


OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	N														
ADMINISTRATIVE	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06- 21-038851																			
	Charge Type: Check as many as apply.		<input checked="" 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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 00															
	Location of Arrest (Including Name of Business) District 7 Substation - 17901 U.S. Highway 441, Boca Raton, FL 33498						Location of Offense (Business Name, Address) 6061 Boca Colony Drive, Boca Raton, FL 33433																			
	Date of Arrest 02/24/2021		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle													
DEFENDANT	Name (Last, First, Middle) Weiss, Kanan, Maxwell						Alias (Name, DOB, Soc. Sec. #, Etc.)																			
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 10/28/1992		Height 6'01		Weight UK		Eye Color Blue		Hair Color Blonde		Complexion Med		Build M									
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single		Religion UK		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2											
	Local Address (Street, Apt. Number) 6061 Boca Colony Drive, Boca Raton, FL 33433						(City)		(State)		(Zip)		Phone (Cell) 954-304-7395		Address Source Verbal											
	Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone ( )		Occupation Real Estate Sales											
	Business Address (Name, Street) Keller Williams Realty Services						(City)		(State)		(Zip)		Phone ( )													
	D/L Number, State W200513923880, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) New York		Citizenship US																	
	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"/> 5. Juvenile											
	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"/> 5. Juvenile											
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other						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 Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated																
Released To: (Name)						Relationship						Date		Time												
The above address 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 (Phone 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						Value of Property														
Drug Activity N. N/A P. Possess						S. Sell B. Buy T. Traffic		R. Shuggle D. Deliver E. Use		K. Dispense/ 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. Synthetics		U. Unknown Z. Other		
Charge Description Domestic Strangulation						Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.041(2A)		Violation of ORD #														
Drug Activity N						Drug Type —		Amount / Unit		Offense # 21-038851		Warrant / Capias Number		Bond												
Charge Description Domestic Simple Battery						Counts 2		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1A1)		Violation of ORD #														
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond												
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		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"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #														
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond												
NOTICE TO APPEAR	Location (Court, Room Number, Address)																									
	Court Date and Time																									
	Month		Day		Year		Time		AM		PM															
	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						02/24/2021																			
ADMIN	Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed																			
	HOLD for other Agency Name						Signature of Arresting Officer X						Name Verification (Printed by Arrestee)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) D. Harrison						I.D. # 9140													
	Intake Deputy						I.D. #						Pouch #													
Transporting Officer						ID #						Agency PBSO						Witness here if subject signed with an "X"								

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	N
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-038851</b>					
	Charge Type: Check as many as apply.		<input 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					
CHARGES	Name (Last, First, Middle) <b>Weiss, Kanan, Maxwell</b>		Alias		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>10/28/1992</b>	
	Charge Description <b>Domestic Strangulation</b>		<b>784.041(2A)</b>		Charge Description <b>Domestic Simple Battery</b>				<b>784.03(1A1)</b>	
VICTIM	Victim's Name (Last, First, Middle) <b>Canales, Stephanie,</b>				Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>11/06/1997</b>	
	Local Address (Street, Apt. Number) <b>6601 Boca Colony Drive, Boca Raton, FL 33433</b>		(City) (State) (zip)		Phone <b>(Cell) 954-663-9289</b>		Address Source <b>Verbal</b>			
	Business Address (Name, Street) <b>TD Bank - 6700 North State Road 7, Coconut Creek, FL 33073</b>		(City) (State) (zip)		Phone <b>(Wk) 954-426-3334</b>		Occupation			
<p>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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____              admitting to the below facts.           </div> <div> <input type="checkbox"/> was observed by _____ who told              that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.           </div> </div> <p>On the <b>24th</b> day of <b>February</b>, 20<b>21</b> at <b>1230</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p><b>On Wednesday, 02/24/2021 at 1126 hrs, I was dispatched to the District 7 Substation located at 17901 U.S. Highway 441, Boca Raton, FL 33498, in reference to a delayed domestic. Upon my arrival, I met with the victim, Stephanie Canales W/F 11/06/1997, who advised on the following;</b></p> <p><b>The victim has been residing with her boyfriend identified as Kanan Maxwell Weiss W/M 10/28/92, for over one (1) year. The couple were residing in Coral Springs and moved to 6061 Boca Colony Drive, Boca Raton, FL 33433. For quite some time, the couple has been involved in verbal arguments which turned physical. On 02/22/21 at approximately 0700 hrs, the victim was sleeping with the defendant (Kanan Maxwell Weiss) when she woke up to get ready for work. While the defendant was sleeping, the victim sat down next to him and grabbed his cell phone. The defendant woke up instantly and snatched the phone back from the victim. The defendant began screaming at the victim and started breaking the wall with some blinds. The defendant pushed the victim down to the ground. The victim stated that she went to work. When the victim got off from work later in the evening, the defendant was at her work waiting for her. The defendant drove his car behind the victim, following the victim, in which they pulled over into the BJ's parking lot located in Parkland, FL. While talking, the defendant became irate and started screaming at the victim to the point the police responded.</b></p> <p><b>The victim stated that they left in went back to the residence located in Boca. Another argument occurred and the victim advised the defendant she was finished with him. At that point, the defendant hit the victim multiple times in the face, threw the victim onto the bed, and choked the victim to the point that she could not breathe. The defendant got up, grabbed a golf club, and started swinging it everywhere. The victim stated the defendant started to cry, grabbed a knife, and made threats to kill himself if she left him. The victim stated she calmed the defendant down and let him believe that everything would be alright. At that point, she drove to her parents residence in Coral Springs. The victim advised that the defendant followed her to Coral Springs but left when she went inside the residence. The next morning, 02/23/21, the victim and her parents found their car tires slashed. The victim and her parents reported the incident to Coral Springs Police.</b></p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		 <b>D. Harrison</b>							
	(Signature of Arresting Investigative Officer)									
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>24th</b> day of <b>February</b> , 20 <b>21</b> by <b>D. Harrison</b>									
	(Print name of Arresting Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced _____)									
		Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		# <b>4859</b>						