

0504665

ARREST / NOTICE TO APPEAR

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

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JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 - 4 2021-0010443		Multiple Clearance Indicator 1	
D E F E N D A N T	Charge Type: Check as many as apply: <input 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		If Weapon Seized Enter Type UNARMED						
	Location of Arrest (Including Name of Business) 4225 45TH STREET, WEST PALM BEACH, FL, 4225 45TH ST.					Location of Offense (Business Name, Address) 4225 45TH ST, WEST PALM BEACH, FL 33407			
C O D E F	Date of Arrest 07/16/2021	Time of Arrest 18:56	Booking Date 07/16/2021	Booking Time 19:00	Jail Date 07/16/2021	Jail Time 19:00	Location of Vehicle		
	Name (Last, First, Middle) KRAUS, VALERIE ANN								
J U V E N I L E	Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White B - Black O - Asian	Sex W	Date of Birth 03/10/1946	Height 5'02	Weight 130	Eye Color BROWN	Hair Color WHITE	Complexion Light	Build Thin
C H A R G E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 4241 SAN MARTINO BLVD 104, DAITE, FL 33409					Home Phone (561) 000-0000		Residence Type 1. City 3. Florida 2. County 4. Out of State	
N O T I C E	Permanent Address (Street, Apt. Number) 4241 SAN MARTINO BLVD 104, DAITE, FL 33409					Mobile Phone		Address Source	
	Business Address (Name, Street) 4241 SAN MARTINO BLVD 104, DAITE, FL 33409					Work Phone		Occupation	
C O D E F	D/L Number, State K620861465900 / FL		Soc. Sec. Number		INS Number		Citizenship US		
	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		
J U V E N I L E	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		
	Name (Last, First, Middle)					Residence Phone		Business Phone	
C H A R G E	Address (Street, Apt. Number) (City) (State) (Zip)					Notified by: (Name)		Date	
	Released To: (Name)					Relationship		Date	
N O T I C E	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	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Description of Property		Value of Property	
C H A R G E	Drug Activity N. N/A P. Possess					S. Sell B. Buy T. Traffic		R. Struggle D. Deliver E. Use	
	K. Disperse Distribute					M. Manufacture Produce/ Cultivate		Z. Other	
C H A R G E	Charge Description TRESPASS AFTER WARNING- PROPERTY					Statute Violation Number 810.09(2B)		Violation of ORD #	
	Drug Activity N					Drug Type N		Amount / Unit /	
C H A R G E	Charge Description					Statute Violation Number		Violation of ORD #	
	Drug Activity N					Drug Type N		Amount / Unit /	
C H A R G E	Charge Description					Statute Violation Number		Violation of ORD #	
	Drug Activity N					Drug Type N		Amount / Unit /	
I N T A K E	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			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond					Released By			
N O T I C E	Transported By					Date Transported		Time Transported	
	INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room)			
T O A P P E A R	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.					Signature of Defendant (or Juvenile and Parent/Custodian)			
	I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.					Date Signed (561) 000-0000			
D I M I N I S T R A T I O N	Signature of Arresting Officer K. Bell #2203					Name Verification (Printed by Arrestee)			
	Name of Arresting Officer (Print) BELL, KENTAVIOUS					ID # 02203			
D I M I N I S T R A T I O N	Transporting Officer K. BELL					ID # 2203			
	Witness here if subject signed with an "X".					Page 1 OF 1			

2021 No
Photo
Available

17 AM 7:32

JOSEPH ANTONIO GARCIA
PALM BEACH COUNTY, FL
GUN CLUB

11:30

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

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JUVENILE

OBTS Number			
Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2021-0010443	
Charge Type: Check as many as apply <input 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	Special Notes:		
Name (Last, First, Middle) KRAUS, VALERIE ANN	Alias	Race W	Sex F Date of Birth 03/10/1946
Charge Description 810.09(2B) TRESPASS AFTER WARNING- PROPERTY	Charge Description		
Charge Description	Charge Description		
Victim's Name (Last, First, Middle) WALMART,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) 4225 45TH ST, WEST PALM BEACH, FL 33407	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)
Phone (561) 683-8300	Address Source		
Phone	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> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 16 day of July, 2021 at 19:20 (Specifically include facts constituting cause for arrest.)</p> <p>On Friday, July 16, 2021, at 1823hrs I responded to the Walmart shopping center located at 4225 45th Street, in reference to an individual trespassing after warning.</p> <p>Upon arrival I observed a W/F later identified to me by florida driver's license as W/F Valerie Ann Kraus DOB 03/10/1946. I was advised by Ofc. Butler that Kraus had been previously written trespass warned from the store by Ofc. Brust ID#1756 (WPBPD CAD# 21-123152) on Friday, July 9, 2021.</p> <p>Based on the facts and information above, probable cause exists to charge W/F Valerie Ann Kraus DOB 03/10/1946 with one (1) count of trespass after warning pursuant to F.S.S. 810.09 (2B) .</p>			
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>YOOS, SARAH 07/16/2021</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>BELL, KENTAVIOUS (02203) 07/16/2021</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>DATE</p>			

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1 OF 1

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS



**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)
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 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: 2021017656

Date: 7/17/21

Specialist Name/ID: A. Pinkney/7796