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Report Error

3301

Check if Supplement is Attached

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

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 6 - 16 - 120 2011	
	Charge Type: Check as many as apply. <input checked="" 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		If Weapon Seized Enter Type	
	Location of Arrest (including Name of Business) 2201 45th W 3 R 33407		Location of Offense (Business Name, Address) 5161 E Stacy ST WPB FL		Multiple Clearance Indicator 02			
	Date of Arrest 082816		Time of Arrest 1642		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) Haw Kimberly K		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White B - Black		Sex M	
	Date of Birth 050462		Height 5'5"		Weight 140		Eye Color	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status m		Religion CATH		Indication of: Alcohol Influence Drug Influence	
	Local Address (Street, Apt. Number) 5167 E Stacy ST WPB FL 33417		(City) West Palm Beach		(State) FL		(Zip) 33417	
CO-DEF	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Business Address (Name, Street)		(City)		(State)		(Zip)	
	D/L Number, State 1450051162640		Soc. Sec. Number		INS Number		Place of Birth (City, State)	
	Citizenship US							
JUVENILE	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth	
	Name (Last) (First) (Middle)		Residence Phone		Business Phone			
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
CHARGE	Notified by: (Name)		Date		Time		Juvenile Disposition	
	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 type="checkbox"/> No		Description of Property		Value of Property			
CHARGE	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. Synthetic		U. Unknown Z. Other			
	Charge Description Abuse of Disabled Adult		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 8251102	
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Simple Battery		1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784103	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
NOTICE TO APPEAR	Location (Court, Room Number, Address)		Court Date and Time		Month		Day	
	Year		Time		A.M.		P.M.	
	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			
	HOLD for other agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake Deputy		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print)		I.D. #	
	Transporting Officer		I.D. #		Agency		Witness Here if subject signed with an "X"	
	Date Signed		Date Signed		Date Signed		Date Signed	
	Page		Page		Page		Page	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juv Juvenile	
ADMIN	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 116 120201				
	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) HON Kimberly K		Alias		Race W		Sex F		Date of Birth 05.04.62
	Charge Description Abuse of Disabled Adult		Charge Description		Charge Description		Charge Description		
CHARGES	Charge Description Simple Battery		Charge Description		Charge Description		Charge Description		
	Victim Name (Last, First, Middle) JACOBUS Charles		Race W		Sex M		Date of Birth 03.28.58		
VICTIM	Local Address (Street, Apt. Number) 5161 #E Stacy ST WPB FL 33409		(City) WPB		(State) FL		(Zip) 33409		Phone 561.814.5431
	Business Address (Name, Street) DISABLED		(City) WPB		(State) FL		(Zip) 33409		Occupation Nurse
<p>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 type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was observed by JACOBUS who told ANSOY that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 28 day of Aug 2016 at 4:42 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I responded to 5161 #E Stacy ST, WPB Florida to investigate a neighbor dispute. Upon arrival I spoke to Barbara Jacobus, the complainant. Ms Jacobus states the her neighbor Kimberly K Hon came to her door step demanding her disabled husbands pain medication. Ms Jacobus told Ms. Hon to leave her residence at which time Ms Hon punched Ms. Jacobus. During the altercation Mr. Jacobus came outside & he attempted to get Ms. Hon off his wife. Ms. Hon then pushed Mr. Jacobus on the chest pushing him back against the front door. Ms. Jacobus has swelling to her left eye & it is black & blue. Ms. Jacobus states that her husband is fully disabled physically & mentally as he was struck by a car which left him in this condition. I did obtain a sworn statement. The victim ID Ms. Hon on scene.</p>									
PROBABLE CAUSE STATEMENT	STATE OF FLORIDA COUNTY OF PALM BEACH 2576 (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of Aug 2016 by ANSOY (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Notary Public, Clerk of Court Officer (F.S. 17.10)								
	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> SCANNED AUG 29 2016 </div> <div> PAGE 1 OF 1 </div> </div>								
ADMINISTRATIVE									