

0485020

ARREST / NOTICE TO APPEAR

17MIM1384

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A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2017-0002230		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE													
	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) 515 WESTWOOD RD, WPB, FL		Location of Offense (Business Name, Address) 515 WESTWOOD RD, WEST PALM BEACH, FL 33401		If Weapon Seized Enter Type Hands/feet/teeth		Multiple Clearance Indicator																			
D E F E N D A N T	Date of Arrest 02/02/2017		Time of Arrest 23:13		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle															
	Name (Last, First, Middle) KAISER, MARK AUSTIN		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White B - Black W		Sex M		Date of Birth 09/22/1973		Height 6'00		Weight 225		Eye Color BROWN		Hair Color BLOND OR		Complexion LIGHT		Build Large							
C O D E F	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Local Address (Street, Apt. Number) 515 WESTWOOD RD, WEST PALM BEACH, FL 33405		(City) WEST PALM BEACH		(State) FL		(Zip) 33405		Phone (561) 373-8834		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1									
	Permanent Address (Street, Apt. Number) 515 WESTWOOD RD, WEST PALM BEACH, FL 33405		(City) WEST PALM BEACH		(State) FL		(Zip) 33405		Phone (561) 373-8834		Address Source DEFENDANT		Business Address (Name, Street) 515 WESTWOOD RD, WEST PALM BEACH, FL 33405		(City) WEST PALM BEACH		(State) FL		(Zip) 33405		Phone (561) 373-8834		Occupation					
J U V E N I L E	D/L Number, State K260541733420 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) LONG ISLAND, NY,		Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		Residence Phone		Business Phone															
C H A R G E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		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		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property															
C O D E	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		Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse 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 BATTERY - BATTERY (SIMPLE)		Statute Violation Number 784.03(1)		Violation of ORD #		Drug Activity		Drug Type N		Amount Unit /		Offense # 2017-0002230		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							
	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		Explain:		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		Transported By		Date Transported		Time Transported		Other							
	INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Name Verification (Printed by Arrestee)		(PRINT)		Witness here if subject signed with an "X"													
A D M I N	HOLD for Other Agency		Signature of Arresting Officer SULLIVAN, COURTNEY		ID # 02017		Name of Arresting Officer (Print)		ID #		Name Verification (Printed by Arrestee)		(PRINT)		Witness here if subject signed with an "X"													
	Intake Deputy Col. Hardeman 4716		ID # 4716		Pouch		Transporting Officer C. Sullivan 2017 WPB		ID # 2017		Name Verification (Printed by Arrestee)		(PRINT)		Witness here if subject signed with an "X"													

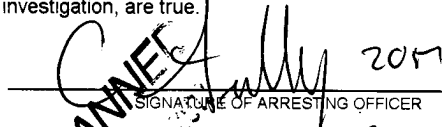

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

FEB 3 AM 12:14

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 02/02/2017 23:23		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2017-0002230	
	Agency ORI Number FL 0500800					
D E F	Name (Last, First, Middle) KAISER, MARK AUSTIN				Race W	Sex M
	Alias				Date of Birth 09/22/1973	
C H R G	Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)					
V I C T I M	Victim's Name (Last, First, Middle) CIESLUK, MARTA EWA				Race W	Sex M
					Date of Birth 03/05/1978	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 515 WESTWOOD CIR W, WEST PALM BEACH, FL 33401				Phone (347) 326-2373	
	Business Address (Name, Street) (City) (State) (Zip)				Address Source 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"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
	DEFENDANT'S STATEMENTS:		FRIGHTENED			
	VICTIM'S STATEMENTS:					
A D D I T I O N A L I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING/LIVE IN					
	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: VICTIM			
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE:			
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If YES, attach witness list)			
	INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS:			
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAMES/AGES: AUSTIN KAISER, 2/16/14			
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #:			
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
N A R R	On Thursday, February 02, 2017 at approximately 22:21 hours, I responded to 515 Westwood Dr in reference to a disturbance. Upon arrival, I made contact with Marta Ciesluk, who advised of the following:					
	Ciesluk advised her boyfriend, Mark Kaiser returned home intoxicated. Kaiser was yelling and being aggressive					
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>2</u> day of <u>2</u> <u>17</u>  _____ 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
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 02/02/2017 23:23	Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2017-0002230
	<p>in language. Kaiser asked Ciesluk, "Do you want me to choke you now or later?"</p> <p>Ciesluk advised she did not want to leave the residence with the children at this time of night, therefore she stayed and advised she would call back if anything else occurred.</p> <p>At approximately, 22:56 hours, Ciesluk was back on 911 advising Kaiser pushed her and kicked her.</p> <p>Upon arrival on scene, I made contact with Ciesluk, who advised once we left, Kaiser came into her bedroom and was questioning her about calling the police and having them come to the residence. Kaiser then said, "If you take the kids, I will kill you." Kaiser then pushed Ciesluk onto the bed with his hand against her left shoulder. Once Ciesluk was laying on the bed, Kaiser kicked her on her left thigh and then went back into the kitchen to drink another beer.</p> <p>Based on the above information, probable cause exists to charge Kaiser with one count of Domestic Simple Battery, per F.S.S. 784.03(1).</p>				
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><i>C. J. Jolly</i> 2017 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>2</u> day of <u>2</u>, <u>17</u>.</p> <p><i>Thyphus</i> 1893 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>				

SCANNED
FEB 03 2017