

0539198

2613

A D M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE	
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department			Agency Report Number (N.T.A.'s only) 3, 2 2023-004055					
	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						If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 01		
D E F E N D A N T	Location of Arrest (Including Name of Business) 495 E CAMINO REAL BOCA RATON, FL 33432, 495 E CAMINO					Location of Offense (Business Name, Address) 495 E CAMINO REAL, BOCA RATON, FL 33432					
	Date of Arrest 03/25/2023	Time of Arrest 00:04	Booking Date 03/25/2023	Booking Time 00:14	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) KATZ, BRUCE										
D E F E N D A N T	Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W	Date of Birth 10/20/1959	Height 5'11	Weight 200	Eye Color HAZEL	Hair Color GRAY	Complexion LIGHT	Build Medium		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status M	Religion NONE	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 215 PRINCE STREET, ALEXANDRIA, VA 22314					Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State 4			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 215 PRINCE STREET, ALEXANDRIA, VA 22314					Phone		Address Source DEFENDANT			
	Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation			
	DL Number, State C60037284 / VA		Soc. Sec. Number		INS Number		Place of Birth (City, State) OUT OF STATE, PA,		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			
	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	<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	
C O D E	Drug Activity S. Sell R. Smuggle K. Disperse/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other N. N/A B. Buy D. Deliver E. Use					Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown N. N/A C. Cocaine M. Marijuana S. Synthetic A. Amphetamine E. Heroin O. Opium/Deriv.					
	Charge Description BATTERY - BATTERY (SIMPLE)					Statute Violation Number 784.03(LA1)		Violation of ORD #			
C H A R G E	Drug Activity	Drug Type N	Amount / Unit	Offense # 23-4055	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond NO BOND		
	Charge Description					Statute Violation Number		Violation of ORD #			
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
	Charge Description					Statute Violation Number		Violation of ORD #			
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD HEALTH					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Defamities <input type="checkbox"/> Injuries					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By		Released By		Released To	
N O T I C E T O A P P E A R	Transported By					Date Transported	Time Transported	Other			
	<input type="checkbox"/> 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) 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 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed						
A D M I N	HOLD for Other Agency		Signature of Arresting Officer			Name Verification (Printed by Arrestee)		FILED MAR - 2023 MAR 26 AM 7:18			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) CALHOUN, K.			I.D. # 783		(PRINT)			
	Intake Deputy	I.D. #	Pouch #	Transporting Officer SUBOYU		I.D. # 871	Agency		PAGE 1 OF 1		
Witness here if subject signed with an "X".											

NOTIFICATION FORM

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

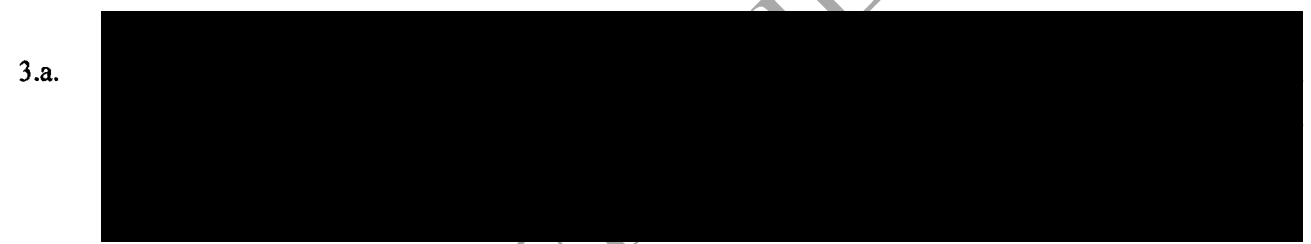
to be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 single 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#: 23-4055 Agency: Boca Raton Police Department
 Offense: PAIS, DDM SIMPLE BATTERY
 Suspect/Offender: KATZ, BIRCE
 D.O.B. 10-20-89 Race: W Sex: M

2. Warrant#(s): _____



b. Victim's next of kin, friend or neighbor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home#: _____ Work#: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
 Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: _____ I.D.# _____ Date: _____
 White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2023-004055
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) KATZ, BRUCE	Alias	Race W	Sex M	Date of Birth 10/20/1959
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Charge Description 784.03(1A1) BATTERY- BATTERY (SIMPLE)	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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
 confessed to _____ that he/she saw the arrested person commit the below acts.
 admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 25 day of March, 2023 at 00:04 (Specifically include facts constituting cause for arrest.)

MVR is available.

On Friday March 24th, 2023, at approximately 2244 hours, I responded to 495 E Camino Real (Boca Resort) in reference to a domestic disturbance. Upon my arrival, I met with W1 and V1.

W1 provided a sworn statement, stating that after he offered to give a couple a ride in his golf cart, he saw the white male, Bruce Katz, grab his V1, by her left arm making her exit the golf cart. W1 noted that female resisted the male on numerous occasions and would not exit the vehicle. After approximately 35 seconds, the female exited the golf cart after getting pulled off. W1 stated that prior to him calling 911, he had called for backup security officers to respond to his location after he was flagged down by a patron who witnessed Katz and V1 involved in an altercation. W1 noted that V1 had various injuries to her arms and head. BRFER responded to the scene and made contact with V1.

I then met with Katz who refused to provide a statement in regards to V1's injuries and the altercation that occurred prior to my arrival.

I then met V1 who refused to provide a statement in regards to her injuries and the altercation that occurred prior to my arrival.

I visually observed V1 and noted various lacerations to her right arm and a cut above her left eye.

Based on W1's sworn statement, I placed Bruce Katz under arrest for Simple Battery per F.S.S. 784.03(1a1). Katz was transported to the Boca Raton Police Department before being transported to Palm Beach County Jail.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<u>8760</u> CODLING, TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<u>[Signature]</u> CALHOUN, KEVIN (783) NAME OF OFFICER (PLEASE PRINT)
<u>03/25/2023</u> DATE	<u>03/25/2023</u> DATE

VICTIM NOTIFICATION FORM

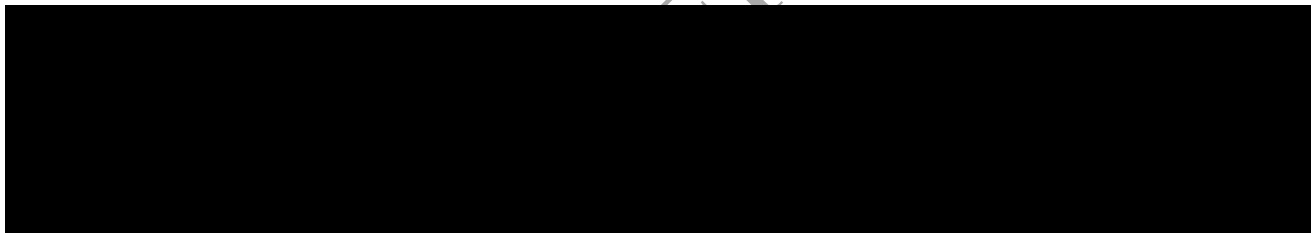
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- Sexual Offense (Ch. 794)
- Attempted Murder
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- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 single dwelling.)

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1. Incident Report#: 23-4055 Agency: Boca Raton Police Department
Offense: FA3, DD4, SIMPLE BATTERY
Suspect/Offender: KATZ, BRUCE
D.O.B. 10-20-59 Race: W Sex: M

2. Warrant#(s): _____

3.a. 

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home#: _____ Work#: _____ Other: _____

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(check applicable boxes)

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Officer's Name: _____ I.D.# _____ Date: _____
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

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

COURT CASE/WARRANT#:



Victims' Right to Confidentiality Form

Marsy's Law (effective January 8, 2019), FL Constitution, Article 1, §16(b)

BRPD Case Number: 23-4055

Defendant's Name(s): KATZ, BRUCE

Florida Constitution, Article 1, Section 16(b)(5): Every victim is entitled to the following right, beginning at the time of his or her victimization: "The right to prevent disclosure of information or records that could be used to locate or harass the victim or the victim's family, or which could disclose confidential or privileged information of the victim."

I, [REDACTED], as the victim, hereby invoke my right to prevent disclosure of information or records that could be used to locate or harass the victim or the victims' family, or which could disclose confidential or privileged information of the victim.

I HAVE READ AND UNDERSTOOD THE ABOVE PARAGRAPH. I HAVE BEEN INFORMED OF MY RIGHT TO NOT HAVE MY PERSONAL INFORMATION BECOME A MATTER OF PUBLIC RECORD.

Victim Signature: REFUSED Date: 3-25-23

(If the victim is under age 18, a parent or guardian's signature should be obtained)

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Witness (print/signature): CALHOUN [Signature]

I.D. # 783 (Law Enforcement Officer informing victim)

FILED PBC - CIVIL CLERK
23 MAR 26 AM 5:14





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: 2023007887	Date: 3/25/2023
	Specialist Name/ID: R.Castro/40259