05389974 23mm2127mb 1101

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)
0500400	Delray Beach Police Department	40 23-003647

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)
2698 ALBATROSS RD N APT B DELRAY BEACH, FL 33444	2698 ALBATROSS RD N B, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/15/2023	13:52					

DEFENDANT

Name (Last, First, Middle): KAZIMER, LAURA ELIZABETH

Alias: 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	09/08/1992	5'05	110	BLUE	BROWN	LIGHT	~~THIN~~ STOCKY

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

Marital Status: S

Religion: UNKNOWN

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

Local Address (Street, Apt. Number, City, State, Zip)	Phone	Residence Type (1 City, 2 County, 3 Florida, 4 Out of State)
2698 ALBATROSS RD N B, DELRAY BEACH, FL 33444	(561) 283-9638	

Permanent Address (Street, Apt. Number, City, State, Zip)	Phone	Address Source
2698 ALBATROSS RD N B, DELRAY BEACH, FL 33444	(561) 283-9638	

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K256525928280 / FL	[redacted]		DAYTON, OH	

CO-DEFT

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) — Date — Time — JUVENILE DISPOSITION (1 Handled/Processed within ... 2 TOT Jail 3 Detained and Released 4 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, I Use, K Dispenses/Distribute, M Manufacture/Produce/Cultivate, / 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, / Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY(TOUCH OR STRIKE)	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	23-003647	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 ☐ F.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): South County 200 W Atlantic Ave Delray Beach, FL 33444

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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

No Photo Available

ADMIN

Hold for Other Agency: NO DETAINER

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): PIERRE, LUCKSON — ID #: 1242

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

Intake Officer: D/S HACK 3890 — Pouch # — Transporting Officer — ID # 1242 — Agency

FILED PBC - CLERK CIRCUIT COURT 2023 MAR 15 AM 8:50

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY [redacted] ☐ P.I.O. ☐ DEFENDANT

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
03/15/2023 12:41	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 23-003647

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
KAZIMER, LAURA ELIZABETH		W	F	09/08/1992

CHRG

Charge Description: 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
WOODS, LEXIE LAINE	W	F	01/15/1989

Local Address (Street, Apt. Number, City, State, Zip)	Phone	Address Source
2698 ALBATROSS RD N B, DELRAY BEACH, FL 33444	(954) 501-6290	

Business Address (Name, Street, City, State, Zip)	Phone	Occupation
PALM PARTNER, 705 W LINTON BV	(561) 882-9821	SUPERVISOR

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

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):

RELATIONSHIP BETWEEN VICTIM & SUSPECT: GIRLFRIEND

ADDITIONAL INFORMATION

	YES	NO	
PHOTOGRAPHS: Scene:	☐	☒	
Victim:	☒	☐	
911 CALL:	☐	☐	CALLER:
WEAPON USED:	☒	☐	TYPE: FIST
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

The following incident occurred within the City of Delray Beach, Palm Beach County, Florida.

On 03/15/2023 I was dispatched to 2698 Albatross Rd apt B for a domestic dispute. Upon arrival I spoke with Laura Kazimer who stated that she had a dispute with her girlfriend Lexie Woods this morning. Kazimer stated

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.

_____
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 15 day of March, 2023.

SCHWARTZ, MICHAEL A
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		
03/15/2023 12:41		
Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 | 0 | 23-003647

NARRATIVE

that the altercation began as a verbal argument but escalated when Woods struck her in the face. Kazimer stated that she then struck Woods in face as well, trying to defend herself. I observed a red mark under Kazimer`s right eye, indicating that she was hit in the face. Kazimer refused medical treatment stating that she only wanted to get her belongings and leave.

I then spoke with Woods who she stated that the altercation began when Kazimer was moving her stuff, and this triggered a verbal argument. Woods further stated that the argument escalated when Kazimer approached her and struck her in the face. Woods stated that she then struck Kazimer in the face as well to ger her away. Woods had a red mark under her right eye indicating she was struck in the face. Woods refused medical treatment.

Based on the above stated fact, probable cause exists to charge Laura Kazimer with Simple Battery per FSS 784.03.

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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.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 15 day of March, 2023.

SCHWARTZ, MICHAEL A
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

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

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: Laura kazimer

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

1. Incident Report #: 23-003647 Agency: DBPD
   Offense: Domestic Battery
   Suspect/Offender: Laura kazimer
   D.O.B. 09/08/1992 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

   a. Victim's name: Lexie Woods
      Address: 2698 Albatross RD N APT B
      City: Delray Beach State: FL Zip: 33444
      Home #: 954-501-6290 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 RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: _____ I.D.: 1242 Date: 03/15/2023

White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

PBSO #0029-A Stock F-4403

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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: 2023007039	**Date:** 3/16/2023
	Specialist Name/ID: M. Tooks #8557