone <b>(561) 676-6985</b>		Address Source <b>FL/DL</b>																			
J U V E N I L E	Business Address (Name, Street) <b>ALLSTATE</b>						(City) <b>(FL)</b>		(State) <b>(FL)</b>		(Zip) <b>(33418)</b>		Phone		Occupation																			
	D/L Number, State <b>D543514769410 / FL</b>						Sex, Exp. Number		INS Number		Place of Birth (City, State) <b>ST PETERSBURG, 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																	
N O T I C E T O A P P E A R	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)														Residence Phone																			
	<input type="checkbox"/> Legal Custodian														Business Phone																			
	Address (Street, Apt. Number) (City) (State) (Zip)														Business Phone																			
	Notified by: (Name) _____ Date _____ Time _____														JUVENILE DISPOSITION: 1. Mandated Probation with Parole/Supervision and Restraint 2. JAC 3. Unrestrained																			
C H A R G E	Released To: (Name) _____ Relationship _____ Date _____ Time _____														Grade																			
	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 Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														Description of Property		Value of Property																	
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____																																	
C H A R G E	Drug Activity N. N/A P. Possess														S. Sell B. Buy T. Traffic		R. Stagger D. Deliver E. Use		K. Diagrams/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamines		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-SIMPLE (TOUCH OR STRIKE)</b>														Statute Violation Number <b>784.03(1)(A)(I)</b>		Violation of ORD #																	
	Drug Activity <b>N</b>														Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>21-001988</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond <b>NO BOND</b>							
	Charge Description														Statute Violation Number		Violation of ORD #																	
C H A R G E	Drug Activity <b>/</b>														Drug Type <b>/</b>		Amount / Unit <b>/</b>		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
	Charge Description														Statute Violation Number		Violation of ORD #																	
	Drug Activity <b>/</b>														Drug Type <b>/</b>		Amount / Unit <b>/</b>		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
	Charge Description														Statute Violation Number		Violation of ORD #																	
I N T A K E	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 checked="" type="checkbox"/> Injuries																			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Paroled Bond <input type="checkbox"/> South County Mental Health														PROPERTY - Received By		Released By		Released To															
	Transported By														Date Transported		Time Transported		Other															
	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.														Location (Court, Room)		Court Date and Time																	
A D M I N I S T R A T I O N	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																	
	HOLD for Other Agency														Signature of Arresting Officer		Name Verification (Printed by Arrestee)																	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other														Name of Arresting Officer (Print) <b>ZUCCARELLI, M.</b>		I.D. # <b>518</b>		(PRINT)		PAGE <b>1 OF 1</b>													
	Initials <b>Thomas 1936</b>														Pouch #		Transporting Officer <b>ZUCCARELLI</b>		I.D. # <b>518</b>		Agency <b>PBGPD</b>		Witness here if subject signed with an "X".											

# PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	Agency ORI Number <b>FL 0502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number <b>7 8 21-001988</b>	
	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		Special Notes:			
D E F	Name (Last, First, Middle) <b>DONALDSON, KIMBERLY NICOLE</b>			Alias <b>DONALDSON, KIMBERLY</b>		Race <b>W</b> Sex <b>F</b> Date of Birth <b>12/01/1976</b>
	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>			Charge Description		
C H A R G E S	Charge Description			Charge Description		
	Charge Description			Charge Description		
V I C T I M	Victim's Name (Last, First, Middle) <b>HAHN, THOMAS JEAN</b>			Race <b>W</b> Sex <b>M</b> Date of Birth <b>11/26/1975</b>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>13867 LE BATEAU ISLE, PALM BEACH GARDENS, FL 33410</b>			Phone <b>(561) 339-9198</b>		Address Source
P R O B A B L E	Business Address (Name, Street) (City) (State) (Zip) <b>UNKNOWN</b>			Phone		Occupation <b>RETIRED</b>
C A U S E	<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.</p> <p>The Person taken into custody...</p> <p><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.</p> <p><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>8</u> day of <u>May</u>, 2021 at <u>00:56</u> (Specifically include facts constituting cause for arrest.)</p>					
	<p>On 05/08/2021 at approximately 0015 hours, I responded to 12407 Aviles Cir., Palm Beach Gardens, Florida 33410 in reference to a domestic disturbance. On arrival, I activated my body worn camera (BWC) and made contact with Thomas J. Hahn (w/m 11/26/75) who was speaking with Sgt. Peter Reynolds #320. Hahn began to tell me that he was home when his girlfriend, Kimberly N. Donaldson (w/m 12/01/76), came in and started arguing with him and hitting him with a closed fist on his face, in the living room. Hahn said that he had been ignoring Donaldson's messages. Hahn had a red mark underneath his right eye and a bloody lip. It should be noted that Hahn and Donaldson have a history of domestic violence. Hahn was sworn in on my BWC and denied any medical attention. Hahn was able to show me text messages from Donaldson that were vulgar in nature, i.e., name calling, foul language, etc. Donaldson has a key to the residence.</p> <p>I then made contact with Donaldson who had a swollen injury on her left temple, near her eye; she denied any medical attention. Donaldson was sworn in on my BWC. Donaldson said she was coming by the house because Hahn does drugs and she wanted to check on him. Donaldson said that when she walked into the house, Hahn was in the garage; Donaldson claimed that Hahn may have thought she was an intruder. It should be noted that Donaldson has a key to the residence however parked her vehicle outside of the guard gate to the community. Donaldson said that Hahn was chasing her around the house and that is when she locked herself in the bedroom.</p> <p>Hahn told 911 that Donaldson was hitting herself with the cover to a pot and that she hit him 7-8 times after he was sleeping. Donaldson denied ever using a pot stating, "there was never a pot grabbed". Donaldson repeatedly said that Hahn is on drugs and that when she got to the house she went upstairs after the confrontation and had a little bit of wine then came downstairs. Hahn told 911 that he did not want Donaldson in the house, nor did he hit her. Hahn told Sgt. Reynolds that he put his hands behind his back and that is when Donaldson hit him and then he called 911. Donaldson said that</p>					
A D M I N I S T R A T I V E	<p>SWORN AND SUBSCRIBED BEFORE ME <u>330</u></p> <p><b>REYNOLDS, PETER M</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>05/08/2021</u> DATE</p>					
	<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>ZUCCARELLI, MICHAEL (518)</b> NAME OF OFFICER (PLEASE PRINT)</p> <p><u>05/08/2021</u> DATE</p>					

OSTB Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE
ADMINISTRATIVE	Agency ORI Number <b>FL 0502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number <b>7   8   21-001988</b>				
	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				Special Notes:				
DEFENSE	Name (Last, First, Middle) <b>DONALDSON, KIMBERLY NICOLE</b>				Alias <b>DONALDSON, KIMBERLY</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/01/1976</b>
	<p>Hahn "paid her off" to not pursue the case against him from past incidents. Hahn was issued a victim rights and remedies brochure and a victim notification form was filled out.</p> <p>Based on my investigation and totality of circumstances, probable cause exists to arrest Kimberly Donaldson for battery (simple) touch or strike contrary to F.S.S. 784.03(1)(A)(1) for being the primary aggressor by showing up to Hahn's residence and influencing the confrontation which ultimately led to injuries on both parties. Both parties have conflicting statements. Donaldson had already appeared upset prior to the arrival at Hahn's residence based on the text messages seen on Hahn's phone. Donaldson advised she is a diabetic and was evaluated by PBG Fire Rescue, run# 21-001988. Police Officer M. Hanton #305 conducted the search of Donaldson at the Palm Beach Gardens Police Department prior to entering the holding cell area.</p> <p>Officer Hanton and I assisted Donaldson with making arrangements for her kids to which it appeared she left home to go to Hahn's residence. Donaldson was subsequently transported to the Palm Beach County Jail without incident.</p>								
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <u>320</u> <b>REYNOLDS, PETER M</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>05/08/2021</b> DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u><b>ZUCCARELLI, MICHAEL (518)</b></u> NAME OF OFFICER (PLEASE PRINT) <b>05/08/2021</b> DATE				
					PAGE <b>2 OF 2</b>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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.)

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

1. Incident Report #: \_\_\_\_\_ Agency: PBG PD  
Offense: Domestic Battery  
Suspect/Offender: Donaldson, Kimberly  
D.O.B. 12/1/76 Race: W Sex: F
2. Warrant #(s): \_\_\_\_\_
3. Complete one (1) of the following:
  - a. Victim's name: Thomas Hahn  
Address: 12407 Aviles Cir.  
City: Palm Beach Gardens State: Florida Zip: 33410  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - b. Victim's next of kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: M. Tuccorelli I.D.: 518 Date: 5/8/21

White-Warrants Division

Yellow-Corrections or State Attorney (Warrant Application)

Pink-Central Records

PBGPD FORM-054

SUSPECT/OFFENDER: \_\_\_\_\_

COURT CASE/WARRANT #: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)



**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)
I/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: 2021011159	Date: 5/9/2021
	Specialist Name/ID: M. Tooks #8557