50-2023-MM-004785AMB

054198

1771

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: I / N

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500300	BOYNTON BEACH POLICE DEPT.	34-23-025730

Charge Type: Check as many as Apply. ☐ 1. Felony ☐ 2. Traffic Felony ■ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized Enter Type: | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
307 VICTORY CIRCLE, BOYNTON BEACH, FL 33436	307 VICTORY CIRCLE, BOYNTON BEACH, FL 33436

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/13/2023	0242					

DEFENDANT

Name (Last, First, Middle): BAKER, STEFANIE KYRA

Alias (Name, DOB, Soc. Sec. #, Etc):

Race (W - White, I - American Indian, B - Black, O - Oriental / Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/21/1992	5'4	110	BROWN	BLONDE	FAIR	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: SINGLE | Religion: CATHOLIC | Indication of: Alcohol Influence ☐ Y ■ N ☐ Unk. / Drug Influence ☐ Y ■ N ☐ Unk.

Local Address (Street, Apt. Number): 307 VICTORY CIRCLE, | (City): BOYNTON BEACH, | (State): FL | (Zip): 33436 | Phone: (585)489-7942 | Residence Type (1. City 2. County 3. Florida 4. Out of State): 1

Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone: ( ) - | Address Source: FL DL

Business Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone: ( ) - | Occupation: Accountant

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth	Citizenship
B260791929210, FL	[redacted]		NEW YORK Rochester	USA

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
VITITOE, MICHAEL BRANNON	B	M	10/30/1995	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ■ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other | Name (Last) | (First) | (Middle) | Residence Phone

Address (Street, Apt. Number): (NO Bond) | (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 was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address: ☐ Yes, By: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? Yes ☐ No ☐ | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbituate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
SIMPLE BATTERY	1	■ Yes ☐ No	784.03(1)(A)(1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N	N/A	23-025730		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month | Day | Year | Time ☐ A.M. ☐ P.M.

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) | Date Signed

ADMIN.

HOLD for other Agency Name:	Signature of Arresting Officer	Name Verification (Printed by Arrestee) (PRINT)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:	Name of Arresting Officer (Print): MAROTO	I.D. #: 1150
Intake Deputy: Cpl Rowen	I.D. #: 7200	Pouch #:	Transporting Officer: ROAS	I.D. #: 1177	Agency: BBPD

BU#

Witness here is subject Signed with an "X".

Page 1 OF 1

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'23 JUN 14 AM 5:26

MARSY'S LAW INVOKED
Confidential Info Contained

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

On the 13 day of JUNE 2023 at 0208

Subject: BAKER, STEFANIE KYRA DOB: 11/21/1992 Case #: 23-025730

Charge Description: SIMPLE BATTERY Statute #: 784.03(1)(A)(1)

[redacted]

At the above date and time, I responded to [redacted] in reference to a domestic dispute. The caller advised the female attacked him.

Upon arrival, I made contact with a [redacted]. [redacted] provided me a sworn statement stating the altercation started when he arrived [redacted] late and his [redacted] identified as W/F Stefanie Kyra Baker (DOB 11/21/1992), started questioning him on his whereabouts. As he attempted to enter [redacted], Baker allegedly pushed him, punched him, and kicked him out of t[redacted] [redacted] stated he then was able to enter [redacted], go into [redacted] and retrieve his belongings to leave [redacted] [redacted] refused medical attention. I observed no new injuries on [redacted], however, he did complain of a bruise on his right bicep. The bruise appeared to be old. Photographs were taken.

I then made contact with Baker. Baker provided me a sworn statement stating [redacted] came home [redacted] and she questioned on his whereabouts. [redacted] refused to answer Baker and he started laughing at her. Baker admitted to pushing and kicking [redacted] out of [redacted] She stated [redacted] then re-entered the [redacted] and made his way [redacted] to retrieve him belongings. In the midst of arguing, [redacted] then took a hair brush and threw it towards Baker leaving a bruise on her left elbow. Photographs were taken. Baker refused medical attention.

Due to Bakers allegations, I questioned [redacted] after reading him his Miranda Rights. [redacted] refused to answer any questions pertaining to the hair brush incident.I did a walk through of [redacted] which I then located a broken hair brush in [redacted] The hairbrush was collected and submitted for evidence.

All parties provided a sworn statement and completed a Marsy's form and were provided the Domestic Violence pamphlet.

Based on my investigation, I found probable cause to arrest Baker for Simple Battery pursuant to F.S.S 784.03(1)(A)(1).

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Male seemed intoxicated and aggravated.

Relationship Between Victim and Suspect:

[redacted]

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Photographs: Scene: ☑ Yes ☐ No

Victim: ☑ Yes ☐ No

911 Call: ☑ Yes ☐ No Caller: _____

Tape Requested: ☑ Yes ☐ No

Weapon Used: ☑ Yes ☐ No Type: HAIR BRUSH

Witnesses: ☐ Yes ☑ No

Injuries: ☑ Yes ☐ No

Medical Treatment: ☐ Yes ☑ No

At Scene ☐ Yes ☑ No Paramedics: _____

At Hospital ☐ Yes ☑ No Physician(s): _____

Hospital: _____

Act Committed In Presence Of Minor(s): ☐ Yes ☑ No

Name: _____ Age: _____

Name: _____ Age: _____

F.D.C.F. Notified: ☐ Yes ☑ No Victim Pregnant: ☐ Yes ☑ No

Violation Of Restraining Order: ☐ Yes ☑ No Case #: _____

Prior History Of Domestic Violence: ☐ Yes ☑ No

Alcohol Or Drugs Involved: ☐ Yes ☐ No ☑ Unknown

Victim Contact Information:

Phone Home: _____ Work: _____

Employer: _____

Relative Name: _____ Phone: _____

Address: _____

City/State: _____ , ,

State Of Florida
County Of Palm Beach
Appeared before me, MAROTO , (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

1152
Signature Of Arresting Officer

Sworn to and subscribed to me before this 13 day of JUNE , 2023

933
Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- ***Homicide (Ch. 782)***
- ***Attempted Murder***
- ***Stalking (S. 784.084)***
- ***Sexual Offense (Ch. 794)***
- ***Attempted Sexual Offense***
- ***Domestic Violence*** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling)*

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

SUSPECT/ OFFENDER: VITITOE, MICHAEL BRANN(COURT CASE/ WARRANT #: (FOR WARRANTS USE ONLY)

1. [redacted]

2. Warrant # (s): _____

[redacted]

B. Victim's Next of Kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

C: Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

_____

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of Victim: _____

Printed Name of Victim [redacted]

Officer's Name: MAROTO I.D.# 1150 Date: / /

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EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Boynton Beach Police Department Case Number: 23-025730

This form is a request for exemption of certain information from public records disclosure involving victims of the following crimes:

A. Sexual Battery
B. Aggravated Stalking
C. Aggravated Battery
D. Child Abuse
E. Harassment
F. Domestic/Dating Violence
G. Elder Abuse

Pursuant to Florida Statute 119.07(1), I hereby request that information which reveals: my identity, home or employment telephone number, home or employment address, or information about my personal assets, not be released or revealed through any public records disclosure by the Boynton Beach Police Department.

Signature: X [redacted] Date: 6/13/2023

Officer Name and I.D: Ross 1127

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Boynton Beach Police Department

Michael G. Gregory, Chief of Police
Kelly Harris, Assistant Chief, Administrative Services
Vanessa Snow, Assistant Chief, Support Services
Joe DeGiulio, Assistant Chief, Uniform Services

P. O. Box 310
Boynton Beach, FL 33425
561.742.6100
561.742.6185

www.bbpd.org

A CFA Accredited Law Enforcement Agency

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Boynton Beach Police Department

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

Victim's Right to Confidentiality Form

Boynton Beach Police Department Case Number: 23-025730

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, X [redacted], as the victim, hereby (***circle one*: invoke / do not invoke**) my 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 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: X [redacted] Date 6/13/2023

(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): Ofc. Ross 1127

I.D. # 1127
(Law Enforcement Officer informing victim)

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'23 JUN 14 AM5:26

Civility Accountability Pride

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023015435	**Date:** 6/13/2023
	Specialist Name/ID: Pinkneya/7796