

0527813

21MM9159AM

816

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBT Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 21-004290		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1		JUVENILE									
D E F E N D A 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 UNARMED		Multiple Clearance Indicator											
	Location of Arrest (Including Name of Business) 4901 PACIFICO CT, PALM BEACH GARDENS, FL						Location of Offense (Business Name, Address) 250 EAGLE DR, JUPITER, FL 33477															
	Date of Arrest 12/05/2021		Time of Arrest 00:36		Booking Date 12/05/2021		Booking Time 00:46		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) ALLENBY, LILY BELLA																					
	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)																					
	Race W - White B - Black O - Oriental/Asian		Sex M F		Date of Birth 01/17/2002		Height 5'07		Weight 145		Eye Color BLUE		Hair Color BLONDE /		Complexion LIGHT		Build Medium					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion OTHER		Indication of: Alcohol Influence Drug Influence Residence Type: 1. City 3. Florida 2. County 4. Out of State		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number) 4901 PACIFICO CT, PALM BEACH GARDENS, FL 33418										(City) FL		(State) FL		(Zip) 33418		Phone (561) 906-8920		Address Source FLDL			
	Permanent Address (Street, Apt. Number) 4901 PACIFICO CT, PALM BEACH GARDENS, FL 33418										(City) FL		(State) FL		(Zip) 33418		Phone (561) 906-8920		Occupation Student			
	Business Address (Name, Street) STUDENT,										(City) FL		(State) FL		(Zip) 33418		Phone (561) 906-8920		Citizenship US			
J U V E N I L E	D/L Number, State A451522025170 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) MELBOURNE, FL		Citizenship US													
	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"/> Other: _____ Name (Last, First, Middle)														Residence Phone							
	<input type="checkbox"/> Legal Custodian														Business Phone							
	Address (Street, Apt. Number) 1 NO BOW X 2														(City) FL		(State) FL		(Zip) 33418			
	Notified by: (Name)														Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated			
	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 355-2526) informed of any change of address.														School Attended		Grade					
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No: _____														Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
C O D E	Drug Activity N. N/A P. Possess		S. Sell 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/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)														Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #					
	Drug Activity		Drug Type N		Amount / Unit /		Offense #		Counts 2		Domestic Violence <input checked="" 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							
	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							
	Health / Apparent Physical Condition of Defendant														Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail														PROPERTY - Received By		Released By		Released To			
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health														Date Transported		Time Transported		Other			
N O T I C E T O A P P E A R	<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.														Location (Court, Room)		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.														DEC 06 2021		Photo Available					
	Signature of Defendant (or Juvenile and Parent/Custodian)														Date Signed							
	Signature of Arresting Officer [Signature] 330 / 1196														Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest														Name of Arresting Officer (Print) SCHNEIDER, RILEY		I.D. # 1196					
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other														Transporting Officer SCHNEIDER		I.D. # 330					
	Intake Deputy [Signature] 48101														Agency JUP PD		Page 1 OF 1					
	Witness here if subject signed with an "X".																					

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 12/05/2021 00:36	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-004290	
	Name (Last, First, Middle) ALLENBY, LILY BELLA				Alias	Race W
D E F	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)					
	Victim's Name (Last, First, Middle) ALLENBY, KIMBERLY KAE				Race W	Sex F
C H R G	Local Address (Street, Apt. Number) (City) (State) (Zip) 135 W VILLAGE WAY, JUPITER, FL 33458				Phone	
	Business Address (Name, Street) (City) (State) (Zip)				Occupation	
V I C T I M	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): INJURED			
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral					
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT STEP PARENT/CHI					
	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: COMPL WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: HANDS, FEET, TEETH, ETC WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> YES <input 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAMES/AGES: ELIZABETA SALAFRANCA 11 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					
N A R R	I utilized my body worn camera during the below incident:					
	On Saturday, 12/04/2021, at approximately 2306 hours, I was dispatched to 250 Eagle Dr, Jupiter, FL 33477 in reference to a possible domestic dispute. While enroute Northcomm advised the incident appeared to be verbal					
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 <u>5</u> day of <u>December</u> , <u>2021</u> . _____ WALTENBURG, MARCUS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 12/05/2021 00:36	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-004290
	Agency ORI Number FL 0501700			

only.

Upon my arrival, I made contact with Admirals Cove Security who was standing outside the above address with a silver Lincoln Navigator bearing FL tag IK48GD. The female driver of the vehicle later identified as Kimberly K Allenby (wf; 07/06/1976) (Victim 1) was involved in the incident. I made contact Victim 1 and immediately noticed that she had fresh swelling on the left side of her face and fresh bruising along the left side of her neck. The vehicle was also occupied by five other juvenile females, Elizabeta Salafranca (wf; 05/05/2010) (Victim 2), Francesca Salafranca (wf; 10/01/2008), Sophia D Orsi (wf; 01/28/2010) (Witness 1), Addy A Obryan (wf; 06/09/2010), and Eva Navarro (wf; 02/22/2010). All of the young females appeared frightened and were crying. It was later determined the incident was between Victim 1, Victim 2, and Lily B Allenby (wf; 01/17/2002) (Suspect 1). Victim 1 is Suspect 1's stepmother and Victim 2's half-sister. Victim 2 and Suspect 1 share the same father Robert M Allenby (wm; 07/12/1971).

Victim 1 was at first reluctant to tell me what had occurred. I asked Victim 2 to talk to me outside the vehicle. Victim 2 stated Suspect 1 was very upset throughout the evening about the recent passing of her grandfather. Victim 2 advised a group of eight of them were leaving a party inside the Admirals Cove development on a golf cart and that she was sitting on Suspect 1's lap. Victim 2 stated her father attempted to play music on his phone while he was driving the golf cart. Victim 2 advised she told her father to put his phone down and concentrate on driving. Victim 2 stated Suspect 1 became very angry with her and squeezed her left arm after she told her father to concentrate. Victim 2 showed me her left forearm and there were four fingernail impressions in her skin. The injury was superficial only and was not bleeding. Victim 2 went on to add that once they returned to the above address, Suspect 1 remained irate with her and her mother. Victim 1 attempted to leave the area with Victim 2 and the other young girls in the above vehicle. Victim 2 stated Suspect 1 began throwing shoes at the vehicle and continued to scream and curse. Victim 2 advised Victim 1 exited the vehicle to talk to Suspect 1 and then Suspect 1 punched Victim 1 in the face and attacked Victim 1. Victim 2 advised her mother was only trying to defend herself during the altercation. Victim 2 stated Suspect 1 and her father then left the area, possibly back to their residence in the Admirals Cove Golf Village.

I returned to Victim 1 who was still reluctant to give much detail about the incident, but did eventually state that Suspect 1 did attack her. Victim 1 also stated Suspect 1 was extremely upset through the entire evening. I utilized my body worn camera to mark the injuries of Victim 1 and Victim 2.

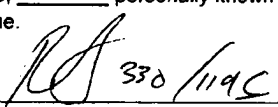
I eventually relocated to Admirals Cove Golf Village 135 W Village Way, Jupiter, FL 3348 in attempt to make contact with Suspect 1. It was determined that Suspect 1 and her father were not there, but at her biological mother's address 4901 Pacifico Ct, Jupiter, FL 33418. Before I relocated again, I spoke with Witness 1 at 135 W Village Way. Her statements were consistent with Victim 2 and Victim 1's statements. Witness 1 advised the other girls were too frightened to watch the incident.

I relocated to 4901 Pacifico Ct to attempt make contact with Suspect 1. I had a Palm Beach Gardens Police Officer assist me with making contact. We first made contact with Suspect 1's mother Sandy M Allenby (wf; 03/21/1965). She advised Suspect 1's father left the residence already and had Suspect 1 meet us downstairs. Suspect 1 did not have any visible injuries. Suspect 1 had conflicting statements with both Victims and Witness 1. Suspect 1 advised she was never on the golf cart and was just walking home.

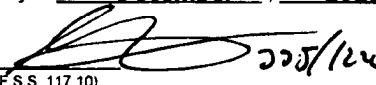
I arrested Suspect 1 based on the probable cause I developed during my above investigation. I secured her in handcuffs that were properly fit and double locked. I then transported her to the Jupiter Police Department

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.

 330/1195
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 5 day of December, 2021.

WALTENBURG, MARCUS  2021/12/05
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

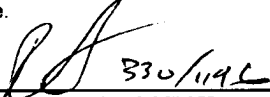

CRIME ANALYSIS

P. I. O.

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 12/05/2021 00:36		
	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-004290
	<p>for processing and later to the Palm Beach County Jail without incident. While I was at the Jupiter Police Department, I spoke with DCF Rep Donzie #159 and they will make a report. Victim 1 and 2 were given a Domestic Violence pamphlet.</p> <p>Based on above investigation, visible injuries, and the statements provided I found probable cause that Suspect 1 did actually and intentionally touch or strike Victim 1 and 2 against their will {or} did intentionally cause bodily harm to Victim 1 and Victim 2 contrary to Florida Statute 784.03(1)(A)(1).</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> 330/1192 _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>5</u> day of <u>December</u>, <u>2021</u>.</p> <p>WALTENBURG, MARCUS  _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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 #: 21-004290 Agency: Jupiter Police Department
Offense: Simple Battery (Domestic)
Suspect/Offender: Lily B Allenby
D.O.B. 01/17/2002 Race: W Sex: F

2. Warrant #(s): N/A

3a. Victim's Name: Elizabeta Salafranca D.O.B. 05/05/10 Race: W Sex: F
Address: 135 W Village Way
City: Jupiter State: FL ZIP: 33458
Home #: N/A Work #: _____ Other: _____

3b. Victim's Next of Kin, Friend or Neighbor: Robert Allenby
Address: 135 W Village Way
City: Jupiter State: FL ZIP: 33458
Home #: N/A Work #: N/A Other: N/A

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: _____

Officer's Name: _____ I.D. # _____ Date: _____

SUSPECT/OFFENDER: _____

(FOR WARRANT 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)
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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021030557	Date: 12/6/2021
	Specialist Name/ID: A. Pinkney/7796