

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1

Juvenile

N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17119132				
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator 2						
Location of Arrest (Including Name of Business) 5850 OKEECHOBEE BLVD WPB FL 33417		Location of Offense (Including Name of Business) 5850 OKEECHOBEE BLVD WPB FL 33417								
Date of Arrest Aug 25, 2017	Time of Arrest 1240	Booking Date Aug 25, 2017	Booking Time	Jail Date Aug 25, 2017	Jail Time	Location of Vehicle NA				
Name (Last, First, Middle) DILLE KIMBERLEE		Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White I - American Indian B - Black O - Oriental/Asian W F	Sex F	Date of Birth 02-16-1969	Height 502	Weight 180	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT	Build MED		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status MARRIED	Religion UNK	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>				
Local Address (Street, Apt. Number) AT LARGE		City	State	Zip	Phone	Residence Type 1. City 3. Florida 2. County 4. Out of State				
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source FLDL				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation				
D/L Number, State D400-518-69-556-0		Social Security Number		INS Number		Place of Birth NEW JERSEY		Citizenship US		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone				
Address (Street, Apt. No.)		City	State	Zip	Business Phone					
Notified By (Name)		Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRSDOYS 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 561 355-2526) informed of any address change <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	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description DISORDERLY INTOXICATION		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 856.011(1)		Violation or ORD. #				
Drug Activity N	Drug Type N	Amount/Unit	Offense # 17119132	Warrant/Capias Number		Bond				
Charge Description RESIST WITHOUT VIOLENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 843.02		Violation or ORD. #				
Drug Activity N	Drug Type N	Amount/Unit	Offense # 17119132	Warrant/Capias Number		Bond				
Charge Description CORRUPTION BY THREAT		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 838.021(3)(a)		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Location (Court, Address, Room Number)										
Court Date and Time Month SEPT Day 26TH Year 17 Time 0930 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>										
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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) Aug 25, 2017										
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal Intake Deputy		Signature of Arresting Officer D/S A. ROBINSON ID # 24110 Transporting Officer ID # D/S A. ROBINSON 24110 Agency PBSO		Name Verification (Printed by Arrestee) (PRINT) Page 1 of 1						

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17119132		
Charge Type: <input checked="" 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		Special Notes						
Defendant Name (Last, First, Middle) DILLE KIMBERLEE				Race W	Sex F	Date of Birth 02-16-1969		
Charge DISORDERLY INTOXICATION		Charge RESIST WITHOUT VIOLENCE						
Charge CORRUPTION BY THREAT								
Victim Name (Last, First, Middle)				Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		City		State		Zip		Phone
Business Address (Street, Apt. Number)		City		State		Zip		Phone
								Address Source
								Occupation
The undersign 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"/> confessed to admitting to the below facts.				<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.				
On the 25TH day of AUGUST 20 17 at 1230 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

I was dispatched to the Citgo Station located at 5250 Okeechobee Blvd which is within Palm Beach County in reference to a disturbance.

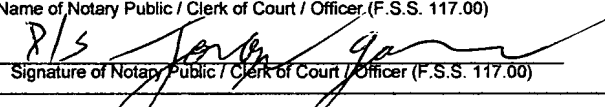
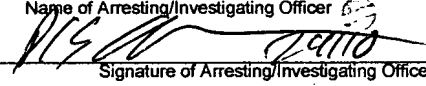
Upon arrival I made contact with the defendant behind the car wash and immediately observed the defendant to have the extremely strong odor of alcoholic beverages emanating from her breath and body, slurred speech, and unsteady on her feet. The defendant immediately began cursing and calling myself and my partner D/S. racial terms "YOU FUCKING NIGGER, YOUR A FUCKING SPIC, GO SUCK YOUR MOMS DICK, FUCK THAT SAND NIGGER, ETC. I placed the defendant under arrest for disorderly intoxication at this time She was placed into handcuffs, double locked, checked for proper fit and into the rear of my patrol car.

I made contact with the manager of Citgo Rafiqul Islam Chowhury and he advised the defendant attempted to purchase a beer from his store but did not have enough money. He asked the defendant to leave his store and she attempted to throw a display of 5 hour energy drinks and screamed racial slurs at him but Chowhury stopped her from damaging any items. The defendant then left the store cursing and causing a scene.

When I made contact with the defendant again I asked her her name and Date of Birth to which she replied go fuck yourself and began cursing and calling every officer and customer racial and homophobic slurs . I asked the defendant multiple times what her name was and was replied "FUCK YOU NIGGER SPIC PUSSY ASS FAGGOT". When asked again she told me "Kimberlee 54 Palms Bitch". After repeating this cycle several more times she finally stated her name and Date of Birth.

While I was completing this Probable Cause Affidavit the defendant stated "I WANT TO KILL ALL YOU NAZI FUCKS, I HOPE YOUR MOTHER DIES AND YOUR WIFE AND KIDS AND IT WILL HAPPEN, I WANT YOU DEAD PLEASE DIE, ETC". It should be noted the defendant spit all over the rear of my patrol car while she was detained.

The defendant was transported to the Palm Beach County Jail without further incident.

The foregoing instrument was sworn to and affirmed before me this 25th day of AUGUST 20 17 by:		AUG 26 AM 5:35 2411035
D/S J. GOMEZ 9197 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		D/S A. ROBINSON Name of Arresting/Investigating Officer
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		 Signature of Arresting/Investigating Officer
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