

0494534

17MM 015567 (NH) ARREST / NOTICE TO APPEAR

1367

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2017-017886		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE							
	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		Location of Arrest (Including Name of Business) 799 JEFFERY ST		Location of Offense (Business Name, Address) 799 JEFFERY ST 204, BOCA RATON, FL 33487		If Weapon Seized Enter Type: None/not Applicable		Multiple Clearance Indicator													
D E F E N D A N T	Date of Arrest 12/30/2017		Time of Arrest 11:39		Booking Date 12/30/2017		Booking Time 11:49		Jail Date 12/30/2017		Jail Time 09:25		Location of Vehicle									
	Name (Last, First, Middle) WEIDHAAS, KIMBERLY PAIGE														Alias (Name, DOB, Soc. Sec. #, Etc.)							
C O D E F	Race W - White I - American Indian B - Black O - Oriental/Asian W F		Sex F		Date of Birth 03/23/1992		Height 5'11		Weight 220		Eye Color BLUE		Hair Color BROWN		Complexion		Build					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) PIER NA TONGUE; PIER NA TONGUE														Marital Status		Religion		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
J U V E N I L E	Local Address (Street, Apt. Number) 799 JEFFERY ST 204, BOCA RATON, FL 33487		(City) BOCA RATON, FL		(State) FL		(Zip) 33487		Phone (919) 200-8999		Residence Type: 1. City 3. Florida 2. County 4. Out of State		Address Source		Occupation							
	Permanent Address (Street, Apt. Number) 799 JEFFERY ST 204, BOCA RATON, FL 33487		(City) BOCA RATON, FL		(State) FL		(Zip) 33487		Phone (919) 200-8999		Business Address (Name, Street) UNEMPLOYED,		(City) MIAMI, FL, United		(State) FL		(Zip) 33133					
C H A R G E	D/L Number, State 000030528928 / NC		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth					
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Indication of: 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>													
C H A R G E	Parent <input type="checkbox"/> Other: _____ Legal Custodian <input type="checkbox"/>		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 Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
C H A R G E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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 BATTERY		Statute Violation Number 784.03(1A1)		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit		Offense # 2017-017886		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:		PROPERTY - Received By CHARLES		Released By		Released To		Transported By CHARLES		Date Transported 12/30/2017		Time Transported 12:05		Other					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input checked="" type="checkbox"/> South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By CHARLES		Released By		Released To		Transported By CHARLES		Date Transported 12/30/2017		Time Transported 12:05		Other							
N O T I C E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time		No Photo Available													
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.														Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed					
A D M I N	HOLD for Other Agency		Signature of Arresting Officer Charles, Leoma 809		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) CHARLES, LEOMA		I.D. # 809		Intake Deputy INSIDE #5406		I.D. # 809		Agency BRPD		PAGE 1 OF 1					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) CHARLES, LEOMA		I.D. # 809		Intake Deputy INSIDE #5406		I.D. # 809		Agency BRPD		Witness here if subject signed with an "X".									

DEC 31 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 12/30/2017 10:20		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-017886																																																																																																																																								
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D E S C R I B E	Charge Description 784.03(1A1) BATTERY / DOMESTIC BATTERY																																																																																																																																														
	Victim's Name (Last, First, Middle) PARFITT, LEE				Race W		Sex M		Date of Birth 06/13/1983																																																																																																																																						
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 799 JEFFERY ST 204, BOCA RATON, FL 33487				Phone (751) 470-0399		Address Source																																																																																																																																								
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RELATIONSHIP BETWEEN VICTIM & SUSPECT																																																																																																																																															
<table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene:</td> <td><input checked="" type="checkbox"/></td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td>CALLER:</td> <td colspan="2">LEE PARFITT</td> </tr> <tr> <td></td> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>TYPE:</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td>(If YES, attach witness list)</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>PARAMEDICS:</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>Hospital:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>PHYSICIAN(S) / HOSPITAL:</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>NAMES/AGES:</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>CASE #:</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td colspan="2"></td> </tr> </table>									PHOTOGRAPHS:	Scene:	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO					Victim:	<input checked="" type="checkbox"/>		<input type="checkbox"/>						911 CALL:	<input checked="" type="checkbox"/>		<input type="checkbox"/>		CALLER:	LEE PARFITT			WEAPON USED:	<input type="checkbox"/>		<input checked="" type="checkbox"/>		TYPE:				WITNESSES:	<input type="checkbox"/>		<input type="checkbox"/>		(If YES, attach witness list)				INJURIES:	<input checked="" type="checkbox"/>		<input type="checkbox"/>						MEDICAL TREATMENT:	<input type="checkbox"/>		<input checked="" type="checkbox"/>						AT: Scene:	<input type="checkbox"/>		<input checked="" type="checkbox"/>		PARAMEDICS:				Hospital:	<input type="checkbox"/>		<input checked="" type="checkbox"/>		PHYSICIAN(S) / HOSPITAL:				ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>		<input checked="" type="checkbox"/>		NAMES/AGES:				H. R. S. NOTIFIED:	<input type="checkbox"/>		<input checked="" type="checkbox"/>						VICTIM PREGNANT:	<input type="checkbox"/>		<input checked="" type="checkbox"/>						VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>		<input checked="" type="checkbox"/>		CASE #:				PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>		<input checked="" type="checkbox"/>						ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>		<input checked="" type="checkbox"/>				
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A D D I T I O N A L I N F O R M A T I O N	<p>On 12/30/17, at approximately 0758 hours, Officer Ruiz and I were dispatched to 799 Jeffery St in reference to a domestic disturbance. It should be noted that officers were already called to that address earlier regarding a civil dispute; however, the officers determined it was a civil matter at the time. No crime was</p>																																																																																																																																														
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><i>Charles L. ...</i> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>30</u> day of <u>Dec</u>, 2017</p> <p><i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																																																																																																																														

CERTIFIED COPY

SCANNED
DEC 31 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 12/30/2017 10:20	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-017886
	N A R R A T I V E			

committed.

Upon arrival, Officer Vezina was already at the scene, and she was talking to the parties involved. I later made contact with the caller W/M Lee Parfitt. Parfitt advised that he and his live-in girlfriend, W/F Kimberly Weidhaas, had a verbal argument which eventually became physical. Parfitt advised he was laying on the couch, and Weidhaas came, picked up the couch, dropped the couch, and hit him with a pillow on his left ear. Parfitt advised that he then stood up and pushed Weidhaas away from him to create distance. According to Parfitt, Weidhaas then took a swing at him and slapped him on his left ear. Parfitt stated that he then called the police to report the incident.

Shortly after, I made contact with W/F Kimberly Weidhaas. Weidhaas advised that she and her live-in boyfriend, W/M Lee Parfitt, had an argument last night. Weidhaas stated that Parfitt has been texting her, teasing her, and calling her a snitch for calling the police earlier. Weidhaas stated she then poured water over Parfitt's head in an effort to make him stop. Weidhaas later stated that she asked Parfitt to leave the house. Weidhaas stated that Parfitt refused to leave. As a result, Weidhaas then pulled up the couch, where Parfitt was laying, and hit him with a pillow over his head.

Furthermore, Weidhaas stated that Parfitt stood up, pushed her, and took a swing at her. Weidhaas advised she tactically avoided Parfitt's swing, and then slapped Parfitt on his left ear. Weidhaas advised she slapped Parfitt in self-defense.

While investigating this incident, we observed bruises on Parfitt's left ear, chest, and right upper arm which are consistent with Parfitt's account of the incident. Parfitt appeared upset, but he did not need any medical attention.

Based on our observation and initial assessment, we believed Weidhaas was the primary aggressor and also believed she committed the presented allegations. I arrested Kimberly Weidhaas for Simple Battery (Domestic) F.S. 784.03(1a1) for she intentionally and willfully struck Parfitt against his will.

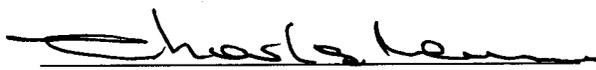
Officer Vezina and I took pictures of Parfitt's injuries and were later classified as evidence in MVR.

It should be noted that both Parfitt and Weidhaas refused to write a witness statement.

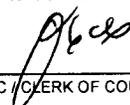
Weidhaas was taken to BRPD for processing and was later transported to PBCJ.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 30 day of Dec, 2017.


NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
DEC 31 2017