

0516345

20 MM 3856

1405

ARREST / NOTICE TO APPEAR

- 1. Arrest
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral

1 JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3, 2 2020-005415
	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	If Weapon Seized Enter Type: Hands, Feet, Fist, Teeth		Multiple Clearance Indicator
	Location of Arrest (Including Name of Business) 1770 SW 2ND AVE		Location of Offense (Business Name, Address) 1770 SW 2ND AVE, BOCA RATON, FL 33432	
	Date of Arrest 05/08/2020	Time of Arrest 09:24	Booking Date 05/08/2020	Booking Time 10:54
	Jail Date 05/08/2020	Jail Time 00:00	Location of Vehicle N/A	
	Name (Last, First, Middle) SHIPLEY, LESTER COURTNEY		Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White B - Black W	Sex M	Date of Birth 04/16/1966	Height 6'00
	Weight 205	Eye Color GREEN	Hair Color BROWN	Complexion LIGHT
	Build MEDIA	Marital Status M	Religion CATHOLIC	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
	Local Address (Street, Apt. Number) 1770 SW 2ND AVE, BOCA RATON, FL 33432		Phone (954) 868-5208	
	Permanent Address (Street, Apt. Number) 1770 SW 2ND AVE, BOCA RATON, FL 33432		Phone (954) 868-5208	
	Business Address (Name, Street) RHEEM AIR,		Occupation Owner	
	D/L Number, State SI40523661360 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) BALTIMORE, MD,
	Co-Defendant Name (Last, First, Middle)		Citizenship US	
	Co-Defendant Name (Last, First, Middle)		Date of Birth	
	Name (Last, First, Middle)		Residence Phone	
	Address (Street, Apt. Number)		Business Phone	
	Notified by: (Name)		Date	
	Relationship		Time	
	Released To: (Name)		Date	
	Relationship		Time	
	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.		School Attended	
	The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		Grade	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
	Value 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. Disperse/ 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/Depr.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
	Charge Description BATTERY (DOMESTIC)		Statute Violation Number 784.03(1A1)	
	Drug Activity N	Drug Type N	Amount / Unit	Offense #
	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
	Charge Description		Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #
	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
	Charge Description		Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #
	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
	Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Injuries	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		Explain: NONE	
	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail	
	Transported By		PROPERTY - Received By SORIA	
	Date Transported		Released By SORIA	
	Time Transported		Released To PBCJ	
	Other		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Court Date and Time	
	<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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		No Photo Available	
	Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	
	HOLD for Other Agency		Signature of Arresting Officer	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name Verification (Printed by Arrestee) SORIA, K. C.	
	Instake Deputy D. Graham		I.D. # 850	
	Pouch #		Transporting Officer D. Graham 773 BRPD	
	I.D. #		Appno 773 BRPD	
	Witness here if subject signed with an "X".		PAGE 1 OF 1	

VICTIM NOTIFICATION REQUIRED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 05/08/2020 10:30		Agency ORI Number FL 0500200			Agency Name BOCA RATON POLICE DEPARTMENT			Agency Report Number 3 2 2020-005415		
	Name (Last, First, Middle) SHIPLEY, LESTER COURTNEY								Race W	Sex M	Date of Birth 04/16/1966
Charge Description 784.03(1A1) BATTERY (DOMESTIC)											
V I C T I M	Victim's Name (Last, First, Middle) SABALLOS, KIMBERLY VALENCIA								Race W	Sex F	Date of Birth 08/31/1993
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1770 SW 2ND AVE, BOCA RATON, FL 33432						Phone (954) 994-9098		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation		

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
SPOUSE

PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
	Victim:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
911 CALL:		<input checked="" type="checkbox"/>		<input type="checkbox"/>	CALLER: KIMBERLY
WEAPON USED:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	TYPE:
WITNESSES:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	(If YES, attach witness list)
INJURIES:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
MEDICAL TREATMENT:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
AT:	Scene:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	PARAMEDICS:
	Hospital:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input checked="" type="checkbox"/>		<input type="checkbox"/>	NAMES/AGES: [REDACTED]
H. R. S. NOTIFIED:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
VICTIM PREGNANT:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

On 05/08/2020 at approximately 0900 hours, I responded to 1770 SW 2nd Ave in reference to domestic trouble.

Upon arrival, I made contact with the complainant, Kimberly Saballos, who stated she got into an

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]
SIGNATURE OF ARRESTING OFFICER **SUBIA #850**

Sworn to and subscribed to before me this 8 day of May, 2020.

PATTERSON, MARC P
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 N A R R A T I V E	Date / Time 05/08/2020 10:30	
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT
	Agency Report Number 3 2 2020-005415	

argument with her husband, Lester Shipley. Kimberly stated that the argument began over something she had posted onto Facebook. Lester became upset and confronted her about the comments. During the argument Lester slapped Kimberly's phone out of her right hand. She also stated that she was holding their baby, Tyler Shipley, and that he had hit Tyler and herself during the slap. I did not observe any redness or bruising on either person.

I then made contact with Lester who agreed that the argument began after Kimberly had made posts onto Facebook. He stated that he began to receive calls from friends asking if everything was ok with their relationship. He confronted Kimberly asking her not to post anything about their relationship onto Facebook because he owns a business. Lester stated he smacked Kimberly's cellphone out of her hand and denies touching Tyler or Kimberly.

Based on my investigation and the totality of circumstances, I determined Lester Shipley was the primary aggressor and developed probable cause to arrest Lester Shipley per F.S.S 784.03(1a1) Battery (Domestic), after he slapped his wife's cellphone out of her hand during an argument. Lester was transported to BRPD for processing and transported to the Palm Beach County Jail.

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.

 SORIA #850
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8 day of May, 2020.

PATTERSON, MARC P 
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)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

JKT# 0516345

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

1. Incident Report#: 2020-005415 Agency: BRPD
Offense: BATTERY
Suspect/Offender: LESTER SHIPLEY
D.O.B. 4/16/66 Race: WHITE Sex: MALE

2. Warrant#(s): _____

3.a. Victim's name: KIMBERLY SABALLOS D.O.B. 8/31/93 Race: WHITE Sex: FEMALE
Address: 1770 SW 2ND AVE
City: BOCA RATON State: FL Zip: 33432
Home#: 954-994-9098 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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: SORIA I.D.# 850 Date: 5/8/2020
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

MAY 08 2020



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: 2020012175	Date: 05/09/2020
	Specialist Name/ID: AM/31562

SEARCHED
MAY 11