

0312556

1 MM 747 AMB

3682

**ARREST / NOTICE TO APPEAR**

ARREST / NOTICE TO APPEAR													
OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias											
Agency ORI Number <b>0500800</b>		Agency Report Number (N.T.A.'s only) <b>9 4 2017-0001245</b>											
Agency Name <b>West Palm Beach Police Department</b>		If Weapon Seized Enter Type <b>Hands/feet/teeth</b>											
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		Multiple Clearance Indicator <b>3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other</b>											
Location of Arrest (Including Name of Business) <b>412 PILGRIM RD WPB, FL 33401</b>													
Date of Arrest <b>01/20/2017</b>		Time of Arrest <b>01:53</b>		Booking Date		Booking Time		Jail Date		Jail Time			
Location of Offense (Business Name, Address) <b>412 PILGRIM RD, WEST PALM BEACH, FL 33401</b>													
Name (Last, First, Middle) <b>BASKA, ELIGIUSZ ROBERT</b>													
Alias : <b></b>													
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W M 05/30/1968 5'11 200 BROWN BROWN LIGHT LG</b>													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b></b>													
Marital Status <b>D</b>													
Religion <b></b>													
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>412 PILGRIM RD, WEST PALM BEACH, FL 33405 (561) 801-2008</b>													
Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>													
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>412 PILGRIM RD, WEST PALM BEACH, FL 33405 (561) 801-2008</b>													
Address Source <b>FL DL</b>													
Business Address (Name, Street) (City) (State) (Zip) Phone <b></b>													
Occupation <b></b>													
D/L Number, State <b>B200216681900 / FL</b>		Soc. Sec. Number <b></b>		INS Number		Place of Birth (City, State) <b>POLAND, Poland</b>		Citizenship <b>US</b>					
Co-Defendant Name (Last, First, Middle) <b></b>						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) <b></b>						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) <b></b>													
Residence Phone <b></b>													
Legal Custodian <b></b>													
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone <b></b>													
Notified by: (Name) <b></b>													
Time <b></b>													
JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated <b></b>													
Released To: (Name) Relationship Date Time <b></b>													
School Attended <b></b>													
Grade <b></b>													
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.													
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property <b></b>													
Yes, by: <input type="checkbox"/> No: <b></b>													
C O D E Drug Activity S. Sell R. Smuggle K. Disperse/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A B. Buy D. Deliver Produce/ Cultivate N. A. Amphetamine C. Cocaine M. Marijuana Equipment S. Synthetic P. Possess T. Traffic E. Use <b></b>													
C H A R G E Charge Description <b>BATTERY - BATTERY (SIMPLE)</b> Statute Violation Number <b>784.03(1)(a)</b> Violation of ORD # <b></b>													
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond <b>N / 2017-0001245 1 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>NON</b></b>													
C H A R G E Charge Description Statute Violation Number Violation of ORD # <b></b>													
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond <b>/ <b>NON</b></b>													
C H A R G E Charge Description Statute Violation Number Violation of ORD # <b></b>													
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond <b>/ <b>NON</b></b>													
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 Explain: <b></b>													
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail PROPERTY - Received By Released By <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health <b></b>													
E Transported By Date Transported Time Transported Other <b></b>													
J A M 20 AM 2:48													
N O T I C E <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. Location (Court, Room) <b>20</b>													
Court Date and Time <b></b>													
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. <b></b>													
Signature of Defendant (or Juvenile and Parent Custodian) Date Signed <b></b>													
A D M I N I HOLD for Other Agency Signature of Arresting Officer (1893) Name Verification (Printed by Arrestee) <b></b>													
(PRINT) <b>SCANNED</b>													
A D M I N I <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest Name of Arresting Officer (Print) I.D. # <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <b>OLISCAT, DIONY 01893</b> Intake Deputy I.D. # Pouch # Transporting Officer I.D. # Agency <b>WPB/8030 1893 WPB</b>													
P A G E 1 OF 1 Witness here if subject signed with "X" <b>JAN 20 2017</b>													

COURT    STATE ATTORNEY    AGENCY    CENTRAL RECORDS    JAIL    CRIME ANALYSIS    P. I. O.    DEFENDANT

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A	Date / Time
D	01/20/2017 01:48

M	Agency ORI Number
N	FL 0500800

I	Agency Name
V	WEST PALM BEACH POLICE DEPARTMENT

R	Agency Report Number
T	9   4   2017-0001245

N with Simple Battery, (domestic related) are as follows;

R Eligiusz and Laura are boyfriend and girlfriend for about six years and they share an intimate relationship together, and reside together as a family with Laura's son Jaymie. On listed date, Jaymie and Eligiusz were in the house when an argument ensued between the two. Jaymie said Eligiusz punched him several time on his face. Jaymie said he was sleeping in his room and did not know how everything started.

E I spoke to Laura she advised she told her son Jaymie to lock his room's door because Eligiusz was drunk, and she wanted Eligiusz to stop going to Jaymie's room. Laura advised she was in the living and she heard the argument between her son Jaymie and Eligiusz.

Medic Rescue # 2, Run # 17001334 responded. Eligiusz advised he did not need medical attention. Eligiusz also advised he did not remember of the incident. Eligiusz said he was drinking and that might be the reason the incident happen.

Investigation revealed Jaymie had visible injury on his face, including a Laceration on his noise. Photos were taken of Jaymie's injury and inside the Apt.

Jaymie was given a rights and remedies packet and a victim notification form. Both forms were filled out and submitted. BWC was activated.

Due to aforementioned details stated above, Your Affiant believes that probable cause exist to charge the defendant Eligiusz Robert Baska, Simple Battery per F.S.S. 784.03(1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_.

  
NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>01/20/2017 01:48</b>	Agency ORI Number <b>FL 0500800</b>	Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>9   4   2017-0001245</b>																																				
D E F	Name (Last, First, Middle) <b>BASKA, ELIGIUSZ ROBERT</b>		Alias	Race <b>W</b> Sex <b>M</b> Date of Birth <b>05/30/1968</b>																																				
C H R G	Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>																																							
V I C T I M	Victim's Name (Last, First, Middle) <b>ZAPATA, JAYMIE ROBERT ALEXANDRE</b>		Race <b>W</b> Sex <b>M</b> Date of Birth <b>08/10/1998</b>																																					
Local Address (Street, Apt. Number) <b>412 PILGRIM RD, WEST PALM BEACH, FL 33405</b>		(City)	(State)	(Zip)																																				
Business Address (Name, Street)		(City)	(State)	(Zip)																																				
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>																																				
VICTIM'S STATEMENTS:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>CRYING</b>																																								
RELATIONSHIP BETWEEN VICTIM & SUSPECT																																								
A D D I T I O N A L I N F O R M A T I O N	<table> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input type="checkbox"/></td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Victim:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>911 CALL:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER:</td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TYPE:</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>PARAMEDICS:</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL:</td> </tr> </table>				PHOTOGRAPHS:	Scene: <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Victim:	<input type="checkbox"/>	<input type="checkbox"/>		911 CALL:	<input type="checkbox"/>	<input type="checkbox"/>	CALLER:	WEAPON USED:	<input type="checkbox"/>	<input type="checkbox"/>	TYPE:	WITNESSES:	<input type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)	INJURIES:	<input type="checkbox"/>	<input type="checkbox"/>		MEDICAL TREATMENT:	<input type="checkbox"/>	<input type="checkbox"/>		AT: Scene:	<input type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:	Hospital:	<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
PHOTOGRAPHS:	Scene: <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>																																					
Victim:	<input type="checkbox"/>	<input type="checkbox"/>																																						
911 CALL:	<input type="checkbox"/>	<input type="checkbox"/>	CALLER:																																					
WEAPON USED:	<input type="checkbox"/>	<input type="checkbox"/>	TYPE:																																					
WITNESSES:	<input type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)																																					
INJURIES:	<input type="checkbox"/>	<input type="checkbox"/>																																						
MEDICAL TREATMENT:	<input type="checkbox"/>	<input type="checkbox"/>																																						
AT: Scene:	<input type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:																																					
Hospital:	<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:																																					
N A R R	<table> <tr> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NAMES/AGES:</td> </tr> <tr> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CASE #:</td> </tr> <tr> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>				ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:	H. R. S. NOTIFIED:	<input type="checkbox"/>	<input type="checkbox"/>		VICTIM PREGNANT:	<input type="checkbox"/>	<input type="checkbox"/>		VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input type="checkbox"/>	CASE #:	PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input type="checkbox"/>		ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input type="checkbox"/>													
ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:																																					
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input type="checkbox"/>																																						
VICTIM PREGNANT:	<input type="checkbox"/>	<input type="checkbox"/>																																						
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input type="checkbox"/>	CASE #:																																					
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input type="checkbox"/>																																						
ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input type="checkbox"/>																																						
<p>On Thursday the 19th day of January, 2017 at or about 2345 hours, a battery occurred at 412 Pilgrim Rd., city limits of West Palm Beach, Palm Beach County Florida. As a result of an investigation and interview with the victim, Jaymie Zapata WM 8-10-98 and his mother Laura Willsey 1-31-68, probable cause was written for the arrest of Eligiusz Robert Baska . The reasons I believe probable cause exist to charge Eligiusz Robert Baska</p>																																								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this _____ day of _____, _____.</p> <p> _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																								