



Daytona Beach Police Department NEWS RELEASE

129 Valor Blvd, Daytona Beach, Fl. 32114-8169

Phones (386) 671-5100 PIO 671-5123 Media Line 671-5112 Fax 671-3351

Anonymous Text or Web Tips www.dbpd.us Text DBTIPS to CRIMES (274637)

Crimestoppers of Volusia County 1-888-277- TIPS (8477)

Lyda Longa
386-671-5113

Re: Hinson Middle School Teacher Arrested

Location: Target, 2380 W. International Speedway Blvd.

Date: April 6, 2018

Time:

Arrested: Kimberly Vicars, of New Smyrna Beach, DOB: 3-21-72

Victim:

Police Report: 180006764

On the above date, Daytona Beach Police responded to the Target store, 2380 West International Speedway Blvd., for a report of a theft.

Upon arrival, the store's loss prevention official had detained the above mentioned individual for attempting to steal multiple items from the business. The items totaled just over \$500.

The suspect also had several hydrocodone pills in her possession without a prescription.

She was taken into custody. The arrest report is attached.

Persons with information may text "CRIMES" (274637) with a cell phone or log on to www.dbpd.us and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS." Tipsters remain anonymous.

**7th. Judicial Circuit 707
Charging Affidavit - Volusia**

Arrest # _____ Bk # _____ Pg # 1 of 5

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number:	
(ORI) FL: <u>FL0640100</u>	Agency Name: <u>DAYTONA BEACH POLICE DEPARTMENT</u>	Agency Case Number: <u>180006764</u>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R.:	Date Arrested: <u>04-06-2018</u> Time of Arrest: <u>1926</u>
ADDRESS OF ARREST (Street, City, State, Zip): <u>2380 West International Speedway Blvd DAYTONA BEACH FL 32114</u>		Arrested By: <u>Carter, Robert</u>	ID Number: <u>D66933</u>
DEFENDANT		NAME (Last) (First) (Middle): <u>Vicars Kimberly Joy</u>	A.K.A.:
DOB: <u>03-21-1972</u>	Age: <u>46</u>	Driver's Lic./ ID No.:	State: <u>FL</u> Year Expires: S.S.# -
Height: <u>5' 06</u>	Weight: <u>150</u>	Hair: <u>BLN</u> Eyes: <u>BLU</u>	P.O.B. (City, State, Country): <u>Frankfort IN</u>
Scars, Marks, Tattoos:	Business & Occupation: <u>Hinson Middle School Teacher</u>		Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address - Mailing/Permanent (STREET, APT. NUMBER): <u>4225 South Atlantic Avenue # 243</u>		(CITY): <u>NEW SMYRNA</u> (STATE): <u>FL</u>	ZIP CODE: <u>32169</u> RESIDENCE PHONE: <u>(386) 416-8064</u>
Address - Local (STREET, APT. NUMBER):		(CITY): (STATE):	ZIP CODE: RESIDENCE PHONE:
Address - Other (Employer/School) (STREET, APT. NUMBER):		(CITY): (STATE):	ZIP CODE: BUS/SCHOOL PHONE:

CHARGES	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input checked="" type="checkbox"/>	Statement(s) <input checked="" type="checkbox"/>	NTA Schedule <input type="checkbox"/>	Report <input checked="" type="checkbox"/>	Traffic Infraction(s) <input type="checkbox"/>	DUI <input type="checkbox"/>	Total Charges: <u>02</u>
#1 Charge: <u>Trafficking in Hydrocodone</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>893.135</u>	Citation No.:	Bond: <u>10000</u>				
#2 Charge: <u>Grand Theft - \$300 - < \$5,000</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>812.014(2)(C)1</u>	Citation No.:	Bond: <u>1500</u>				
#3 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:				

CO-DEFENDANT	Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>
#1 NAME (Last) (First) (Middle):	Race:	Sex:
#2 NAME (Last) (First) (Middle):	Race:	Sex:

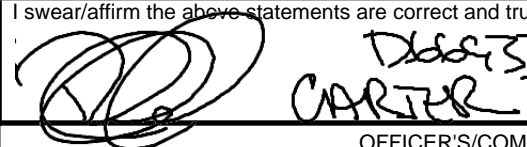
NARRATIVE The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 06 day of April, 2018, at approximately 0726 a.m. p.m. at 2380 West ISB DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 commit the act of Grand Theft by taking over 32 different items from the various store racks, pulling some of the tags off and concealing them all in a
 2 target tote bag. Upon loading the shopping cart up with all of these items, she made no efforts to stop by a cashier or the self checkout to pay for
 3 said items. The total of these items were approximately \$522.25. Defendant was also in possession of 12.0 grams of Hydrocodone pills without
 4 providing a label or proper prescription.
 5
 6 On the above date and time, W-1 (Sotomayor) who is employed as a Loss Prevention Officer for Target, observed the defendant (Vicars) in the
 7 target store shopping for various items. W-1 witnessed the defendant taking over 32 items off different clothes racks and shelves, removing clothes,
 8 toiletries and other miscellaneous items and concealed these items inside two tote bags that belonged to the store. The defendant then proceeded to
 9 exit through the exit glass doors, making NO attempt to pay for these said items which totaled \$522.25. W-1 then contacted the defendant and
 10 awaited for police arrival at which time I placed her under arrest for Grand Theft. W-1 completed a full sworn statement advising hat Target does
 11 wish to prosecute for Grand Theft over \$300.00. W-1 provided a receipt, DVD and photos of the stolen/returned items.
 12 A search incident to arrest of the defendant purse revealed the following:
 13
 14 One Advil bottle containing 5 White Oval Pills with the inscription of Watson 853 on one side and an inverted line on the other side. Upon reviewing
 15 drugs.com I identified these white pills as Hydrocodone 325/10mg which is a Schedule 2 Controlled Substance.

NOTICE TO APPEAR	MANDATORY APPEARANCE <input type="checkbox"/>	YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	FINE, AND COSTS AMOUNT:
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I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.

SIGNATURE OF DEFENDANT	Date	RELATIONSHIP TO JUVENILE	JUVE DISP.
			CITATION No.

Sworn to and subscribed before me, the undersigned this <u>06</u> day of <u>April</u> , <u>2018</u> , Name: <u>Dan P. 25583</u>	I swear/affirm the above statements are correct and true  OFFICER'S/COMPLAINANT'S SIGNATURE	Rt Thumb
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification: _____	NAME (PRINTED): <u>D66933</u> ID NUMBER:	

OFFICIAL USE ONLY Inmate Number & Facility:


Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: <u>Vicars</u>	(Last)	(First) <u>Kimberly</u>	(Middle) <u>Joy</u>	Agency Case Number: <u>180006764</u>
CHARGES	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input checked="" type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>		Total Charges: <u>02</u>
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:

16
17 I located another Advil bottle containing 21 White Oval Pills with the inscription of Watson 853 on one side and an inverted line on the other side.
18 Upon reviewing drugs.com, I identified these white pills as Hydrocodone 325/10mg which is a Schedule 2 Controlled Substance. I also located
19 another round pill with the inscription DAN on one side and 5513 on the other side. Upon reviewing drugs.com I identified this pill as a Carisoprodol
20 350 mg which treats muscle spasms. The defendant did have a pill bottle which contained her name and this same prescription on the bottle. I
21 tagged this into property and evidence for safekeeping as the Volusia County Branch Jail would not accept this item. I also located three advil
22 capsules inside the bottle which were tagged.
23
24 I located a round blue plastic pill container containing 3 White Oval Pills with the inscription of Watson 853 on one side and an inverted line on the
25 other side. Upon reviewing drugs.com, I identified these white pills as Hydrocodone 325/10mg which is a Schedule 2 Controlled Substance.
26
27 I then combined all the same pills and got a total weight of the following:
28
29
30 29 Hydrocodone pills which weighed a total of 12.0 grams.
31
32 4 Carisoprodol 350mg which weighed approximately .02 grams tagged for safekeeping.
33
34 Multiple small pieces of a green pill which I was unable to identify (Approximate .01 grams) tagged for destruction.
35
36 Multiple pieces of orange oblong pill which I was unable to identify (Approximate .01 grams) tagged for destruction.
37
38 I read the defendant her Miranda Rights as she advised that she understood and would answer my questions. I then asked her where she received
39 all the pain pills and she advised that she received them all from a licensed doctor. The defendant could not provide a prescription for these pills and
40 she did not have them stored in the proper labeled container.
41
42 I spoke with DBPD Narcotic Detective Deal and he agreed that the proper charge with the weight of the Hydrocodone is an Trafficking amount which
43 is over 4 grams.
44
45
46 I tagged multiple glass, liquid and roll on items into property and evidence which was located in the defendants purse which the jail would not accept
47 per their policy.
48
49
50
51

Sworn to and subscribed before me, the undersigned this <u>06</u> day of <u>April</u> , 2018, Name: <u>Jan Prince 25573</u>	I swear/affirm the above statements are correct and true  OFFICER'S/COMPLAINANT'S SIGNATURE D66933 NAME (PRINTED) ID NUMBER	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:		

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant (Last) (First) (Middle) Name: Vicars Kimberly Joy			Agency Case Number: 180006764			
Name: (Last) (First) (Middle) Target			Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: <input type="checkbox"/> DOB: <input type="checkbox"/>	SSN: <input type="checkbox"/>
Address (#, Street, City, State): 2380 West International Speedway Blvd DAYTONA BEACH FL			Zip: 32114	Home: <input type="checkbox"/> Phone: (386) 257-4778	Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Bus/School Address:			Zip:	Bus: <input type="checkbox"/> Phone: <input type="checkbox"/>	Relative/Contact Name: <input type="checkbox"/> Address: <input type="checkbox"/>	
Name: (Last) (First) (Middle) Sotomayor Joel			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age: 40 DOB: 06-10-1977	SSN: <input type="checkbox"/>
Address (#, Street, City, State): 2380 West International Speedway Blvd DAYTONA BEACH FL			Zip: 32114	Home: <input type="checkbox"/> Phone: (386) 257-4778	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:			Zip:	Bus: <input type="checkbox"/> Phone: <input type="checkbox"/>	Relative/Contact Name: <input type="checkbox"/> Address: <input type="checkbox"/>	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: <input type="checkbox"/> DOB: <input type="checkbox"/>	SSN: <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Home: <input type="checkbox"/> Phone: <input type="checkbox"/>	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:			Zip:	Bus: <input type="checkbox"/> Phone: <input type="checkbox"/>	Relative/Contact Name: <input type="checkbox"/> Address: <input type="checkbox"/>	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: <input type="checkbox"/> DOB: <input type="checkbox"/>	SSN: <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Home: <input type="checkbox"/> Phone: <input type="checkbox"/>	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:			Zip:	Bus: <input type="checkbox"/> Phone: <input type="checkbox"/>	Relative/Contact Name: <input type="checkbox"/> Address: <input type="checkbox"/>	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: <input type="checkbox"/> DOB: <input type="checkbox"/>	SSN: <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Home: <input type="checkbox"/> Phone: <input type="checkbox"/>	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:			Zip:	Bus: <input type="checkbox"/> Phone: <input type="checkbox"/>	Relative/Contact Name: <input type="checkbox"/> Address: <input type="checkbox"/>	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: <input type="checkbox"/> DOB: <input type="checkbox"/>	SSN: <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Home: <input type="checkbox"/> Phone: <input type="checkbox"/>	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:			Zip:	Bus: <input type="checkbox"/> Phone: <input type="checkbox"/>	Relative/Contact Name: <input type="checkbox"/> Address: <input type="checkbox"/>	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: <input type="checkbox"/> DOB: <input type="checkbox"/>	SSN: <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Home: <input type="checkbox"/> Phone: <input type="checkbox"/>	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:			Zip:	Bus: <input type="checkbox"/> Phone: <input type="checkbox"/>	Relative/Contact Name: <input type="checkbox"/> Address: <input type="checkbox"/>	

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
29 Hydrocodone Pills			12.0 Grams
Owner Name (Last) (First) (Address)		(Phone)	Value
2 Advil Bottles			
Owner Name (Last) (First) (Address)		(Phone)	Value
1 purple and 1 blue pill container			
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
1 receipt and DVD with photos			
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
4 pills in bottle Carisopodol (Safekeeping)			.01 Grams
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Multiple Green Pills (Destruction)			.01 Grams
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Multiple Orange Pills (destruction)			
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

Investigating Officer

[Signature] **D66933**

ID Number

Agency **DBPD**