

0497045 ARREST / NOTICE TO APPEAR 3760 3064 NH

OB# Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>4 0 18-004942</b>	Arrest Request for Warrant <input type="checkbox"/>	Arrest Request for Capias <input checked="" type="checkbox"/>	1	JUVENILE
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized Enter Type <b>Hands/fist/feet/teeth</b>		Multiple Clearance Indicator <b>1</b>		
Location of Arrest (Including Name of Business) <b>990 CASUARINA RD DB Delray Beach Fl 33488</b>				Location of Offense (Business Name, Address) <b>990 CASUARINA RD, DELRAY BEACH, FL 33483</b>				
Date of Arrest <b>03/31/2018</b>	Time of Arrest <b>00:15</b>	Booking Date <b>03/31/2018</b>	Booking Time <b>00:25</b>	Jail Date <b>// ::</b>	Jail Time	Location of Vehicle <b>990 CASUARINA RD DELRAY</b>		

Name (Last, First, Middle) <b>BITZER, KATHY G</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White 1 - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>08/25/1964</b>	Height <b>5'07</b>	Weight <b>125</b>	Eye Color <b>HZ</b>	Hair Color <b>BR</b>	Complexion <b>FAIR</b>	Build <b>MEDIUM</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>990 CASUARINA RD, DELRAY, FL 33444</b>		(City)	(State)	(Zip)	Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) <b>990 CASUARINA RD, DELRAY, FL 33444</b>		(City)	(State)	(Zip)	Phone		Address Source <b>VERBAL</b>	
Business Address (Name, Street) <b>LENNAR HOMES, 5995 MILITARY TRL</b>		(City)	(State)	(Zip)	Phone <b>(615) 715-9423</b>		Occupation <b>Self Employed</b>	
D/L Number, State <b>106379483 / TN</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>CHICAGO, IL, United</b>		Citizenship <b>US</b>			

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

<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)			Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)			Business Phone
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION
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
<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
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Charge Description <b>SIMPLE BATTERY(TOUCH OR STRIKE)</b>	Statute Violation Number <b>784.03(1A1)</b>	Violation of ORD #
Drug Activity <b>N</b>	Drug Type	Amount / Unit
Offense # <b>18-004942</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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
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

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		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By	Released To
Transported By	Date Transported	Time Transported	Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court	Court Date and Time	
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.		
Signature of Defendant (or Juvenile and Parent Custodian)		Date Signed

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) <b>MITCHELL, RICKEY</b>	(PRINT) <b>(NR)</b>
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	I.D. # <b>0947</b>	
Inmate Deputy <b>Thomas</b>	Transporting Officer <b>MITCHELL</b>	Agency <b>DBPD</b>
Pouch #	I.D. # <b>947</b>	Agency <b>DBPD</b>
Witness here if subject signed with an "X".		
		PAGE <b>1 OF 1</b>

VICTIM NOTIFICATION REQUIRED  
 2018 APR 11 AM 5:23  
 SOUTH COUNTY JAIL  
 WITH BEHAVIORAL HEALTH  
 GUN CONTROL DIVISION

No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT  
Palm Beach County

A D M I N	Date / Time <b>03/31/2018 01:20</b>		Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4   0   18-004942</b>				
	Name (Last, First, Middle) <b>BITZER, KATHY G</b>							Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/25/1964</b>	
C H R G	Charge Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>										
	Victim's Name (Last, First, Middle) <b>MADONIA, FRANK MICHAEL J</b>							Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/04/1965</b>	
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>955 DOTTEREL RD 2408, DELRAY BEACH, FL 33444</b>				Phone <b>(615) 948-7869</b>		Address Source				
	Business Address (Name, Street) (City) (State) (Zip) <b>RETIRED</b>				Phone		Occupation				
	DEFENDANT'S STATEMENTS: Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/> VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>										
OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UNDER THE INFLUENCE</b>											
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>BOYFRIEND</b>											
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"/>	NOT A CERTIFIED COPY						
	Victim:		<input checked="" type="checkbox"/>	<input type="checkbox"/>							
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>						CALLER: <b>BITZER, KATHY</b>	
	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 #:	
	PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>							
	ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>							
N A R R	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 <u>31</u> day of <u>March</u> , <u>2018</u> .  <b>SCANNED</b> _____ SCHMIDT, JAMES 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	Date / Time <b>03/31/2018 01:20</b>	Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   18-004942</b>
	N A R R A T I V E			

The following incident occurred in The City of Delray Beach Palm Beach County Florida.

On the above date and time, I was dispatch to the residence of 990 Casuarina Rd about a 911 hang-up. While driving to the apartment, I was informed by the dispatch operator that she could hear a loud argument in the background between two people before the phone disconnected. Upon my arrival, I heard yelling coming from a male and female somewhere inside the building. As I approached the building a white male and female came barreling out of the building towards me both yelling simultaneously "he hit me," "she hit me." Once the backup Officer (Teo Kyotikki #1095) arrived on the scene, I was able to separate the couple. The male, Frank Madonia who was identified by his Florida driver's license stated he left the Key Lime House with his ex-girlfriend, Kathy Bitzer after having a few drinks. Madonia stated the night took a violent turn when Madonia told Bitzer he wanted to date someone else. Madonia stated once Bitzer pulled into the driveway of her residence (990 Casuarina Rd) she began striking Madonia in the face while he sat in the passenger seat. Madonia had a small laceration to the bridge of his nose, scratches to his forehead and cheek. Madonia had two cuts on the left hand one on the back of the hand the other on the side near the palm. Madonia wounds were consistent with his story from his wounds it appeared his hands were in a defensive position blocking his face. Madonia was very intoxicated at the time of the interview and was unsteady while standing. Madonia stopped cooperating with officers by refusing to write a witness statement while commenting "I don't want her to go to jail."

I then interview Bitzer who was also under the influence of an alcoholic beverage. Bitzer was very argumentative, and on multiple occasions, she refused to answer my questions. Bitzer never clearly explained the reason for the argument. Bitzer said Madonia was unprovoked when he punched her several times on the top the head. Bitzer demonstrated how Madonia stuck her she alleged that he reached above his shoulders in an over the head punching motion this move was accomplish while sitting inside a vehicle. Bitzer was diving at the time but was still able to drive the automobile safely. Bitzer didn't have any marks or bruises on the top of her head. Bitzer did have a small cut on the back of her hand when asked about the injury she said that she didn't remember. Bitzer also didn't remember how Madonia sustained his injuries. Bitzer's story wasn't consistent with the events that night. Bitzer stated she lived with Madonia as couple off and on for years.

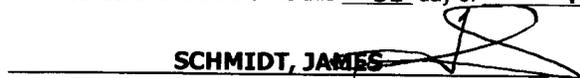
Based on the above-listed facts, there is Probable Cause to charge Domestic simple Battery F.S.S. 784.03(1)

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 31 day of March, 2018.

  
**SCHMIDT, JAMES**  
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)
- Attempted Murder
- 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.)
- 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 #: 18-004942 Agency: DBPD  
 Offense: Battery Simple Domestic  
 Suspect/Offender: Bitzer Kathy  
 D.O.B. 8/25/64 Race: white Sex: FEMALE

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

3. Complete one (1) of the following:

a. Victim's name: Madonica Frank  
 Address: 955 Dotterel rd  
 City: Delray Beach State: Florida Zip: 33444  
 Home #: 615 948 786 9 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 person waiving notification: \_\_\_\_\_  
 Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: [Signature] I.D.: 947 Date: 3/31/18

SUSPECT/OFFENDER: Bitzer Kathy  
 COURT CASE/WARRANT #: \_\_\_\_\_  
 (FOR WARRANTS USE ONLY)