

170F 3854

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

| | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|---|--|--|---|---|---------------------------------|--|--------------------------------------|---|---|---|---|--|---|--|
| ADMINISTRATION | OBTS Number | | | 1 Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias | | | 1 | Juvenile | N | | | | | | | | | | | |
| | Agency ORI Number FL0500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number 06-17064170 | | | Multiple Clearance Indicator | | | | | | | | | | | | | |
| DEFENDANT | Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other | | | Weapon Seized/Type 1. Yes 2. No 2 | | | | | | | | | | | | | | | | |
| | Location of Arrest (Including Name of Business) 7763 Springfield Lakes Dr | | | | | | | | | | | | | | | | | | | |
| CO-DEF | Date of Arrest 9/19/17 | Time of Arrest 3:30 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | | | | | | | | | | |
| | Name (Last, First, Middle) MORALES, KIMBERLY | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | | | | | | | |
| JUVENILE | Race W - White I - American Indian B - Black O - Oriental/Asian | Sex W F | Date of Birth 11/26/76 | Height 5-02 | Weight 150 | Eye Color BROWN | Hair Color BROWN | Complexion MED | Build MED | | | | | | | | | | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | Marital Status | | Religion | Indication of: Y N Unk. Alcohol Influence Drug Influence | | | | | | | | | | | | |
| CODE | Local Address (Street, Apt. Number) 7763 SPRINGFIELD LAKES DR | | | (City) LAKE WORTH | (State) FL | (Zip) 33467 | Phone (561) 685-4132 | Residence Type 1. City 3. Florida 2. County 4. Out of State 2 | | | | | | | | | | | | |
| | Permanent Address (Street, Apt. Number) SAA | | | (City) | (State) | (Zip) | Phone () | Address Source VERBAL | | | | | | | | | | | | |
| CHARGE | Business Address (Street, Apt. Number) | | | (City) | (State) | (Zip) | Phone () | Occupation | | | | | | | | | | | | |
| | D/L Number, State M642-500-76-926-0 FLORIDA | | Soc. Sec. Number | INS Number | | | Place of Birth NEW YORK | Citizenship US | | | | | | | | | | | | |
| CHARGE | Co-Defendant Name (Last, First, Middle) | | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor | | | | | | | | | | | | | |
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| CHARGE | <input type="checkbox"/> Parent Name (Last) (First) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other | | | (Middle) | | | Residence Phone | | | | | | | | | | | | | |
| | Address (Street, Apt. Number) | | | (City) | (State) | (Zip) | Business Phone | | | | | | | | | | | | | |
| CHARGE | Notified by: (Name) | | | Date | Time | Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated | | | | | | | | | | | | | | |
| | Released To: (Name) | | | Relationship | FCIC/NCIC | | Date | Time | | | | | | | | | | | | |
| The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | | | | | | School Attended | | | | | | | | | | | | | |
| Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other | | | | | | | | | | | | | | | | | | | | |
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| NOTICE TO APPEAR | <input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court | | Location (Court, Room Number, Address) | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side. | | 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 SCANNED | | | | | | | | | | | | | | | | | | | | |
| ADMIN | HOLD for other Agency Name: | | | Signature of Arresting Officer X 7236 | | | Name Verification (Printed by Arrestee) (PRINT) | | | | | | | | | | | | | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | | Name of Arresting Officer (Print) DET. VICTORIA MACALUSO I.D. # 7236 | | | APR 20 2017 PAGE 1 OF 1 | | | | | | | | | | | | | |
| Intake Deputy I.D. # | | | Pouch # | Transporting Officer I.D. # | | | Agency | Witness here is subject signed with an "X". | | | | | | | | | | | | |

| |
|-------------|
| OBTS Number |
|-------------|

| | | | |
|---|--|---|---------------------------|
| PROBABLE CAUSE AFFIDAVIT | | | |
| 1. Arrest 2. N.T.A. 3. Request for Warrant 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 - 17-064170 | |
| Charge Type: <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply. | | Special Notes: | |
| Defendant's Name (Last, First, Middle) MORALES, KIMBERLY | | Race W | Sex F |
| Charge Description DOMESTIC BATTERY BY STRANGULATION (2 COUNTS) | | Charge Description DOMESTIC SIMPLE BATTERY (5 COUNTS) | |
| Charge Description | Charge Description | | |
| | | Race W | Date of Birth 04/06/98 |
| | | Address Source VERBAL | |
| Victim's 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 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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. | | | |
| On the 13 day of MARCH, 20017 at 9:00 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest). | | | |

NARRATIVE:

Victim #2: [REDACTED]

On March 13, 2017, at approximately 9:00 am, the act of Domestic Battery by strangulation (2 COUNTS) and Domestic Simple Battery (5 COUNTS) occurred at [REDACTED]

On March 27, 2017, I met with [REDACTED] at her aunt's house located at [REDACTED] in reference to providing her with the necessary paper work for an ex parte Baker Act. [REDACTED] told me that [REDACTED] Kimberly Morales, was not taking her prescribed medications for her mental health issues and her behavior was becoming increasingly violent. On March 27, 2017, [REDACTED] received the ex parte Baker Act under Palm Beach County case number 502017MH000818XXXXSB signed by the honorable Judge Jessica Ticktin. The order stated that Kimberly be remanded to Fair Oaks or the nearest receiving facility. Kimberly was subsequently taken into custody (04/01/17, under Palm Beach County Sheriff's Office case number 17-061088) and transported to Fair Oaks for an evaluation.

On April 13, 2017, I made contact [REDACTED] and her aunt [REDACTED] located at [REDACTED] regarding the incident that occurred on March 13, 2017, to conduct a further investigation.

NARRATIVE CONTINUATION

During a digitally taped sworn statement at 10:13 am, given by [REDACTED] and [REDACTED], I was told that on March 13, 2017, Kimberly had come to the residence located at [REDACTED]

[REDACTED] at approximately 7:30 am, and was knocking on the front door. [REDACTED] did not answer the door and [REDACTED] left. At approximately 9:00 am, Kimberly came back to the house and was knocking at the front door. [REDACTED] told Kimberly that she didn't want to speak to her until she sought help for her mental health issues. Kimberly pushed her way into the house as she physically pushed [REDACTED] (COUNT 1 DOMESTIC BATTERY). Again, [REDACTED] told Kimberly that she wasn't going to talk to her until they were both in front of a counselor.

Kimberly left again and a short time later, [REDACTED] heard someone knocking on the back door. [REDACTED] heard her uncle say "what are you doing here" and Kimberly said she was there to see [REDACTED]. Kimberly came into the house uninvited and made her way to [REDACTED] bedroom. Kimberly locked the door once inside [REDACTED] bedroom and a verbal argument ensued. Kimberly pushed [REDACTED] up against her bed and was yelling at her and wouldn't [REDACTED] out of her bedroom (COUNT 2 DOMESTIC BATTERY). Kimberly finally let go of [REDACTED] and went into the kitchen where [REDACTED] followed. [REDACTED] was in the kitchen and a verbal argument started between Kimberly, [REDACTED], and [REDACTED]. [REDACTED] told Kimberly that she didn't want her coming to the house anymore because she disturbs the peace in the house. As soon as [REDACTED] started talking to [REDACTED] again, Kimberly slapped [REDACTED]'s face (COUNT 3 DOMESTIC BATTERY) then grabbed and held [REDACTED] chin and neck area (COUNT 1 DOMESTIC BATTERY BY STRANGULATION), almost pushing [REDACTED] off the kitchen bar stool. [REDACTED] attempted to defend [REDACTED], at which time Kimberly starting slapping [REDACTED] about her face and body (COUNT 4 DOMESTIC BATTERY). Kimberly then let go of [REDACTED] by grabbing and holding [REDACTED] by the base of her chin/neck area and while holding [REDACTED] in that position, Kimberly pushed [REDACTED] into the counter (COUNT 2 DOMESTIC BATTERY BY STRANGULATION). As Kimberly had [REDACTED] against the counter and was holding on to her neck area, Kimberly starting slapping [REDACTED] about the face several times ([REDACTED] couldn't remember how many times)(COUNT 5 DOMESTIC BATTERY). Since [REDACTED] had neck surgery, she was unable to defend herself by pushing Kimberly off of her. At that time, [REDACTED] husband was able to get Kimberly away from [REDACTED] but Kimberly continued to slap [REDACTED]. [REDACTED] called 911 in the meantime and Kimberly heard [REDACTED] on the phone with 911. Kimberly attempted to leave the residence but asked for her purse and then left the residence prior to deputies arriving. [REDACTED] stated that her neck/chin area was slightly red and her neck area was sore for days after the incident.

Based on the above investigation, Probable Cause exists for the arrest of KIMBERLY MORALES for 5 counts of Domestic Battery whereas Kimberly Morales did actually and intentionally touch or strike [REDACTED] and [REDACTED] against the will of [REDACTED] and [REDACTED] contrary to Florida State Statute 784.03 (1)

NARRATIVE CONTINUATION

(1 DEG MISD) and for 2 counts of Domestic Battery by Strangulation whereas Kimberly Morales did knowingly and intentionally, against the will of [REDACTED] and [REDACTED] apply pressure on the throat or neck, impeding the normal breathing or circulation of the blood so as to create a risk of or cause great bodily harm, contrary to Florida State Statute 784.041 (2). (3 DEG FEL) (LEVEL 6).

Sworn and Subscribed before me

Det. Kenny Noel 7660
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)

Det. Kenny Noel 7660

Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)

04/17/2017

Date

Det. Victoria Macaluso 7236

Signature of Arresting / Investigating Officer

Det. Victoria Macaluso 7236

Name of Officer (Please Print)

04/17/2017

Date

NOT A CERTIFIED COPY

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

2017 APR 20 4M 5:46

SCANNED
APR 20 2017

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **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 #: 17-064170 Agency: PBSO
Offense: DOMESTIC BATTERY BY STRANGULATION
Suspect/Offender: KIMBERLY MORALES
D.O.B. 11/26/76 Race: W Sex: F
2. Warrant #(s):
- 3.a. Victim's name: [REDACTED] D.O.B. 10/23/68 Race: W Sex: F
Address: [REDACTED]
City: [REDACTED]
Home: [REDACTED]
- b. Victim's next of kin, friend or neighbor: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
Home: [REDACTED]

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: VICTORIA MACALUSO I.D.# 7236 Date: 04/13/17

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

Yellow/Warrants Section

Pink/Central Records

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

Suspect: KIMBERLY MORALES DOB: 11 / 26 / 76 Case #: 17-064170

Victim: ██████████ DOB: 10 / 23 / 68 Race: W Sex: F

Relationship between Victim and Defendant: ██████████

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: ██████████

Weapon Used: Yes No Type: ██████████

Witness: Yes No Name: ██████████

Victim Pregnant: Yes No If yes, weeks months

Injuries: Yes No Description: SORENESS

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: N/A

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: ██████████

Phone: H ██████████

Employer: ██████████

Name of Relative: ██████████

Address: ██████████

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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

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City: [REDACTED]
Home #: [REDACTED]
- b. Victim's next of kin, friend or neighbor: [REDACTED]
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PBSO #0029A REV. 4/99

