ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 06- 18-052209

ChargeType: Check as many as apply. ☑ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 | 1. Yes 2. No

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): PINE AVE/S JOG RD LAKE WORTH, FL 33467

Location of Offense (Business Name, Address): PINE AVE/S JOG RD LAKE WORTH FL 33467

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/20/18	1251					

DEFENDANT

Name (Last, First, Middle): KALOGIROU ANDREW

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

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/03/1975	5-08	165	BRN	BRN	MEDIUM	MEDIUM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): PRAYING HANDS TATOO ON LEFT SHOULDER

Marital Status: SINGLE | Religion: NONE | Indication of: Alcohol Influence ☐ Y ☐ N ☑ Unk. / Drug Influence ☐ Y ☐ N ☑ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): AT LARGE | Phone: (561) 856-5368 | Residence Type: 1. City 2. County 3. Florida 4. Out of State | 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): SAME AS ABOVE | Phone: ( ) | Address Source: DL

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation:

D/L Number, State: K-426-001-75-003-0 [redacted] | INS Number: | Place of Birth (City, State): FT. PEIRCE FL | Citizenship: YES

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☑ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) | Residence Phone: (561-39[illegible])

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

Notified by: (Name) | Date: 03/20/18 | 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 ☐ defendant and / or ☑ 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. ☑ 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. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
AGGRAVATED BATTERY	1	☐Y ☑N	784.045 1A2	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			18-052209		

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		☐Y ☐N		

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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

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): WELLS | I.D. # 8025

Transporting Officer: DUTY 7784 I.D. # 13350 Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X"

PAGE 2 OF 2

PALM BEACH COUNTY GUN CLUB

2018 MAR 20 PM 6:00

SCANNED MAR 20 2018

NOT A CERTIFIED COPY

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PBSO #148 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

Juvenile:

Agency ORI Number: FLO 500000

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Agency Report Number: 06- 18-052209

Charge Type: Check as many as apply. [x] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
KALOGIROU ANDREW	A	W	M	01/03/1975

CHARGES

Charge Description	Charge Description
AGGRAVATED BATTERY 784.045 1A2	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
DORAN ALEXANDRA L	W	F	03/15/1997

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
715 BARNETT DR	LAKE WORTH	FL		(561) 856-3052	
Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation
				( )	

PROBABLE CAUSE STATEMENT

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.
[ ] confessed to _____ admitting to the below facts.
[ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
[x] was found to have commited the below acts, resulting from my (described) investigation.

On the 20 day of MARCH 20 18 at 1251 [x] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

ON 03/20/2018 AT APPROXIMATELY 12:51 AM I RESPONDED TO THE WAWA LOCATED AT 6566 LAKE WORTH RD IN GREENACRES, FL IN REFERENCE A BATTERY. UPON MY ARRIVAL I MADE CONTACT WITH VICTIM 1 ALEXANDRA DORAN. ALEXANDRA ADVISED SHE AND HER BOYFRIEND WERE BACK IN THEIR TENT LOCATED IN A HOMELESS CAMP IN THE AREA OF PINE AVE AND S JOG RD. VICTIM 2 JOHN KIER HAD BEEN ARGUING WITH HIS GIRLFRIEND ALEXANDRA. ALEXANDRA SEPERATED HERSELF FROM JOHN. THE DEFENDANT ANDREW KALOGIROU APPROACHED HER AND TOLD HER TO "SHUT THE FUCK UP" AT THIS TIME JOHN APPRAOCHED ANDREW IN DEFENSE OF HIS GIRLFRIEND AND A ARGUMENT ENSUED. DURING THE ARGUMENT IT WAS ADVISED THAT ANDREW HAD ATTACKED JOHN AND STRUCK HIM IN THE BACK OF HIS HEAD WITH A PCP PIPE. ANDREW THEN PUNCHED JOHN IN HIS HEAD WITH A CLOSED FIST SEVERAL TIMES. ALEXANDRA ADVISED SHE ASSISTED JOHN AND JUMPED ON TOP OF ANDREW TO TRY AND GET HIM TO STOP. AT THAT TIME JOHN ADVISED THAT IS WHEN ALEXANDRA WAS STRUCK IN THE SIDE OF HER HEAD BY ANDREW.

I OBSERVED SOME SWELLING TO THE LEFT SIDE OF ALEXANDRA`S FACE. JOHN ADVISED HE HAD PAIN IN THE BACK OF HIS HEAD WERE HE WAS STRUCK. PHOTOGRAPHS WERE TAKEN OF THE VICTIMS INJURIES. IT SHOULD BE KNOWN ALEXANDRA WAS VISIBLY 5 MONTHS PREGNANT. BOTH ALEXANDRA AND JOHN COMPLETED SWORN WRITTEN STATEMENTS OF THE INCIDENT.

MYSELF AND ADDITIONAL UNITS MADE CONTACT WITH ANDREW IN A WOODED AREA LOCATED IN THE AREA OF PINE AVE/S JOG RD. ALEXANDRA RESPONDED UP NEAR THE SCENE AND POSITIVELY IDENTIFIED ANDREW AS THE SUBJECT INVOLVED. BASED UPON MY INVESTIGATION I FIND PROBABLE CAUSE FOR AGGRAVATED BATTERY ON THE DEFENDANT ANDREW KALOGIROU.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

WELLS 8025
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of MARCH 20 18 by WELLS 8025

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO

[signature] 13024
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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