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#3738

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>		1. Arrest		3. Request for Warrant		Jvenile	
2. N.T.A.		Juvenile Referral Report		4. Request for Capias		1		N	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-19-148177</b>					
Charge Type: Check as many as apply.		1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		5. Ordinance		Weapon Seized / Type	
2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		2		1. Yes 2. No	
Location of Arrest (Including Name of Business)		12920 Pennell Pines Road, Boynton Beach/FL/33436		Location of Offense (Business Name, Address) 12920 Pennell Pines Road, Boynton Beach/FL/33436					
Date of Arrest 12/13/2019		Time of Arrest 23:30		Booking Date 12/14/2019		Booking Time		Jail Date	
Jail Time		Location of Vehicle							
Name (Last, First, Middle) <b>Kloc, Aaron, Michael</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 11/22/1972		Height 6'01		Weight 210	
Eye Color Brown		Hair Color Brown		Complexion Light		Build Thin			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status Married		Religion NONE		Indication of Alcohol Influence Y N		Indication of Drug Influence Y N	
Local Address (Street, Apt. Number) 12920 Pennell Pines Rd, Boynton Beach, FL 33436		City (State) (Zip)		Phone (716) 601-8990		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number)		City (State) (Zip)		Phone		Address Source FL DL			
Business Address (Name, Street)		City (State) (Zip)		Phone		Occupation Electrical Engineer			
D/L Number, State K420013724220, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Buffalo, NY		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"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 3. Felony	
								<input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other:		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. FOR DIS. 3. FOR DIS. 4. FOR DIS.			
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. Smuggle 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 <b>Battery (Domestic)</b>		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1A1)	
Charge Activity N		Drug Type N		Amount / Unit		Offense # 19-148177		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Location (Court, Room Number, Address) <b>SET BY JUDGE</b>									
Court Date and Time		Month		Day		Year		Time	
AM		PM		12/13/2019					
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							
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) D/S B. SANZ		I.D. # 30565					
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Transporting Officer D/S B. SANZ		ID # 30565		Agency PBSO			
Witness here if subject signed with an "X"		PAGE 1 OF 1							

PBSO #148 REV. 6/97

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PROBABLE CAUSE AFFIDAVIT

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

Juvenile  1  N

OBTS Number		Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-19-148177</b>	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Name (Last, First, Middle) <b>Kloc, Aaron, Michael</b>		Alias		Race W		Sex M	
Date of Birth 11/22/1972		Charge Description <b>Battery (Domestic)</b>		784.03(1A1)		Charge Description	
Victim's Name (Last, First, Middle) <b>Kloc, Dakota, Kendall</b>		Local Address (Street, Apt. Number) <b>5422 Sandbirch Way, Lake Worth, FL 33463</b>		City ( ) State ( ) Zip ( )		Phone ( ) 255-4213	
Business Address (Name, Street)		City ( ) State ( ) Zip ( )		Phone ( )		Address Source	
<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 <u>13</u> day of <u>December</u> 20<u>19</u> at <u>10:13</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On the above date and time, I was dispatched to 12920 Pennell Pines Road, Unincorporated Boynton Beach, Palm Beach County FL 33436 in reference to a domestic dispute.</p> <p>Upon my arrival I spoke to the victim, Dakota Kloc who completed a sworn written statement, which stated: "I was in my room around 10 pm when I heard my father yelling at my sister. In my opinion it was escalating so I walked out of my room to make sure things didn't become physical. I stood in my sisters doorway and when my father saw me he ran over to me and chest bumped/pushed me until I was well into my own room. He kept telling me to hit him and after one of his shoves, I pushed back. We pushed each other a few more times then while he was standing in my face again he kneed me in the crotch. Before I thought about it I swung a punch that somewhat connected and he grabbed me and put me in a headlock. My sister yelled that she was calling the police and my dad got off of me and left the room".</p> <p>After speaking with Dakota, I spoke with Mikaela Kloc who is his sister. Mikaela completed a sworn written statement which stated the following: "My father got into my face, my brother walked to see what was going on. My dad pushed into my brother and they started chest bumping, my father kneed my brother in the balls and then they started going at it, at which point I walked downstairs to call the police off my mothers phone".</p> <p>While speaking to the defendant who was later identified as Aaron Kloc, he advised me he got into a verbal argument with his daughter Mikaela due to her being disrespectful to his wife Lisa. The defendant advised me he entered Mikaela's room and attempted to take her phone away to punish her. Due to the yelling going on, Dakota came into the room and they went chest to chest. The defendant stated Dakota then head butted him, resulting in him kneeling him in his private part. After being kneed in the private, Dakota then swung and punched him in the face. It should be noted that the defendant did not have any visible injuries on scene.</p> <p>D/S P. Siegel (ID #12460) took pictures of the victim and defendant. The pictures have been uploaded to the PBSO Domestic Violence Website.</p> <p>I asked Dakota if he would like medical attention and he said no. I asked him if he would like to go to a shelter and he said no. I issued him a victim's rights brochure.</p> <p>Prior to leaving the scene I contacted the domestic abuse advocate hotline.</p> <p>Based on my above investigation, I find probable cause to charge Aaron Kloc with the following:</p> <p><b>F.S.S. 784.03(1A1) Battery (Domestic)</b></p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><b>D/S B. SANZ</b></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>14</u> day of <u>December</u> 20<u>19</u> by <u>D/S B.SANZ</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification Type of identification produced <u>KNOWN LEO</u></p> <p><b>D/S P. Siegel 12460</b></p> <p>Notary Public, Clerk of Court, Officer (F.S.B. 147.10)</p>							

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

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# VICTIM NOTIFICATION FORM

This form must 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 #: 19-148177 Agency: \_\_\_\_\_  
 Offense: Battery (Domestic)  
 Suspect/Offender: Kloc, Aaron, Michael  
 D.O.B. 11/22/1972 Race: W Sex: M

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: Kloc, Dakota, Kendall D.O.B. 07/04/2000 Race: W Sex: M  
 Address: 5422 Sandbirch Way  
 City: Lake Worth, FL 33463  
 Home #- (716) 255-4213 Work #: 0 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 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:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: Kloc, Dakota, Kendall

Deputy's Name: D/S B.SANZ I.D.# 30565 Date: 12/13/2019  
 White/Corrections, State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

FB80 00029A REV. 4/199

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SUSPECT/OFFENDER:

**Kloc, Aaron, Michael**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#



**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: 2019039878	Date: 12/14/2019
	Specialist Name/ID: LaToya Rouse#6673

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DEC 14 2019