

3622

0387738

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest	3. Request for Warrant	1	Juvenile	N			
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-19-018703							
Charge Type: Check as many as Apply.		1. Felony <input checked="" 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 <input type="checkbox"/>		If Weapon Seized Enter Type	Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) 718 NW 8th, Crt. Boynton Beach				Location of Offense (Business Name, Address) 718 NW 8th, Crt. Boynton Beach							
Date of Arrest 04/06/2019	Time of Arrest 0838	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) ZOBEL, Alexandra Kelly		Alias (Name, DOB, Soc. Sec. #, Etc)									
W - White	1 - American Indian	Race W	Sex F	Date of Birth 09/08/1989	Height 502"	Weight 140	Eye Color Brn.	Hair Color Brn.	Complexion light	Build med.	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Sing.	Religion Unk.	Indication of: Alcohol Influence <input type="checkbox"/> Y N Unk. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) 934 NW 13th. Ave. Boynton Beach, FL 33426		(City)	(State)	(Zip)	Phone	Residence Type 1. City 3. Florida 2. County 4. Out of State					
Permanent Address (Street, Apt. Number) 934 NW 13th. Ave. Boynton Beach, FL 33426		(City)	(State)	(Zip)	Phone	Address Source FL/DC					
Business Address (Street, Apt. Number) Bru's Room 1333 N. Congress Ave Boynton Beach, FL		(City)	(State)	(Zip)	Phone	Occupation BR, FLA.					
DL Number, State Z140-011-89-929-0		Soc. Sec. Number		INS Number		Place of Birth Florida		Citizenship U.S.			
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					
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					
<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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		VICTIM NOTIFICATION REQUIRED							
Drug Activity		S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbituate	H. Hallucinogen	P. Paraphernalia	I. Unknown
N. N/A		B. Buy	D. Deliver				N. N/A	C. Cocaine	E. Heroin	Z. Other	
P. Possess		T. Traffic	E. Use				A. Amphetamine				
Charge Description Aggravated Battery Deadly Weapon / Domestic Violence		Counts 1F		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.045(1)(a)		Violation of ORD# 2			
Drug Activity		Drug Type	Amount/Unit	Offense # 19-018703		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond			
<input type="checkbox"/> Instruction No. 1 <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									
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.		Month		Day	Year	Time	APR 20 10:00 A.M. <input type="checkbox"/> P.M.				
Signature of Defendant (or Juvenile and Parent/Custodian)											Date Signed
HOLD for other Agency		Signature of Arresting Officer				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. P. Zampini				I.D. # BU# 113289					
Make Dupon		I.D. #	Pouch #	Transporting Officer J. Massan 935		Agency 5370		Witness here is subject Signed with an "X".			Page 1 OF 1

**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**

On the 6th day of April 2019 at 717 NW 8th Crt. Boynton Beach
Subject: ZOBEL, Alexandra Kelly DOB: 09/08/1989 Case #: 19-018703
Charge Description: Aggravated Battery Deadly Weapon / D Statute #: 784.045(1)(a)1 and 2
Victim: Corey Lee JENNINGS DOB: 09/22/1989 Race: White Sex: Male
Local Address: 934 NW 13th. Ave. , Boynton Beach , Fl ,
Personal Contact: John Zobel (561) 315-7019

Narrative:

Approx. 0838Hrs. Saturday, April 6, 2019 BBPD officers responded to the area of 717 NW 8th Crt. regarding a subject that had been struck by a vehicle. Upon arrival officers located victim W/M Corey Lee JENNINGS (D.O.B. 09/22/1989) laying on the grass with injuries to his left foot and both legs. JENNINGS stated that he was walking down the street when he was struck by a vehicle (2011 gray Chevy Cruz) (NY JBX 6723 operated by his girlfriend whom is the mother of his child W/F Alexandra ZOBEL (D.O.B. 09/08/1989). Vehicle was still on scene as well as suspect ZOBEL. Contact was made with witness W/M Jorge A. VAZQUEZ (D.O.B. 01/01/1971) who stated that he heard a verbal altercation going on on NW 8th Ave and then observed victim JENNINGS walking west on NW 8th St. JENNINGS then started running south on SW 8th Crt. and then into the grass in front of 717 NW 8th Crt. At this time he observed the gray Chevy Cruz turn south on SW 8th Crt. at a high rate of speed and drive into the grass toward JENNINGS and eventually catching up to Jennings and striking him. A dent on the front right passenger side hood is evident. Witness Bryan KING Bryan King, stated that he observed Jennings walking south along the road. King stated that he then observed a gray Chevrolet Cruz, being driven by Zobel, come around the corner at a high rate of speed heading toward Jennings. King stated that Jennings turned around and saw the vehicle and ran on to the grass. King stated that the vehicle then proceeded toward Jennings and struck him. King stated that Jennings flew in the air and landed on the ground. King stated that Zobel got out of her vehicle and tried to get Jennings to leave with her. King stated that Jennings was injured and could not move.

Jennings was treated on scene by BBPD Fire Rescue for his injuries and transported to Delray Medical Center as a trauma alert

A post Miranda sworn / recorded statement was conducted with ZOBEL at BBPD. During the interview, ZOBEL stated that she and JENNINGS had been arguing the evening before and then again the morning of the incident. ZOBEL stated that she does not know how JENNINGS was struck by a vehicle and that she was there to pick him up and transport him to the hospital.

Based on the above information ZOBEL is charged with Aggravated Battery with Deadly Weapon (Domestic Violence) (784.045(1)(a)1 and 2.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Abrasions on his left and right leg

Relationship Between Victim and Suspect:

Dating with mutual child.

Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: _____
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: BBPD
 At Hospital Yes No Physician(s): _____
 Hospital: Delray Medical Center

Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

Phone Home: Corey Lee Jennings Work: ~~_____~~
 Employer: None
 Relative Name: ~~_____~~ Phone: ~~_____~~
 Address: ~~_____~~
 City/State: Boynton Beach, FL, 33426

State Of Florida
 County Of Palm Beach

Appeared before me, Det. P. Zampini, (print name) 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 me before this 6th day of April, 2019


 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 19-018703 Agency: Boynton Beach Police Department
Offense: Aggravated Battery Deadly Weapon / Domestic Violence
Suspect/Offender: ZOBEL, Alexandra Kelly
DOB: 09/08/1989 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

A. Victim's Name: Corey Lee JENNINGS
Address: [REDACTED]
City: Boynton Beach State: FL Zip: _____
Home #: Corey Lee Jeng Work #: [REDACTED] Other: _____

B. Victim's Next of Kin: [REDACTED]
Address: [REDACTED]
City: Boynton Beach State: FL Zip: 33426
Home #: [REDACTED] Work #: _____ Other: _____

C. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of Victim: _____

Printed Name of Victim: Corey Lee JENNINGS

Officer's Name: Det. P. Zampini I.D.# _____ Date: 04/06/2019

SUSPECT/OFFENDER:

ZOBEL, Alexandra Kelly

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



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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 type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019011459	Date: 04/07/2019
	Specialist Name/ID: AM/31562