

ARREST / NOTICE TO APPEAR

77MM 013474 JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-015196						
D E F E N D A N T	Agency O/R Number 0500200	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				If Weapon Seized Enter Type Hands, Feet, Fist, Teeth	Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) 661 NW 53RD STREET		Location of Offense (Business Name, Address) 661 NW 53RD ST, BOCA RATON, FL 33487							
J U V E N I L E	Date of Arrest 11/06/2017	Time of Arrest 00:29	Booking Date 11/06/2017	Booking Time 00:40	Jail Date 11/06/2017	Jail Time 00:00	Location of Vehicle AT SCENE			
	Name (Last, First, Middle) SMITH, CIMARRON COLLIN						Alias (Name, DOB, Soc. Sec. #, Etc.)			
C O D E D E	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 05/21/1975	Height 5'07	Weight 185	Eye Color GREEN	Hair Color BALD	Complexion LIGHT	Build Large	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion CHRISTIAN	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 155 EGRET, SATELLITE BEACH, FL 32937			Phone (407) 460-8322			Residence Type: 1. City 3. Florida 11 2. County 4. Out of State			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 155 EGRET, SATELLITE BEACH, FL 32937			Phone (407) 460-8322			Address Source FL DL			
Business Address (Name, Street) (City) (State) (Zip) HILTON,			Phone			Occupation Sales				
D/L Number, State S530103751810 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) SATELLITE BEACH,		Citizenship US			
C O D E D E	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
I N T A K E	Name (Last, First, Middle)							Residence Phone		
	Address (Street, Apt. Number) (City) (State) (Zip)							Business Phone		
	Notified by: (Name)			Date	Time	JUVENTILE 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 <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.						School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property		Value of Property		
C H A R G E	Drug Activity N. N/A S. Sell R. Smuggle K. Disperse/Distribute M. Manufacture/Produce/Cultivate Z. Other P. Possess T. Traffic D. Deliver E. Use			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			Statute Violation Number 784.03(1A1)		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond NONE	
	Charge Description			Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond	
	Charge Description			Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond	
I N T A K E	Health Apparent Physical Condition of Defendant NORMAL					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:				
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			PROPERTY - Received By HORNE		Released By HORNE		Released To COUNTY JAIL		
N O T I C E	Transported By HORNE			Date Transported 11/06/2017	Time Transported 00:00	Other				
	<input type="checkbox"/> NSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> NSTRUCTION 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						No Photo Available
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.										
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed			NOV 6 AM 6 38	
HOLD for Other Agency			Signature of Arresting Officer			Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) HORNE, ASHTON			ID. # 791			PAGE	
Intake/Deputy SPANN 8101		ID. #	Pouch #	Transporting Officer HORNE		ID. # 791	Agency BOCA	Witness here if subject signed with an "X".		

J# 0493128

SCANNED NOV 16 2017 3 58 0

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/06/2017 00:29	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-015196		
	Name (Last, First, Middle) SMITH, CIMARRON COLLIN				Alias	Race W	Sex M
C H R G E	Charge Description 784.03(1A1)						
	[REDACTED]				Race W	Sex F	Date of Birth 01/11/1982
V I C T I M	Phone [REDACTED]		Address Source				
	Phone [REDACTED]		Occupation SALES				
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET/ CRYING				
VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral							
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]							
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO				
	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	911 CALL:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALLER:			
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:			
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)			
	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:			
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:	[REDACTED]		
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:				
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
N A R R	On 11/05/17 at approximately 2344 hours, I responded to 661 NW 53rd St (Embassy Suites) Room 551, in reference to a physical domestic disturbance. Boca Raton Telecommunication Center received a call from Embassy Suites front desk receptionist advising that a guest in room 551 was crying hysterically stating that [REDACTED] threw her on the ground. Upon arrival, I made contact with W/F [REDACTED] and W/M Cimarron Smith.						
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, [Signature], personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. [Signature] SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>6</u> day of <u>November</u> , <u>2017</u> . [Signature] PATTERSON, MARC P NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 11/06/2017 00:29	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-015196
	Agency ORI Number FL 0500200		

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I met with [REDACTED] outside of the suite. It was obvious that [REDACTED] was upset and in possibly in pain due to the way she was holding her right shoulder. [REDACTED] was crying and had reddish marks across her chest and shoulder area. According to [REDACTED] she's been dating Cimarron for a few months. [REDACTED] advised that she got into a physical fight with Cimarron over infidelity issues. I then asked [REDACTED] did she get physically touched. [REDACTED] responded saying, "I don't want him to get in trouble". [REDACTED] was unwilling to cooperate during the course of my investigation. [REDACTED] stated multiple times "I should have never called". While speaking with [REDACTED] she continued to hold her right shoulder with her left hand very gingerly. I asked if she needed medical attention and she refused. [REDACTED] did not wish to complete a statement or allow me to take any photos of her injuries. I then asked [REDACTED] did you call the front desk and tell them that you got thrown to the ground and she nodded her head up and down. [REDACTED] then discontinued the conversation by not speaking.

Next, I met with Cimarron who was shaking and unsteady. I introduced myself to Cimarron and explained that I was conducting an investigation in regards to a domestic disturbance. Cimarron stated he understood and was willing to speak with me. According to Cimarron, [REDACTED] went through his phone and saw text messages from another woman that was stored in a group message. Cimarron then explained that [REDACTED] wanted to address the issue at which point it became physical. Cimarron stated [REDACTED] was crying and yelling. Cimarron advised that [REDACTED] started to swing her arms and that's when he grabbed her arms. I asked Cimarron did he throw her to the ground and he stated "no". I did not notice any marks or bruising on Cimarron's person. I then asked Cimarron why he did not call 9-1-1 and he stated, "because I'm a man".

Based on my investigation, I have determined that Cimarron actually and intentionally threw his girlfriend on to the ground, against her will contrary to F.S.S. 784.03(1a1). I placed Cimarron under arrest and transported him to BRPD where he was processed and transported to Palm Beach County Jail.

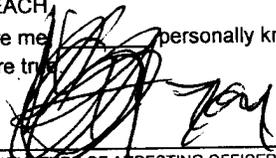
It should be noted that [REDACTED] refused to complete a written statement.

[REDACTED] refused the Domestic Violence pamphlet.

DCF was notified being that children were present during the course of this incident.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me [REDACTED] 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 6 day of November, 2017.


PATTERSON, MARC P
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 17-15196 Agency: Boca Raton PD
Offense: Simple Battery (Domestic)
Suspect/Offender: Cimarron Smith
D.O.B. 5/21/75 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim's name: _____ D.O.B. _____
Address: _____
City: _____
Home#: _____

b. Victim's next of kin, friend or neighbor: _____
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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

SCANNED
NOV 06 2017

Printed name of person waiving notification: _____

Officer's Name: Ashton Horn I.D.# 791 Date: 11/6/17

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

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