

ADMIN	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 21-079150
DEF	Charge Type <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes
CHARGES	Name (Last, First, Middle)		Alias
	Race W		Sex F
	Date of Birth		
VICTIM	Charge Description Written Threats		Charge Description
	Charge Description		Charge Description
	Victim's Name (Last, First, Middle)		Alias
	Race W		Sex M
	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (zip) Phone		Address Source Arrestee
	Business Address (Name, Street) (City) (State) (zip) Phone		Occupation
	Unknown		

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
 committed the below acts in my presence. was observed by _____ who told _____
 confessed to **Detective Bennett 24726** that he/she saw the arrested person commit the below acts.
 admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **June** day of **24th** 20**21** at **5:52** A.M. P.M. (Specifically include facts constituting cause for arrest.)

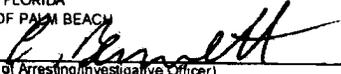
On June 24th, 2021, I was assigned to investigate a case for written threats that occurred at [redacted] in unincorporated [redacted] in Palm Beach County. The Complainant who was identified as [redacted] stated that his ex-girlfriend text him multiple times that she wanted to kill him because the prosecution was declined for a case involving him where she was the complainant and he was the suspect. He identified her as [redacted]. He showed me the text messages and the following is a summary of some of the messages: "I'm gonna Fucking kill you.....I'm gonna Fucking kill you you piece of shit", "Your fucking dead", "I'm coming for blood", "The courts might drop it, I won't not until your dead", "If I have to Kill you myself I will u should be very scared". During a controlled phone call in my presence, [redacted] contacted [redacted] and admitted to sending the messages.

I made contact with [redacted] at a local Hospital in the [redacted]. During a taped interview and post Miranda, she confessed to sending the threatening messages to [redacted]. She stated she was angry that he was not prosecuted and she wanted revenge at the time.

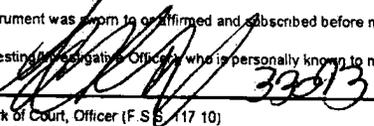
Due to the statements made by [redacted], the text messages she sent, her statements during the controlled phone call and her confession post Miranda Warning, my investigation led me to believe that she was in violation of Florida Statute 836.10(1) Written Threats to Kill.

ADMINISTRATIVE PROBABLE CAUSE STATEMENT

NOTARIAL

STATE OF FLORIDA
 COUNTY OF PALM BEACH

 (Signature of Arresting/Investigative Officer) **C. Bennett**

The foregoing instrument was read to and affirmed and subscribed before me this 24th day of June 2021 by C. Bennett 24726
 (Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification Type of identification produced LEO ID)


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

USPECT/OFFENDER: **Freeman, Kori, M**
COURT CASE/WARRANT#: _____
(FOR WARRANTS USE ONLY)

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (F.S. 784.048)
- **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 #: 21-079150 Agency: PBSO
Offense: Written Threats
Suspect/Offender: [REDACTED]
D.O.B. [REDACTED] Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: [REDACTED] D.O.B. [REDACTED] Race: W Sex: M
Address: [REDACTED]
City: [REDACTED]
Home #- [REDACTED] Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

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: [REDACTED]

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

Suspect: _____ DOB: _____ Case #: 21-079150

Victim: _____ DOB: _____ Race: W Sex: M

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: _____

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: (Taped)

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: He was threatened by his ex

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: Home (____) ____ - ____ Work (____) ____ - ____ Cell (____) ____ - ____

Employer: Unknown

Name of Relative: _____ Phone (____) ____ - ____

Address: _____



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-7
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input checked="" type="checkbox"/>	F.C. Art. 1, Sect 16	Other: Marsy's Law	1-7
	<input type="checkbox"/>	119.07(1)	Other: Bail bond agents and runners are confidential until investigation is completed or ceases to be "active".	

REVIEW COMPLETED BY

Booking Number: 2021015413	Date: 06/25/2021
	Specialist Name/ID: VARGO/6665