22mm9856 MB

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22-135422

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
10760 Lake Oak Way Boca Raton, Florida 33498	10760 Lake Oak Way Boca Raton, Florida 33498

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/02/22	1928					

DEFENDANT

Name (Last)	(First)	(Middle)	Alias (Name, DOB, Soc. Sec. #, Etc.)
Kulberg	,Molly	, B	771-34-3330

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	10/15/2004	5'6	110	Brown	Brown	FAIR	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description) | Marital Status: Single | Religion: None | Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. / Drug Influence ☐ Y ☐ N ☐ Unk.

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
10760 Lake Oak Way	Boca Raton, FL 33498			561-350-5395	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
					FL DL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
					Unemployeed

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K416542048750, FL	[redacted]		Boca Raton, Florida	U.S.

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal ☐ Other: (Last) (First) (Middle) | Residence Phone

Address (Street, Apt. Number) 1- NO Bond (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 provided by ☐ defendant and / or ☒ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☒ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

Drug 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 S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Simple Battery (Domestic)	1	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22-135422		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time AM ☐ PM ☐

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) 12/02/22 Date Signed

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer X [signature] 0553 | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy	I.D. #	Pouch #	Arresting Officer (Print)	I.D. #	Witness here if subject signed with an -X"	PAGE
[signature]	9333		J. Carmenate	30553		OF 1

Transporting Officer: D/S J. Orozco | ID #: 8057 | Agency: PBSO

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #0148 REV. 04/22

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JKTH 05367 99

P1360

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 22-135422

Charge Type: Check as many as apply. [ ] 1. Felony [ ] 2. Traffic Felony [x] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth
Kulberg	Molly	B	771-34-3330	W	F	10/15/2004

CHARGES

Simple Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
Kulberg	Abby	Leigh	W	F	07/29/2003

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
10760 Lake Oak Way	Boca Raton, FL 33498			561-945-5752	FL DL

Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation
					Customer Service

PROBABLE CAUSE STATEMENT

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

[ ] committed the below acts in my presence.

[ ] confessed to _____ admitting to the below facts.

[ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

[x] was found to have commited the below acts, resulting from my (described) investigation.

On the 2nd day of December 20 22 at 1928 [ ] A.M. [x] P.M. (Specifically include facts constituting cause for arrest.)

[ ] **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

On the above date and time, Deputies responded to 10760 Lake Oak Way in reference to a domestic incident in progress.

Upon my arrival at the location of the incident, I made contact with the complainant, who identified himself as Abby Kulberg (Victim). Ms. Kulberg stated the following: she and her sister, later identified as Molly Kulberg (Defendant) were involved in an argument. During the argument Abby began telling her sister, Molly that she knows she had cheated on her boyfriend with another person. As Abby was telling Molly the above-mentioned, Molly became extremely angry, charged at her and punched her in the face (upper lip, nose area). After getting punched in the face by Molly, Abby then grabbed Molly by the hair and pushed her in an attempt to get Molly away from her. Abby had light redness to her face/upper lip area. Abby refused Emergency Medical Services.

Contact was then made with (Defendant) Molly Kulberg. Molly advised the following: She and Abby (Victim) were involved in an argument over a friend's make-up. During their argument, Abby began to tell Molly that she knows she cheated on her boyfriend with another man. After Abby said that to her she became extremely angry as she said she did not cheat on her boyfriend but instead was raped. After becoming extremely angry, at which point she then went up to Abby and punched her. Abby then pulled her hair and pushed her.

Based on the following investigation: I found probable cause exists for the arrest of Molly Kulberg for Simple Battery (Domestic), contrary to F.S.S 784.03(1A1).

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Carmenate 30553
(Signature of Arresting/Investigative Officer) (ID #) 30553

The foregoing instrument was sworn to or affirmed and subscribed before me this 02 day of December 20 22 by J. Carmenate 30553

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN D/S C. Garcia

21280
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Kulberg Molly B **DOB:** 10/15/2004 **Case #:** 22-135422

Name (Last, First)

Victim: Kulberg Abby **DOB:** 07/29/2003 **Race:** W **Sex:** F

Relationship between Victim and Defendant: Blood Relative

Photographs: Scene Yes × No Victim Yes × No Defendant Yes × No

911 Call: × Yes No **Caller:** _____

Weapon Used: Yes × No **Type:** _____

Witness: × Yes No **Name:** (Last) Brennan (First) Jennifer (Middle) _____

Victim Pregnant: Yes × No If yes, ____ weeks ____ months

Injuries: Yes × No **Description:** _____

Medical Treatment: Yes × No

At Scene: Yes × No **Paramedics:** _____

At Hospital: Yes × No **Hospital:** _____ **Doctor:** _____

Are Children Living in Home? Yes × No **DCF Notified?** Yes × No

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Injunction Yes × No **Case #:** _____

No Contact Order Yes × No **Case #:** _____

Alcohol or Drugs Yes × No Unknown

Prior History of Domestic/Dating Violence Yes × No

Defendant's Statements × Yes No If yes, written recorded × oral

First words Defendant said when you responded to scene: _____

Victim's Statements × Yes No If yes, ×written recorded oral

First words Victim said when you responded to scene: My sister punched me in the mouth

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes × No **If yes, name:** _____ **phone:** _____

Observations of Victim (Physical & Emotional) Crying and upset

× Upset × Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other

Victim Contact Information: (Last) Kulberg (first) Abby

Local Address: 10760 Lake Oak Way, Boca Raton, Florida 33498

Phone: 561-945-5752

Employer: (Name) Customer Service (Employer Address) _____

Name of Relative: (Last) (First) **Phone:** _____

Address: _____

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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 #: **22-135422** Agency: **PBSO**
   Offense: **Battery (Domestic)**
   Suspect/Offender: Name (Last) **Kulberg** (First) **Molly** (Middle) **B**
   D.O.B. **10/15/2004** Race: **w** Sex: **F**

2. Warrant #(s): _____
   Name (Last, First)

3.a. Victim's name: **Kulberg** **Abby** D.O.B. **07/29/2003** Race: **W** Sex: **F**
   Address: **10760 Lake Oak Way**
   City: _____ State: _____ Zip: _____
   Home #: **561-945-5752** Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
   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: Name (Last, First) **Kulberg** **Abby**
Deputy's Name: **J. Carmenate** I.D. # **30553** Date: **12/02/22**

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **Kulberg** **Molly** **B** COURT CASE/WARRANT #: **(FOR WARRANTS USE ONLY)**

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2022031199	**Date:** 12/3/2022
	Specialist Name/ID: T.Howard/7185