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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
ADMINISTRATION	Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.						Agency Report Number 34-17-021113		
	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) WALMART 3625 S FEDERAL HWY, BOYNTON BEACH FL,3343				Location of Offense (Business Name, Address) 3625 S FEDERAL HWY, BOYNTON BEACH FL, 33435							
Date of Arrest 04/14/2017		Time of Arrest 1855	Booking Date	Booking Time	Jail Date		Jail Time		Location of Vehicle		
Name (Last, First, Middle) BREEN, KIMBERLY KAY											
Name (Last, First, Middle) BREEN, KIMBERLY KAY		Race W		Sex F	Date of Birth 01/25/1966	Height 508	Weight 200	Eye Color BLUE	Hair Color BLONDE	Complexion FAIR	Build HEAVY
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) 											
Local Address (Street, Apt. Number) 9873 LAWRENCE RD APT I 102,		(City) BOYNTON BEACH		(State) FL	(Zip) 33436	Phone (561)307-6266	Marital Status SINGLE		Religion NONE	Indication of: Y N Unk Alcohol Influence Drug Influence	
Permanent Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone () -	Address Source FL DL				
Business Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone () -	Occupation UBER DRIVER				
D/L Number, State B650-511-66-525-0			Soc. Sec. Number 		INS Number			Place of Birth CHAMPAGNE IR, IL		Citizenship YES	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other											
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: □ Yes, By: (Name) □ No: (Reason)								School Attended		Grade	
Property Crime?		Description of Property						Value of Property			
Yes <input type="checkbox"/> No <input type="checkbox"/>											
CODE	Drug Activity 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	Charge Description RETAIL GRAND THEFT				Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 812.04(2)(c)(1)		Violation of ORD#	
CHARGE	Drug Activity N	Drug Type N/A	Amount/Unit N/A	Offense # 17-021113			Warrant/Capis Number 	Bond			
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capis Number 	Bond			
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capis Number 	Bond			
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capis Number 	Bond			
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444								
NOTICE TO APPEAR			Court Date and Time		Month	Day	Year	Time	<input type="checkbox"/> 5:00 PM	<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 _____											
ADMIN	HOLD for other Agency Name:			Signature of Arresting Officer			Name Verification (Printed by Arrestee) (PRINT)				
				OF.C. D RAMOS			I.D. # 965	BU# 108736		Page 1	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Transporting Officer RAMOS			I.D. # 965	Agency BBPD	Witness here is sub Signed with an "X"		
	Intake Deputy DS/Co 7136			Pouch #							

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N	
Agency ORI Number FL0 5 0 0 3 0 0	Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-17-021113							
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) BREEN, KIMBERLY KAY	Alias			Race W	Sex F	Date of Birth 01/25/1966					
Charge Description RETAIL GRAND THEFT	Charge Description										
Charge Description	Charge Description										
Victim's Name (Last, First, Middle) WALMART				Race	Sex	Date of Birth					
Local Address (Street, Apt Number) 3625 S FEDERAL HWY	(City) , BOYNTON BCH, FL	(State) 33435	(Zip) 561-600-3088	Phone							Address Source
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone							Occupation
<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..</p> <p><input type="checkbox"/> Committed the below acts in my presence. <input checked="" type="checkbox"/> Was observed by LPO DANIELS Who told OFC. RAMOS That he/she saw the arrested person commit the below acts.</p> <p><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.</p> <p>On The 14TH Day Of APRIL 20 17 At 1824 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p>											

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 trespass 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 L. [Signature] #925
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

04/14/2017
Date

Ramirez #945
Signature of Arresting / Investigative Officer)

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

04/14/2017

Date

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OF 1

SCANNED

APR 15 2017