

50. 2021. MM. 008196. AMB

Jacket #

Pouch #

OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 N T A		3 Request for Warrant 4 Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name FLORIDA HIGHWAY PATROL		Agency Report Number AF 010 FHPL21OFF072291							
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		none		Multiple Clearance Indicator	
Location of Arrest (including Name of Business) 1 SOUTH COUNTY ROAD PALM BEACH, FL 33480				Location of Offense (Business Name, Address) 1 SOUTH COUNTY ROAD PALM BEACH, FL 33480							
Date of arrest 10/31/2021		Time of Arrest 22:24		Booking Date		Booking Time		Jail Date		Jail Time	
										N/A	
Name (Last, First, Middle) NAIMOLI, LINDSEY FLORIDA				Alias (Name, DOB, Soc. Sec. #, Etc.) N/A							
Race W - White B - Black O - Oriental/Asian		Sex W F		Date of Birth 05/29/1983		Height 5-08		Weight 290		Eye Color BRO	
										Hair Color BLO	
										Complexion WHT	
										Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT RIB TATTOO, BACK TATTOO				Marital Status N/A		Religion N/A		Indication of Alcohol Influence Drug Influence		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 283 GRANADA RD WEST PALM BEACH, FL 33401				(City) (State) (zip)		Phone ()		Residence Type 1 City 2 County		3 Florida 4 Out of State 2	
Permanent Address (Street, Apt. Number) same as local				(City) (State) (zip)		Phone ()		Address Source FL DL			
Business Address (Name, Street) unemployed				(City) (State) (zip)		Phone ()		Occupation none			
D/L Number, State N 540-526-83-689-0		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) LANCASTER, OH		Citizenship U.S.			
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 Custodian <input type="checkbox"/> Other		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 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 355-2526) informed of any change of address. Yes <input type="checkbox"/> No <input type="checkbox"/>						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
Activity N N/A P Possess		S Sell B Buy T Traffic		R Smuggle D Deliver E Use		K Dispense 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 U Unknown S Synthetic		Z Other			
Charge Description Disorderly Conduct		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number F.S.S. 877.03		Violation of ORD # n/a			
Drug Activity n		Drug Type n		Amount / Unit n/a		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD # n/a			
Drug Activity n		Drug Type n		Amount / Unit n/a		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD # n/a			
Drug Activity n		Drug Type n		Amount / Unit n/a		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD # n/a			
Drug Activity n		Drug Type n		Amount / Unit n/a		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)											
Court Date and Time Month Day Year Time											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED; UNDERSTAND THAT SHOULD I 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 Name		Signature of Arresting Officer (Print) CPL. Z. TODD				ID # 4141		Name Verification (Printed by Arrestee) (PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) TPR. A. FERNANDEZ		ID # 908		Agency FHP L		Witness here if suspect signed with an "X"	
Intake Deputy Dunz 666		ID #		Pouch #		ID #		Agency		PAGE 1	

#0527009

#1161

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		
ADMIN	OBTS Number											
	Agency ORI Number	FLO 500000		Agency Name	FHPL		Agency Report Number	FHPL21OFF072291				
CHARGES	Charge Type	<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										
	Check as many as apply	Special Notes										
DEF	Name (Last, First, Middle)	NAIMOLI, LINDSEY FLORIDA					Alias					
							Race	W	Sex	F	Date of Birth	05/29/2983
CHARGES	Charge Description	DISORDERLY CONDUCT F.S.S. 877.03					Charge Description					
	Charge Description						Charge Description					
VICTIM	Victim's Name (Last, First, Middle)						Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)	(City)		(State)	(zip)	Phone	()		Address Source			
	Business Address (Name, Street)	(City)		(State)	(zip)	Phone	()		Occupation			
ADMINISTRATIVE	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. The Person taken into custody <input checked="" type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts admitting to the below facts <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation											
	On the <u>31</u> day of <u>OCTOBER</u> 20 <u>21</u> at <u>10:20</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)											
	<p>On October 31, 2021 I was on routine patrol at the Breakers Hotel at 1 South County Road, Palm Beach Florida 33480. I was assigned as the special detail law enforcement officer at the hotel. I was alerted by security staff of an unruly guest inside of the HMF restaurant. I responded to the area with hotel staff and contacted the manager on duty. The manager stated that guest was unruly and knocking glasses over and throwing items. While in the restaurant a white female wearing a black dress was identified as a guest that possibly intoxicated and being disorderly. The female had an unsteady gait and almost fell while standing on her own. She was asked to leave the restaurant by hotel staff due to her unruly conduct. The female then exited the restaurant and proceeded to run in the lobby area of the hotel and outside in the valet area. I asked her multiple times to stop as I was trying to identify her. She continued running and proceeded north to the residential area of the hotel. As she was on the sidewalk of the residential area she began yelling and screaming. She was asked multiple times to stop because she as disturbing the peace of the residents that were in the area. I then gave her multiple lawful orders to stop and not run or walk away. She then yelled multiple times and told me to stop following her. She then failed to bey my lawful order and ran away and proceeded north into the north parking lot area. Inside the parking lot she then began yelling more and shouting derogatory comments towards myself and the hotel staff. I observed that she had an unsteady gait, had the odor of an unknown alcoholic beverage on her breath and appeared intoxicated and impaired beyond normal faculties. I then had her sit on the ground, and she had difficulty keeping herself upright and kept falling over. She was then placed under arrest for disorderly conduct. While placing her under arrest police officers from Palm Bach Police arrived and stated that they received a 911 call for a female that was shouting and appeared in distress. This was in the same area that I had the female placed under arrest that was shouting and screaming. The female was later identified as Lindsey Naimoli by her FL DL. She was then transported to the county jail by Tpr. A. Fernandez.</p> <p>The above incident occurred in Palm Beach County.</p>											
	STATE OF FLORIDA COUNTY OF PALM BEACH CPL. Z. TODD 4141 (Signature of Arresting/Investigative Officer)											
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>31</u> day of <u>OCTOBER</u> 20 <u>21</u> by <u>CPL. Z. TODD 4141</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>											
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)											
	908											
	PAGE 1 OF 1											



**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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021027432

Date: 11/1/21

Specialist Name/ID: A. Pinkney/7796