

0487069

NH

236

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 Juvenile N	
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-17-021113</b>					
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	
Location of Arrest (Including Name of Business) <b>WALMART 3625 S FEDERAL HWY, BOYNTON BEACH FL, 3343</b>				Location of Offense (Business Name, Address) <b>3625 S FEDERAL HWY, BOYNTON BEACH FL, 33435</b>					
Date of Arrest <b>04/14/2017</b>		Time of Arrest <b>1855</b>		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle							
Name (Last, First, Middle) <b>BREEN, KIMBERLY KAY</b>				Alias (Name, DOB, Soc. Sec. #, Etc)					
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>01/25/1966</b>	
Height <b>508</b>		Weight <b>200</b>		Eye Color <b>BLUE</b>		Hair Color <b>BLONDE</b>		Complexion <b>FAIR</b>	
Build <b>HEAVY</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of: Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) <b>9873 LAWRENCE RD APT I 102,</b>		(City) <b>BOYNTON BEACH</b>		(State) <b>FL</b>		(Zip) <b>33436</b>		Phone <b>(561)307-6266</b>	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Type 1. City 3. Florida 2. County 4. Out of State Address Source <b>FL DL</b>	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Occupation <b>UBER DRIVER</b>	
D/L Number, State <b>B650-511-66-525-0</b>		Soc. Sec. Number		INS Number		Place of Birth <b>CHAMPAGNE IR, IL</b>		Citizenship <b>YES</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"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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 Dept. and Released 2. TOT HRS/DYS 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 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. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic	
U. Unknown Z. Other		Charge Description <b>RETAIL GRAND THEFT</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>812.014(2)(c)</b>	
Drug Activity <b>N</b>		Drug Type <b>N/A</b>		Amount/Unit <b>N/A</b>		Offense # <b>17-021113</b>		Warrant/Capias Number <b>812.014(2)(c)</b>	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>		Court Date and Time Month Day Year Time		<input type="checkbox"/> A.M. <input type="checkbox"/> 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 Name:		Signature of Arresting Officer (Print) <b>OFF. D RAMOS</b>		I.D. # <b>965</b>		Name Verification (Printed by Arrestee) (PRINT) <b>BU#108736</b>		Page <b>1 OF 1</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer <b>RAMOS</b>		I.D. # <b>965</b>		Agency <b>BBPD</b>	
Initials/Deputy		Pouch #		Witness here is signed with an "X"					

APR 15 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1	Juvenile	N
Agency ORI Number <b>FL0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-17-021113</b>						
Charge Type Check all that 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		Special Notes				
Name (Last, First, Middle) <b>BREEN, KIMBERLY KAY</b>				Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>01/25/1966</b>		
Charge Description <b>RETAIL GRAND THEFT</b>				Charge Description						
Charge Description				Charge Description						
Victim's Name (Last, First, Middle) <b>WALMART</b>				Race		Sex		Date of Birth		
Local Address (Street, Apt Number) <b>3625 S FEDERAL HWY</b>		(City) (State) (Zip) <b>BOYNTON BCH, FL, 33435</b>		Phone <b>561-600-3088</b>		Address Source				
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation				
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 checked="" type="checkbox"/> Was observed by <b>LPO DANIELS</b> Who told <b>OFC. RAMOS</b> That he/she saw the arrested person commit the below acts. <input type="checkbox"/> Confessed to      Admitting the below facts <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.										
On The <b>14TH</b> Day Of <b>APRIL</b> 20 <b>17</b> At <b>1824</b> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.										

On the above date and time, I responded to Walmart 3625 S Federal Hwy at the request of the Boynton Beach Fire Department. Upon my arrival to Walmart I met with Walmart Loss Prevention Officer (LPO), Micahel Daniels, who advised me of the following.

LPO stated that he was notified by the customer host that a white female, identified as Kimberly Breen, had attempted to walk out of the store with several items that she had not paid for. LPO told me that the Customer host had observed Breen waiting in line at customer service for a few seconds but then attempted to exit the store with a shopping cart full of items. The customer host stopped Breen and asked her to present a receipt for all the items. It was at this time that Breen stated that she did not have a receipt nor did she pay for any of the items. LPO advised me that he then made contact with Breen, identified himself as a loss prevention officer and attempted to escort her back to the LPO office. LPO advised me that Breen began to hyperventilate at this time and he called BBFD for medical assistance.

LPO advised me that he then tracked Breen's movements from the moment she entered the store via CCTV. LPO stated that Breen entered the store with a coffee maker only in a shopping cart. LPO observed Breen walk throughout and select several items. LPO then observed Breen waiting in the customer service line briefly before attempting to exit. Breen had sixty three (63) more items in her shopping cart. LPO was able to recover all of the items taken, totaling \$404.26. LPO stated that due to Breen failing to render payment and passing all points of sale that he would like to prosecute on behalf of Walmart.

Based on the above facts, I find probable cause to charge Kimberly Breen with one count of Retail grand Theft in accordance to F.S. S. 812.015.8

Breen was arrested and placed into handcuffs (double locked and checked for spacing). LPO Daniels then in my presence advised Breen that she is trespassed from Walmart. LPO Daniels completed a sworn written statement, was given a BBPD case card. Breen was transported back to BBPD booking where she was processed and TOT to PBCJ.

Nothing further.

The foregoing instrument was sworn to or affirmed and subscribed before me

*Sgt [Signature]*  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

04/14/2017

Date

*[Signature]* #965  
Signature of Arresting / Investigative Officer)

OFC. D RAMOS  
(Print name of Arresting/Investigative Officer)

04/14/2017

Date

SCANNED

Page  
1 OF 1

APR 15 2017