

0484313

1038

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Jvenile	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17024177</b>					
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator <b>01</b>	
Location of Arrest (Including Name of Business) <b>1590 SW 65TH AVE BOCA RATON FL 33428</b>				Location of Offense (Business Name, Address) <b>1590 SW 65TH AVE BOCA RATON FLORIDA 33428</b>					
Date of Arrest <b>01/08/17</b>		Time of Arrest <b>2320</b>		Booking Date		Booking Time		Jail Date	
				Jail Time		Location of Vehicle <b>N/A</b>			
Name (Last, First, Middle) <b>HEATH, KAYLEE, MARIE</b>									
Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>07/10/1995</b>		Height <b>5-7</b>		Weight <b>150</b>	
						Eye Color <b>BLUE</b>		Hair Color <b>BLONDE</b>	
						Complexion <b>LIGHT</b>		Build <b>LIGHT</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>SINGLE</b>		Religion <b>CHRISTIAN</b>		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>1590 SW 65TH AVE BOCA RATON FL 33428</b>				Phone <b>(561) 715-0134</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) <b>NONE</b>				Phone <b>( )</b>		Address Source <b>FLORIDA DRIVERS LICENSE</b>			
Business Address (Name, Street) <b>111 SE MIZNER BLVD. BOCA RATON FLORIDA 33431</b>				Phone <b>( ) 910-2538</b>		Occupation			
D/L Number, State <b>H-300-513-95-750-0 FLORIDA</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>NEW YORK NY</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
								<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
								<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
Parent Legal Custodian Other:				Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)				(City)		(State)		(Zip)	
Notified by: (Name) <b>No Bond</b>				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 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property		Value of Property			
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. Synthetics		U. Unknown Z. Other	
Charge Description <b>SIMPLE BATTERY (DATING VIOLENCE)</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03 (1A1)</b>	
Drug Activity <b>N/A</b>				Drug Type <b>N/A</b>		Amount / Unit <b>N/A</b>		Offense # <b>17024177</b>	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) <b>TO BE SET</b>				Court Date and Time Month Day Year Time AM PM		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. <b>01/08/17</b>			
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed					
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Signature of Arresting Officer <b>D/S T. DRAKE</b> Name of Arresting Officer (Print) <b>D/S T. DRAKE</b> ID # <b>5310</b>		Name Verification (Printed by Arrestee) (PRINT)			
Intake Deputy <b>Coutland</b> ID # <b>4716</b> Pouch #				Transporting Officer <b>D/S T. DRAKE</b> ID # <b>5310</b> Agency <b>06</b>		Witness here if subject signed with an X <b>SCANNED</b> PAGE <b>1</b> OF <b>1</b>			

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N		
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 17024177</b>									
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:											
DEF	Name (Last, First, Middle) <b>HEATH, KAYLEE, MARIE</b>		Alias		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>07/10/1995</b>					
CHARGES	Charge Description <b>SIMPLE BATTERY ( DATING VIOLENCE )</b>		784.03 (1A1)		Charge Description									
	Charge Description				Charge Description									
VICTIM	[REDACTED]													
	[REDACTED]													
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 <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <b>08</b> day of <b>JANUARY</b> 20 <b>17</b> at <b>2245</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)														
<p>On January 08, 2017 I was dispatched to the address of 1590 S.W. 65th Avenue unincorporated Boca Raton, Palm Beach County, Florida 33428 Reference to a domestic dispute.</p> <p>Communications advised the caller was reporting a battery in progress. They advised a female was hitting a [REDACTED] and broke the [REDACTED]</p> <p>Upon arrival I could hear a female screaming from the street near the approximate address I was dispatched to. I approached the screaming and saw a white female later identified as Mrs. Kaylee Heath kick with her right foot a white [REDACTED] in the right side from behind. [REDACTED] had turned away from her to protect [REDACTED] from her assault. She then proceeded to strike [REDACTED] body till she heard me announce myself as a Deputy Sheriff's Deputy and to stop hitting [REDACTED]. Mrs. Heath saw my light and ran between the trailers attempting to escape.</p> <p>D/S B. Smith and D/S Ingram was located where she ran and apprehended her where handcuffs were applied. I then made contact with [REDACTED] who only provided his name and [REDACTED] and Mrs. Heath. [REDACTED] was Mrs. Heath's [REDACTED] of just over a year and she flipped out on [REDACTED] because she wants more of a [REDACTED] to her at this time. [REDACTED] to cooperate any further.</p> <p>Based on my investigation and what I witnessed upon my arrival Probable cause exists for the arrest of the defendant Mrs. Kaylee Heath for violation of Florida State Statute 784.03 (1A1) did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED], contrary to Florida Statute 784.03(1A1) ( Dating Violence ). (1 DEGMISD).</p>														
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S T. DRAKE (Signature of Arresting/Investigative Officer)											
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>08</b> day of <b>JANUARY</b> 20 <b>17</b> by <b>D/S T. DRAKE</b> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>KNOWN</b> <b>D/S B. Smith 4038</b> 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 #: 17024177 Agency: PBSO  
Offense: SIMPLE BATTERY ( DATING VIOLENCE )  
Suspect/Offender: HEATH, KAYLEE, MARIE  
D.O.B. 07/10/1995 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: \_\_\_\_\_  
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:** 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: \_\_\_\_\_

Deputy's Name: D/S T. DRAKE I.D.# 5310 Date: 01-08-17

White/Corrections or State Attorney (Warrant Application)  
PBSO #0029A REV. 4/99

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER: \_\_\_\_\_

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

SCANNED

JAN - 9 2017

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause affidavit)

**Suspect:** HEATH, KAYLEE, MARIE **DOB:** 07 / 10 / 95 **Case #:** 17024177

**Victim:** [REDACTED]

**Relationship between Victim and Defendant:** [REDACTED]

**Photographs:** Scene ☒ Yes ☐ No **Victim** ☐ Yes ☒ No **Defendant** ☐ Yes ☒ No

**911 Call:** ☒ Yes ☐ No **Caller:** HEATH, NATALIE

**Weapon Used:** ☐ Yes ☒ No **Type:**

**Witness:** ☒ Yes ☐ No **Name:**

**Victim Pregnant:** ☐ Yes ☒ No **If yes,**  weeks  months

**Injuries:** ☒ Yes ☐ No **Description:** [REDACTED]

**Medical Treatment:** ☐ Yes ☒ No

**At Scene:** ☐ Yes ☒ No **Paramedics:**

**At Hospital:** ☐ Yes ☒ No **Hospital:**  **Physician:**

**Are Children Living in Home?** ☐ Yes ☒ No **DCF Notified?** ☐ Yes ☒ No

**Name:**  **DOB:** / /

**Name:**  **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:**

**Victim's Statements** ☐ Yes ☒ No **If yes, written** ☐ **recorded** ☐ **oral** ☐

**First words Victim said when you responded to scene:**

**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:**

**Local Address:** [REDACTED]

**Phone:** **Home** ( ) - **Work** ( ) - **Cell** (954) 778 - 5307

**Employer:**

**Name of Relative:**  **Phone** ( ) -

**Address:**