

0489126

N

3182

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number		Agency ORI Number 5050400 Agency Name Delray Beach Police Department						Agency Report Number (N.T.A.'s only) 4 0 17-009912	
Charge Type: Check as many as apply. 1. Felony 3. Misdemeanor 5. Ordinance 2. Traffic Felony 4. Traffic Misdemeanor 6. Other								If Weapon Seized Enter Type Hands/fist/feet/teeth	
Multiple Clearance Indicator 1									
Location of Arrest (Including Name of Business) 2255 SPRING HARBOR DR DELRAY BEACH FL		Location of Offense (Business Name, Address) 2255 SPRING HARBOR DR F, DELRAY BEACH, FL 33445							
Date of Arrest 06/22/2017		Time of Arrest 20:16		Booking Date 06/22/2017		Booking Time 20:26		Jail Date	
								Jail Time	
								Location of Vehicle	
Name (Last, First, Middle) WASZAK, KIRA A Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W F		Date of Birth 10/23/1987		Height 5'07		Weight 120	
Eye Color UNKNOW		Hair Color UNKNOW		Complexion LIGHT		Build S			
Sears, Marks, Tattoos, Unique Physical Features (Location, Type, Description)									
Marital Status		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>					
Phone (561) 371-5602		Residence Type: 1. City 3. Florida 2. County 4. Out of State							
Phone (561) 371-5602		Address Source							
Business Address (Name, Street) 2255 SPRING HARBOR DR F, DELRAY BEACH, FL 33445		(City) DELRAY BEACH (State) FL (Zip) 33445		Phone		Occupation			
D/M Number, State /		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth			
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)							
<input type="checkbox"/> Legal Custodian								Residence Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION	
Released To: (Name)		Relationship		Date		Time		1. Handled/processed within Department and Released 2. TOT JAC 3. Incarcerated	
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.									
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		School Attended						Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property						Value of Property	
Drug Activity S. Sell R. Smuggle N. N/A K. Disperses/ B. Buy D. Deliver M. Manufacture/ P. Possess T. Traffic E. Use Z. Other		Drug Type B. Barbiturate N. N/A C. Cocaine A. Amphetamine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		V. Unknown D. Other	
Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)								Statute Violation Number 784.03(1)(A)	
Drug Activity N Amount / Unit / Offense # 17-009912		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Violation of ORD #	
Drug Activity N Amount / Unit / Offense # 17-009912		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
Drug Activity N Amount / Unit / Offense # 17-009912		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number	
Drug Activity N Amount / Unit / Offense # 17-009912		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Violation of ORD #	
Drug Activity N Amount / Unit / Offense # 17-009912		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
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:							
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 <input type="checkbox"/> Placed Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By						Released By	
Transported By		Date Transported / / : :		Time Transported		Released To			
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444						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)									
HOLD for Other Agency		Signature of Arresting Officer 1109		Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) FERREIRO, DANIEL C.		I.D. # 1100					
Intake Deputy FERREIRO		Transporting Officer FERREIRO		I.D. # 1100 Agency DBPD					
Witness here if subject signed with an "X"									

No
Photo
Available

2017 JUN 28

AM
5:30PAGE
1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A	Date / Time
D	06/22/2017 19:59
M	Agency ORI Number
I	FL 0500400
N	Agency Name
	DELRAY BEACH POLICE DEPARTMENT

Agency Report Number

4 | 0 | 17-009912

On 6/22/17 at 7:22 PM I was dispatched in reference to an assault. I made contact with a W/F, later identified as Kira Waszak, and W/M, later identified as Gregg John. Gregg stated the following to me: Gregg and his ex-girlfriend Kira got into a verbal argument over where Kira placed a thermometer. Gregg was asking for the thermometer but Kira was not telling him where it was. Gregg is in the process of moving out so he asked Kira to get her belongings off of his table. Kira began to argue with him about moving her belongings at first but then cleared off the table. Kira then grabbed the table and attempted to throw it. Gregg grabbed the table and took it away from Kira before she could throw it. Kira then pushed Gregg in the chest while he was holding the table and also struck Gregg in the arm with an open hand. Gregg told Kira not to touch him ever and that he will call the police. Gregg denied ever physically touching Kira.

It should be noted that Gregg and Kira have been in a relationship together for approximately two years and currently lived together at the location of this incident.

Kira stated the following to me: Kira and Gregg began to argue when Gregg wanted the thermometer but Kira did not know where it was. Gregg started to yell and become verbally aggressive. Gregg threw all of Kira's belongings off of his table. Kira picked up her belongings off the floor and attempted to move his table away from her stuff but Gregg grabbed onto the table and tried to put it back where it was previously. Gregg was standing too close to Kira while holding the table above his head. Kira was scared and pushed Gregg in the chest to get him away from her. Gregg then shoved Kira back with his elbow and pushed her out of the way so he can put the table back.

Based on Gregg's and Kira's statements, I found Kira to be the primary aggressor in this incident and I fear that there would be further domestic violence if an arrest was not made.

Based upon the above facts probable cause exists to charge W/F Kira Waszak with one count of Domestic Battery per F.S.S. 784.03(1a1).

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 22 day of June, 2017.

BAER, TROY

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

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/22/2017 19:59	Agency Name DELRAY BEACH POLICE DEPARTMENT			Agency Report Number 4 0 17-009912
D E F	Name (Last, First, Middle) WASZAK, KIRA A	Alias	Race W	Sex F	Date of Birth 10/23/1987
C H R G	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)				
V I C T M	Victim's Name (Last, First, Middle) JOHN, GREGG E	(City)	(State)	(Zip)	Race W Sex M Date of Birth 12/17/1993
Local Address (Street, Apt. Number) 2255 SPRING HARBOR DR F, DELRAY BEACH, FL 33445			Phone (225) 226-8787	Address Source	
Business Address (Name Street) (City) (State) (Zip)			Phone	Occupation	
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Written VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Taped Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): FRUSTRATED.			
RELATIONSHIP BETWEEN VICTIM & SUSPECT CO-HABITANT					
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> YES Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> NO 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: WASZAK, KIRA 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 type="checkbox"/> <input checked="" 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:				
N A R R	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 type="checkbox"/> <input checked="" type="checkbox"/>				
NARRATIVE This incident occurred in the City of Delray Beach, Palm Beach County FL.					
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>22</u> day of <u>June</u> , <u>2017</u> .					
BAER, TROY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					

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STATE ATTORNEY

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