0501092 NR 18-44630 1719

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATION

OBTS Number

Agency ORI Number: FL 0500300 | Agency Name: BOYNTON BEACH POLICE DEPT. | Agency Report Number: 34-18-44630

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): 3625 S Federal Hwy Boynton Beach FL 33435 | Location of Offense (Business Name, Address): 3521 S Federal Hwy # H Boynton Beach FL 33435

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/29/2018	2014					

DEFENDANT

Name (Last, First, Middle): Gjelaj, Kastriot | Alias (Name, DOB, Soc. Sec #, Etc)

Race (W - White, B - Black, I - American Indian, O - Oriental / Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/11/1979	510	160	brown	brown	fair	med

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | Marital Status: M | Religion: None | Indication of Alcohol Influence / Drug Influence: Y N Unk.

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

Permanent Address (Street, Apt. Number): 3521 S Federal Hwy # H Boynton Beach FL 33435 (City) (State) (Zip) | Phone: (561)572-5341 | Address Source: Defendant

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

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth	Citizenship
G4200500790111	[redacted]		Mich	USA

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 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) (City) (State) (Zip) | Business Phone

Notified by (Name) | Time | Juvenile Disposition: 1 Handled/Processed within Dept and Released 2. TOT HRS/DYS 3. Incarcerated

1-No Bond

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, 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/Denv, P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
Domestic Battery (simple)	1(m)	■Yes ☐No	784.03.1a1	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N		18-44630		

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: 08/29/2018 10:23

ADMIN

HOLD for other Agency Name | Signature of Arresting Officer | Name Verification (Printed by Officer) (PRINT)

☐ Dangerous ☐ Suicidal ☐ Rearrest Alert ☐ Other

Name of Arresting Officer (Print): Det B. Joseph | I.D. # 836 | BU# 111880

Intake Deputy I.D. # | Pouch # | Transporting Officer I.D. # Agency | Witness here is subject Signed with an "X".

Page 1 OF 1

CANVEST AUG 29 2018

BOYNTON BEACH POLICE DEPARTMENT CRIME LAB AUG 29 2018

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

On the 29 day of August 2018 at 1705 hours

Subject: Gjelaj, Kastriot DOB: 01/11/1979 Case #: 18-44630

Charge Description: Domestic Battery (simple) Statute #: 784.03.1a1

Victim: Lowry, Siobhan DOB: 01/11/1979 Race: W Sex: F

Local Address: 3521 S Federal Hwy #H , Boynton Beach ,FL, 33435

Personal Contact:

Narrative:

I responded to 3521 S Federal Hwy # H Boynton Beach FL 33435 (PBC) in reference a battery. Upon arrival to the residence I made contact with W/F Lowry, Siobhan 03/31/1983 who advised that she had gotten into an argument with her fiancée (live together as a family), W/M Gjelaj, Kastriot 01//11/1979, over his drinking of alcohol all day and not going to work. Lowry stated that while in the kitchen of the residence the argument escalated and Gjelaj had grabbed her by the hair throwing her to the floor and began striking her in the face and neck with his hands (unknown if open or closed fists). Lowry advised that she was calling police at which Gjelaj fled the residence. I observed Lowrys left eye swollen and black and blue in color around the orbital area. Lowry also showed me an abrasions to her upper inner lip. Both of these injuries Lowry advised were from being struck by Gjelaj. I also observed the interior of the residence in disarray to include a shattered television located on the living room floor. Lowry filled out and signed a sworn written statement in reference events.

During my time at the residence Gjelaj called BBPD dispatch and Lowry's cell phone where he refused to meet with police or tell us where he was. I then disseminated a BOLO to local officers in reference making contact with Gjelaj.

On 08/29/2018 at approximately 2000 hours officers made contact with Gjelaj to the rear of the parking lot at 3625 S Federal Hwy where I responded and made contact with him. Upon my arrival I read Gjelaj his Miranda Warnings following which he confirmed the argument with Lowry ,confirmed that he was drinking alcohol but denied ever striking her. Gjelaj advised that Lowry had attacked him but had no signs of injuries to his person. Gjelaj could not explain how Lowry had received her injuries and Gjelaj confirmed that he had refused to meet with police in reference events.

Due to the totality of events I placed Kastriot Gjelaj 01/11/1979 under arrest for Domestic Battery (simple) FSS 784.03.1a1.

Defendant's Statement: Oral Victim's Statement: Written

Observation Of Victim (Physical and Emotional):

P- Contusion and swelling to the left eye, abrasion on upper inner lip E - Crying and shaking as she spoke

Relationship Between Victim and Suspect:

Lowry (victim) and Gjelaj (defendant) are engaged and live together as a family

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Photographs: Scene: ☑ Yes ☐ No

Victim: ☑ Yes ☐ No

911 Call: ☑ Yes ☐ No Caller: Victim/defendant

Tape Requested: ☑ Yes ☐ No

Weapon Used: ☐ Yes ☑ No Type: _____

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: 646-483-0516 Work: _____

Employer: None

Relative Name: _____ Phone: _____

Address: 3521 S Federal Hwy #H

City/State: Boynton Beach ,FL ,33435

State Of Florida
County Of Palm Beach
Appeared before me, Det B. Joseph , (print name) 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 me before this 29 day of August , 2018

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: Gjelaj, Kastriot

COURT CASE/ WARRANT #: (FOR WARRANTS USE ONLY)

1. Incident Report #: 18-44630 Agency: Boynton Beach Police Department
   Offense: Domestic Battery (simple)
   Suspect/Offender: Gjelaj, Kastriot
   DOB: 01/11/1979 Race: W Sex: M

2. Warrant # (s): _____

3. Complete one (1) of the following:

   A. Victim's Name: Lowry, Siobhan
   Address: 3521 S Federal Hwy #H
   City: Boynton Beach State: FL Zip: 33435
   Home #: 646-483-0516 Work #: _____ Other: _____

   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: Lowry, Siobhan

Officer's Name: Det B. Joseph I.D.# 836 Date: 08/29/2018

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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: 2018029026	**Date:** 8/29/2018
	Specialist Name/ID: J. Beck/9007