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ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	Agency ORI Number <b>0502000</b>	Agency Name <b>Lantana Police Department</b>	Agency Report Number (N.T.A.'s only) <b>614   17-002467</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>	JUVENILE					
DEF END ANT	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Location of Arrest (Including Name of Business) <b>901 N 8TH STREET LANTANA, FL 33462</b>		Location of Offense (Business Name, Address)		Enter Type <b>None/not Applicable</b>	Multiple Clearance Indicator <b>1</b>				
	Date of Arrest <b>10/12/2017</b>	Time of Arrest <b>08:51</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) <b>TAUSKELA, KAROLIS</b>		Alias		Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W M</b>	Sex <b>M</b>	Date of Birth <b>09/26/1995</b>	Height <b>6'00</b>	Weight <b>165</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>TALL</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT BACK / MOUNTAIN OUTLINE</b>		Marital Status <b>S</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>					
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>890 N FEDERAL HWY 201, LANTANA, FL 33462</b>		Phone <b>(561) 303-8194</b>		Business Address (Name, Street) (City) (State) (Zip) <b>MAXPERTS, PALM BEACH ISLAND</b>		Phone <b>(561) 303-8194</b>		Occupation <b>Computer Consult</b>			
D/L Number, State <b>T240500953460 / FL</b>		Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>LITHUANIAN</b>		Citizenship <b>US</b>					
CO DE F	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					
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
JU VE NI LE	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Residence Phone		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						
CO DE E	<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					
	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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. Synthetic	U. Unknown Z. Other
	Charge Description <b>BATTERY - SIMPLE TOUCH / STRIKE</b>		Statute Violation Number <b>784.03 1a1</b>	Violation of ORD #							
	Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>17-002467</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond			
Charge Description		Statute Violation Number	Violation of ORD #								
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 #								
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond			
IN TA KE	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Injuries								
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By	Released By	Released To						
NO TI CE	Transported By		Date Transported	Time Transported	Other						
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)								
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2		Court Date and Time									
TO AP PE AR	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		Signature of Arresting Officer <b>CROWLEY, STEPHANIE</b>		Name of Arresting Officer (Print) <b>CROWLEY, STEPHANIE</b>						
AD MI N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Inhabitant <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>CROWLEY, STEPHANIE</b>		ID # <b>699 LPP</b>						
	Intake #		Pouch #		Transporting Officer <b>CROWLEY</b>						
Witness (if subject signed with an "X")		Signature of Witness		Date Signed							

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

2017 OCT 13 AM 5:37  
SCANNED  
OCT 13 2017  
MILWAUKEE COUNTY  
CLERK OF COURTS  
JUVENILE DIVISION

No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>10/07/2017 07:51</b>	Agency ORI Number <b>FL 0502000</b>	Agency Name <b>LANTANA POLICE DEPARTMENT</b>	Agency Report Number <b>6   4   17-002467</b>
	Name (Last, First, Middle) <b>TAUSKELA, KAROLIS</b>			

D E F I N E	Name (Last, First, Middle) <b>TAUSKELA, KAROLIS</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/26/1995</b>
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Charge Description  
**784.03 BATTERY - SIMPLE TOUCH / STRIKE**

V I C T I M	Victim's Name (Last, First, Middle)	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/15/1996</b>
	Local Address (Street, Apt. Number) (City) (State) (Zip)	Address Source		
	Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	
	[Redacted]			

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>CRYING, SCARED</b>
VICTIM'S STATEMENTS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT  
[Redacted]

A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS:	Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
		Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: [Redacted]
		WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:
		WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)
		INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:
		Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
		ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:
		H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #: <b>NOT DOCUMENTED BY VICTIM</b>
		PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

On 10/07/2017 at 0700 hours I was dispatched to [Redacted] reference to a report of domestic violence. The reporting party [Redacted] advised he is being texted by his [Redacted] (victim) advising him that she is being beaten by [Redacted]. He then called for police assistance.

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]*  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 12 day of October, 2017.

*[Signature]*  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE  
AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>10/07/2017 07:51</b>	Agency ORI Number <b>FL 0502000</b>	Agency Name <b>LANTANA POLICE DEPARTMENT</b>	Agency Report Number <b>6   4   17-002467</b>
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Upon my arrival I made contact with w/f [REDACTED] 10/15/96 who was crying, visibly shaking and holding her lower back. [REDACTED] advised she and [REDACTED] w/m Karolis Tauskela 09/26/95 were out earlier and he got drunk. [REDACTED] advised she drove him home and they went to bed. She advised Tauskela woke up mad about being drunk and not remembering what happened the night of 09/06/17. [REDACTED] said Tauskela switched motives of being mad towards me and was mad thinking she lied to him. [REDACTED] advised that she attempted to calm Tauskela down and he began to whip and throw her against glass door and onto the coffee table. [REDACTED] advised she texted [REDACTED] to call the police.

[REDACTED] advised Tauskela drove off in his car in fear of arrest. [REDACTED] advised she has a cut on her right elbow and a cut on her lower back both were observed by this officer. [REDACTED] advised this is not the first time Tauskela has hit her and that she would be ending the relationship. [REDACTED] responded to this location and advised they would be taking [REDACTED] back to their house to stay and keep her safe.

[REDACTED] completed a sworn written statement, a victim notification form and a domestic violence diagram (documented injuries). Photographs were taken of the victim, her injuries and the scene.

Tauskela left the scene and did not return.

On 10/12/2017 Tauskela responded to the Lantana Police Department and turned himself in on the above charges. He stated that he was in an argument with [REDACTED] and it became physical. Tauskela advised he put his arm up at her and he pushed her back which caused her to fall into the table. He said he left to cool off and thought she was bluffing about calling the police.

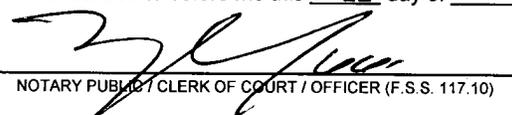
Tauskela was placed under arrest and lodged at the Palm Beach County Jail.

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 12 day of October, 2017.

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

**VICTIM NOTIFICATION FORM**

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **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 single dwelling.)

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

1. Incident Report#: 17-002467 Agency: LANTANA PD  
 Offense: DOMESTIC BATTERY  
 Suspect/Offender: KAROLIS TAUSKELA  
 D.O.B. 09/26/95 Race: W Sex: M

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

3. Complete one (1) of the following:

a. Victim \_\_\_\_\_  
 Address \_\_\_\_\_  
 City: \_\_\_\_\_  
 Home \_\_\_\_\_

b. Victim \_\_\_\_\_  
 Address \_\_\_\_\_  
 City: \_\_\_\_\_  
 Home # \_\_\_\_\_

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 person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Off. Stephanie Crowle I.D.#: 6099 Date: 10/07/17

SUSPECT/OFFENDER: TAUSKELA, KAROLIS  
 COURT CASE/WARRANT #: \_\_\_\_\_  
 (FOR WARRANT USE ONLY)

