0538081 23MM1131MS 3089

ARREST / NOTICE TO APPEAR

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | JUVENILE

ADMINISTRATION

Agency ORI Number: 0502000 | Agency Name: Lantana Police Department | Agency Report Number (N.T.A. only): 6 | 4 | 23-000743

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

If Weapon Seized, Enter Type | Multiple Clearance Indicator: 1

Location of Arrest (including Name of Business) | Location of Offense (Business Name, Address)

[redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/08/2023	03:35	02/08/2023	03:45			

DEFENDANT

Name (Last, First, Middle): EIMERS, KENDALL ANN | Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/03/1994	5'06	120	BROWN	BLONDE OR	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: S | Religion | Indications of Alcohol Influence: ☒ Yes ☐ No ☐ Unk | Drug Influence: ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 1008 WATER TOWER WAY 306, LANTANA, FL 33462 | Phone: (678) 749-6516 | Residence Type: 1 City 3 Florida 2 County 4 Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1008 WATER TOWER WAY 306, LANTANA, FL 33462 | Phone: (678) 749-6516 | Address Source

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

D/L Number, State	SS#	INS Number	Place of Birth (City, State)	Citizenship
E562501949030 / FL	[redacted]		DANBURY CT	US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 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 ☐ Other: ☐ Legal Custodian | Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

Notified by: (Name) VICTIM NOTIFICATION REQUIRED | Date | Time | JUVENILE DISPOSITION 1 Handled/Released w/o Det. 2 TOT JAC 3 Incarcerated

Released To: (Name) Relationship | Date | Time

The above address was provided by ☐ defendant and/or ☐ 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, by: ☐ No

School Attended | Grade

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

MPTS ASSIGNAL

CODE

Drug Activity: H N/A, P Possess, S. Sell, B Buy, T Traffic, R. Smuggle, D Deliver, E Use, K. Disperses/ 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

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY	784.03 (1)(A)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		NO BOND

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries. Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health | PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room) | Court Date and Time

SCANNED FEB 09 2023

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

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

ADMIN

HOLD for Other Agency | Signature of Arresting Officer: 933

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): SIMMONS, TIMOTHY PAUL | ID #: 933

Intake Deputy: J. DUNN 3616 | Pouch # | Transporting Officer: SIMMONS | ID #: 933 | Agency: LANTA

Name Verification (Printed by Arrestee) (PRINT) 6:03

Witness here if subject signed with an "X"

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ DEFENDANT RECORDS ☐ FBI ☐ CRIMINAL ANALYSIS ☐ P & ID ☐ DEFENDANT

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time		
02/08/2023 04:14		
Agency ORI Number	Agency Name	Agency Report Number
FL FL0502000	LANTANA POLICE DEPARTMENT	6 | 4 | 23-000743

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
EIMERS, KENDALL ANN		W	F	11/03/1994

CHRG

Charge Description: 784.03 (1)(A)(1) BATTERY

VICTIM

[redacted]

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☐	☒
VICTIM'S STATEMENTS:	☐	☐	☒

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): QUIET, BLOODIED AND SCRATCHED

RELATIONSHIP BETWEEN VICTIM & SUSPECT: [redacted]

		YES	NO	
PHOTOGRAPHS:	Scene:	☐	☒	
	Victim:	☐	☒	
911 CALL:		☒	☐	CALLER: UNK
WEAPON USED:		☐	☒	TYPE:
WITNESSES:		☐	☒	(If YES, attach witness list)
INJURIES:		☒	☐	
MEDICAL TREATMENT:		☐	☒	
AT:	Scene:	☐	☒	PARAMEDICS:
	Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:		☐	☒	
VICTIM PREGNANT:		☐	☒	
VIOLATION OF RESTRAINING ORDER:		☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		☐	☒	
ALCOHOL OR DRUGS INVOLVED:		☒	☐	

NARR

On 02/08/2023 at approximately 0258hrs I, Ofc. Simmons #933, responded to a disturbance at [redacted] As I was walking up the stairs to the apartment, I observed a w/m with no shirt on and a backwards ball cap pulling on the door to [redacted] The w/m walked down the stairs and I observed that he had a blood like substance on his hand, a blood like substance on the left side of his nose and red scratch marks across his

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.

933
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8th day of Feb, 2023.

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT | STATE ATTORNEY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | P.I.O.

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN	Date / Time		
	02/08/2023 04:14		
	Agency ORI Number	Agency Name	Agency Report Number
	FL FL0502000	LANTANA POLICE DEPARTMENT	6 | 4 | 23-000743

NARRATIVE

body. I later observed in better lighting that the w/m had a noticeable bruise under his left eye.

The w/m was identified as [redacted] [redacted] advised that he and [redacted] Kendall Eimers (11/03/1994) were involved in a verbal argument regarding recent stresses but would not elaborate further. [redacted] advised that he and Eimers have been [redacted] I asked [redacted] about the injuries to his hands, face and eye. [redacted] stated that he caused the injury to his face by scratching and irritation on his eye. As I continued to interview [redacted] and ask about the injuries, he stated "yeah she got me good didn't she". [redacted] refused to explain any further

I then went and spoke with Eimers. Upon making contact with Eimers I noticed that she had dried blood on her left hand. Eimers denied any physical altercation and stated that she didn't know where the blood came from on her left hand and that she is a right-handed person. I read Eimers her Miranda warnings. Refused to cooperate further.

Based upon the facts above, I have probable cause to arrest Eimers for Domestic Battery.

NOT A CERTIFIED COPY

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.

933
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8th day of FEB 2023

601
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117.10)

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.

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #: _____ **(FOR WARRANT USE ONLY)**

1. Incident Report#: 23-000743 Agency: Lantana PD
   Offense: Battery
   Suspect/Offender: J Kendal Simons
   D.O.B. 11/03/94 Race: W Sex: F

2. Warranty #(s): _____

3. Complete one (1) of the following:

   a. Victim's name: Patrick Cook
   Address: 1008 Water Tower Way #306
   City: Lantana State: FL Zip: 33462
   Home #: 561-888-1753 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 RELASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Simmons I.D.: 933 Date: 2/8/23

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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:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023003678	**Date:** 2/9/2023
	Specialist Name/ID: T.Howard/7185