

2021 CF 4367AXX

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 20-006729	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	JUVENILE
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input 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	If Weapon Seized	Enter Type	Multiple Clearance Indicator		1	
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address) 5352 W LINTON BLVD, DELRAY BEACH, FL 33484				
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
		11/12/2020	13:09						
Name (Last, First, Middle) KRATKA, DANIEL NEAL					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:				
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex W	Date of Birth 03/23/2001	Height 6'00	Weight	Eye Color	Hair Color	Complexion	Build
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 8128 PALOMINO DR, LAKE WORTH, FL 33467			(City)	(State)	(Zip)	Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) 8128 PALOMINO DR, LAKE WORTH, FL 33467			(City)	(State)	(Zip)	Phone		Address Source	
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation	
D/L Number, State K632174011030 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State)		Citizenship			
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)					Residence Phone				
<input type="checkbox"/> Legal Custodian					Business Phone				
Address (Street, Apt. Number)					(City)	(State)	(Zip)		
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		
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property		Value of Property	
Drug Activity S. Sell N. N/A P. Possess					S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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 ON OFFICER, FIREFIGHTER, EMT ETC					Statute Violation Number 784.07(2B)		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond	
	N	/		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Charge Description					Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond	
		/			<input type="checkbox"/> Y <input type="checkbox"/> N				
Charge Description					Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond	
		/			<input type="checkbox"/> Y <input type="checkbox"/> N				
Health / Apparent Physical Condition of Defendant					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:				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By		Released By		Released To
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health									
Transported By					Date Transported	Time Transported	Other		
					//	:			
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court					Location (Court, Room)		FILED Circuit Criminal Department JAN 15 2021		
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					South County 200 W Atlantic Ave Delray Beach, FL 33444				
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED ON THIS NOTICE TO APPEAR AND 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.					Court Date and Time		No Photo Available		
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed				
					JOSEPH ABRUZZO				
HOLD for Other Agency					Signature of Arresting Officer		Name of Arresting Officer (Print)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest					REID, DAVION		1142		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Transporting Officer		I.D. #		Agency
Intake Deputy					I.D. #	Pouch #	WARRANT REQUEST		DBPD
							Witness here if subject signed with an "X".		PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A. 3. Request for Warrant
4. Request for Capias

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JUVENILE

A D M I N I S T R A T I V E	OBTS Number	Agency Name		Agency Report Number
	FL 0500400	DELRAY BEACH POLICE DEPARTMENT		4 0 20-006729
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input 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				Special Notes:

D E F E N D A N T	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	KRATKA, DANIEL NEAL		W	M	03/23/2001

C H A R G E S	Charge Description	Charge Description
	784.07(2B) BATTERY ON OFFICER, FIREFIGHTER, EMT ETC	

V I C T I M	Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
	Business Address (Name, Street)	(City)	(State)	(Zip)

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 _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 14 day of November, 2020 at 10:00 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.

On 05/09/20 I responded to Delray Medical Center in reference to a report of Battery. Upon my arrival, I spoke to the victim, Jenna Levine who is a doctor at Delray Medical Center. Levine advised that the offender (Daniel Kratka) was brought in under a law enforcement Baker Act by Boca Raton Police. Levine stated that while she was in front of Kratka's bed he sat up and spit in her face. Levine stated that the spit went into both of her eyes and went onto the face mask she was wearing. Levine advised that Boca Raton Police witnesses the incident along with the additional medical staff.

The medical staff that witnesses the incident were not present upon my arrival, Kratka was sedated so I was unable to speak with him.

I spoke to Brooke Mullen who advised that she was in the room when Kratka spit on Levine. Mullen stated that she heard Kratka spit and when she turned around she saw Spit on Levine's face.

Based on the above stated facts theres is probable cause to charge the defendent, Daniel Kratka with Battery On Officer, Firefighter, EMT Etc per F.S.S. 784.07 (2B).

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<u>VAN NESS, RACHEL</u>	<u>REID, DAVION (1142)</u>
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
	<u>11/14/2020</u>	<u>06/25/2020</u>
	DATE	DATE