24 MM - 1409 AMB

CF 24-116

☒ Marsy's Law Cvl FL. Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

Juvenile: 1 | N

OBTS Number

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 0 6 - 24-035581

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): [redacted]

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/18/24	0004					

DEFENDANT

Name (Last, First, Middle): SPEER KIMBERLY

Alias (Name, DOB, Soc. Sec. #, Etc.)

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	06/21/1974	5'08	130	BLUE	BLONDE	FAIR	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): No

Marital Status: Married | Religion: None | Indication of Alcohol Influence / Drug Influence: Y ☐ N ☐ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted] | Mobile Phone: [redacted]

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

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

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S160511747210	[redacted]		Atlanta, Georgia	US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) 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. Synthetic U. Unknown Z. Other

CHARGE

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

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		24-035581		

CHARGE

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

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

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)

FILED PBC – GUN CLUB
'24 FEB 18 AM 6:50

Court Date and Time: Month Day Year Time A.M. ☐ P.M. ☐

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) — Date Signed: 02/18/24

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply and that I may revoke this consent via the text message system if I choose. — Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D/S B. Landa | I.D. #: 22055

Transporting Officer: D/S B. Landa | I.D. #: 22055 | Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

SCANNED FEB 18 2024

PBSO #0148 REV 01/23 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest 2 NTA 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- 24-035581

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SPEER KIMBERLY		W	F	06/21/1974

CHARGES

Simple Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
SPEER JEFFERY	W	M	[redacted]

Local Address (Street, Apt. Number) [redacted] (City) (State) (zip) Phone: Address Source: FL DL

Business Address (Name, Street) (City) (State) (zip) Phone: Occupation: [redacted]

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
☒ was found to have commited the below acts resulting from my (described) investigation

On the 18TH day of February 2024 at 1204 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

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

On Sunday, February 18th, 2024, at 0004 hours, I was dispatched to [redacted] to investigate a domestic dispute in-progress. The complainant said his parents were in a domestic dispute.

I arrived at the above mentioned address, and I first met with the Jeffery Speer (Date of Birth [redacted] The following is a summary of Speer's statement. Hamilton explained to me he and his wife Kimberly Speer (Date of Birth 06/21/1974) was intoxicated. Speer stated began arguing with Kimberly because she was bothering there children. Speer said Kimberly began hitting him. According to Speer, he grabbed Kimberly to prevent her from hitting him more. Speer told his son to call the police.

Speer obtained minor scratches on his left bicep. The scratches were red in color. Speer stated he obtained them from Kimberly hitting him.

The following is a summary of Kimberly's statement. Kimberly explained that she got into a argument with Speer. Kimberly said the argument was about relationship issues. Kimberly stated Speer grabbed her and pushed her to the ground. Kimberly said she then hit her head.

Kimberly had a bruise on her right arm that she said she obtained several weeks ago. Kimberly's bruises was light blue. Kimberly had no other visible injuries.

I spoke with Kimberly's son Ethan Speer's. Ethan stated he saw Kimberly on the ground, but did not witness the altercation.

Speer and Kimberly are married and live together.

Based on Speer's statement and his injuries. I determined I have probable cause to believe Kimberly Speer (Date of Birth 06/21/1974) violated F.S.S 784.03 (1)(a)(1) and was the primary aggressor.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S B. Landa (ID #) 22055
(Signature of Arresting/Investigative Officer)

SCANNED
FEB 18 2024

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of February 2024 by D/S B. Landa 22055

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced: PRODUCED FL ID : D/S B. Landa #22055

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

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

PBSO #0004 REV. 01/23

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: SPEER KIMBERLY **DOB:** 06/21/1974 **Case #:** 24-035581

Name (Last, First)

Victim: SPEER JEFFERY **DOB:** [redacted] **Race:** W **Sex:** M

Relationship between Victim and Defendant: Married

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

911 Call: × Yes No **Caller:** Ethan Speer

Weapon Used: × Yes No **Type:** Hands

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

Victim Pregnant: Yes × No If yes, weeks months

Injuries: × Yes No **Description:** Scratches

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: Ethan Speer **DOB:** [redacted]

Name: Preston Speer **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: Nothing

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

First words Victim said when you responded to scene: Nothing

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)

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain × Other

Victim Contact Information: (Last) SPEER (first) JEFFERY

Local Address: [redacted]

Phone:

Employer: (Name [redacted] (Employer Address)

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

Address:

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SCANNED FEB 18 2024

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 #: **24-035581** Agency: **PBSO**
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: Name (Last) **SPEER** (First) **KIMBERLY** (Middle)
   D.O.B. **06/21/1974** Race: **W** Sex: **F**

2. Warrant #(s): _____

3.a. Victim's name: (Last, First) **SPEER JEFFERY** D.O.B. [redacted] Race: **W** Sex: **M**
   Address [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: [redacted] 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) **SPEER JEFFERY**

Deputy's Name: **D/S B. Landa** I.D. # **22055** Date: **02/18/24**

SCANNED FEB 18 2024

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **SPEER** **KIMBERLY**

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

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☒	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	1-6
	☒	119.071(2)(j)	*Home/employment telephone number*, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	1-6
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024004504	**Date:** 2/18/2024
	Specialist Name/ID#: C. Daniels/ 30347

SCANNED
FEB 18