23F 2648 ~~CF 23 [illegible]~~ 05392357 ~~[illegible]~~ 163

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	5 4 23-001283

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: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
1210 S OLD DIXIE HWY, JUPITER, FL 33458	600 S ALT A1A/TONEY PENNA DR, JUPITER, FL 33477

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/26/2023	23[illegible]	[illegible]				

DEFENDANT

Name (Last, First, Middle): HEISER, KRIS LOGAN — Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	04/27/1966	5'11	200	BLUE	BLONDE /	FAIR	Med

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: M — Religion

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. — Drug Influence ☐ ☒

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
120 ELSA RD, JUPITER, FL 33477				(561) 308-1570	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
120 ELSA RD, JUPITER, FL 33477				(561) 308-1570	FL DL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				(561) 308-1570	

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H260512661470 / FL	[redacted]		GAINESVILLE, FL	

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

(NO Bond)

Notified by: (Name)	Date	Time	JUVENILE DISPOSITION (1. Handled/Processed within Department and Released 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

CODE

Drug Activity: N. 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 - ON OFFICER, FIREFIGHTER, EMT ETC.	784.07(2)(B)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ 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		

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
			[illegible]

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

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 COMTEMPT 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

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): RALEIGH, ELIZABETH — I.D. #: 1022

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy — I.D. # — Pouch #

Transporting Officer: Raleigh — I.D. #: 1022 — Agency: JPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☒ STATE ATTORNEY ☐ AGENCY ☒ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☒ P.I.O. ☐ DEFENDANT

NOT A CERTIFIED COPY

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	Agency Name	Agency Report Number
	FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-001283

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HEISER, KRIS LOGAN		W	M	04/27/1966

CHARGES

Charge Description	Charge Description
784.07(2)(B) BATTERY - ON OFFICER, FIREFIGHTER, EMT ETC.	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
SMITH, DOUGLAS	W	M	05/19/1969

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
405 PIKE RD, WEST PALM BEACH, FL 33411	(561) 616-7000	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.
[ ] was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.
[ ] confessed to _____ admitting to the below facts.
[X] was found to have committed the below acts, resulting from my (described) investigation.

On the 26 day of March, 2023 at 23:39 (Specifically include facts constituting cause for arrest.)

On 03/26/2023 at 2150 hrs., I responded to the Jupiter Medical Center ER in reference to a reported Battery on a Firefighter. This call is related to Event #23081272, which was a medical call on N. Alt A1A/Yacht Club Dr. where a subject, identified as Kris L. Heiser (w/m 04-27-66) fell off of his motorized scooter. Heiser appeared intoxicated and had sustained abrasions to the right side of face, right wrist, right hand and knees. Due to his injuries and level of intoxication, PBFR advised it was necessary for him to go to the hospital. Heiser did not want to go and kept insisting he only lived 3 houses away. The medical necessity was explained to him and that if he refused to go he would be placed under a Baker Act. Heiser then agreed to go with PBFR to Jupiter Medical Center. PBFR Station 18 Run #PBC23026850.

Upon my arrival at the ER, I spoke to PBFR Lt. Douglas J. Smith, who is the victim. Smith advised while enroute to the hospital Heiser became belligerent and was cursing at them. Smith said Heiser swung his arm in what he believed was an aggressive manor, so he swatted it away. Smith said Heiser continued to curse at them and then he spat at Smith, striking him in the face. Smith said some of the spit got into his mouth. Smith then pushed Heiser`s face to the side using his forearm across his jawline. Once Smith felt Heiser relax, he removed his arm and assisted in readjusting him on the stretcher as his upper body had slid to the side.

This battery was witnessed by PBFR EMT Adrian Fernandez (w/m 01/07/98). See supplemental report by Ofc. Tappin for details on his statement.

Heiser received medical treatment at Jupiter ER for the exposure to bodily fluids. It is unknown at this time if Heiser has any communicable diseases that he exposed or potentially transmitted to Smith by spitting on him. Smith advised he does wish to prosecute.

I then spoke to Heiser and advised him that I was made aware of the incident on the ambulance of him spitting on the firefighter. Heiser said he didn`t spit on him. I told him that he was under arrest for Battery on a Firefighter and placed a handcuff on his right wrist and secure it to the ER bed.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

03/26/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

RALEIGH, ELIZABETH (1022)
NAME OF OFFICER (PLEASE PRINT)

03/26/2023
DATE

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

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-001283

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HEISER, KRIS LOGAN		W	M	04/27/1966

PROBABLE CAUSE STATEMENT

Smith provided a sworn statement. I gave him a Victim`s Notice of Legal Rights pamphlet. BWC footage of the above investigation does exist. It should be noted that the above narrative is a summary of the footage and not purported to be verbatim.
I find Probable Cause does exist to charge Kris L. Heiser with Battery on an Emergency Medical Care Provider as he did intentionally touch or strike Lt. Douglas Smith against his will while he was engaged in the lawful performance of a duty and while Kris L. Heiser knew the identity or employment of Lt. Douglas Smith, pursuant to 784.03(1) and 784.07(1)(a)and(2)(b). (3 DEG FEL) (LEVEL 4).

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

03/26/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

RALEIGH, ELIZABETH (1022)
NAME OF OFFICER (PLEASE PRINT)

03/26/2023
DATE

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

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: 2023007982	**Date:** 3/27/2023
	Specialist Name/ID: M. Tooks #8557