

0489/26

N H

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ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBFS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-009912		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
D E F E N D A N T	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	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					
C O D E F	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											
J U V E N I L E	Alias: (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 10/23/1987	Height 5'07	Weight 120	Eye Color UNKNOWN	Hair Color UNKNOWN	Complexion LIGHT	Build S			
C H A R G E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status NOT INDICA	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence				
	Local Address (Street, Apt. Number) (City) (State) (Zip) 2255 SPRING HARBOR DR F, DELRAY BEACH, FL 33445					Phone (561) 371-5602		Residence Type: 1. City 3. Florida 2. County 4. Out of State				
C H A R G E	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 2255 SPRING HARBOR DR F, DELRAY BEACH, FL 33445					Phone (561) 371-5602		Address Source				
	Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation				
C O D E F	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH,		Citizenship			
	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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
J U V E N I L E	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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____					Residence Phone						
C H A R G E	Address (Street, Apt. Number) (City) (State) (Zip)					Business Phone						
	Notified by: (Name)					Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated				
C H A R G E	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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:					School Attended		Grade				
C H A R G E	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Description of Property		Value of Property				
	Drug Activity S. Sell P. Possess 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.
C H A R G E	Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)					Statute Violation Number 784.03(1A1)		Violation of ORD #				
	Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-009912	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
C H A R G E	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			
C H A R G E	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			
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						
	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		
N O T I C E T O A P P E A R	Transported By					Date Transported // : :	Time Transported	Other				
	<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				
A D M I N	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		No Photo Available		
	HOLD for Other Agency					Signature of Arresting Officer 1109		Name Verification (Printed by Arrestee)				
A D M I N	<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 I.D. #					Pouch #		Transporting Officer FERREIRO		I.D. # 1100 Agency DBPD		
					Witness here if subject signed with an "X"				PAGE 1 OF 1			

2017 JUN 28 AM 5:32

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

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
	Agency ORI Number FL 0500400			

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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).

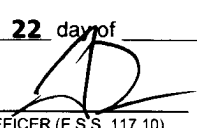
STATE OF FLORIDA
COUNTY OF PALM BEACH

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


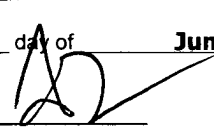
CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/22/2017 19:59		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-009912	
	Name (Last, First, Middle) WASZAK, KIRA A						Race W	Sex F
C H R G	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) JOHN, GREGG E						Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 2255 SPRING HARBOR DR F, DELRAY BEACH, FL 33445				Phone (225) 226-8787		Address Source	
	Business Address (Name Street) (City) (State) (Zip)				Phone		Occupation	
A D D I T I O N A L I N F O R M A T I O N	Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): FRUSTRATED.				
	RELATIONSHIP BETWEEN VICTIM & SUSPECT CO-HABITANT							
N A R R	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 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: 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"/>							
	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)								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.