

0485020

17N1M 1384 3750

ARREST / NOTICE TO APPEAR

A D M I N I S T R		OBTS Number		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 JUVENILE				
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		9 4 2017-0002230						
0500800		West Palm Beach Police Department										
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				If Weapon Seized Enter Type		Multiple Clearance Indicator				
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						
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
02/02/2017		23:13										
Name (Last, First, Middle) KAISER, MARK AUSTIN												
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M	Date of Birth 09/22/1973	Height 6'00	Weight 225	Eye Color BROWN	Hair Color BLOND OR	Complexion LIGHT	Build Large			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion		Indication of: Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/>			
Local Address (Street, Apt. Number) 515 WESTWOOD RD, WEST PALM BEACH, FL 33405						Phone (561) 373-8834		Residence Type: 1. City 3. Florida 2. County 4. Out of State				
Permanent Address (Street, Apt. Number) 515 WESTWOOD RD, WEST PALM BEACH, FL 33405						Phone (561) 373-8834		Address Source DEFENDANT				
Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation				
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				
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth				
<input type="checkbox"/> Parent <input type="checkbox"/> Other: <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle) No Bond										
Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Residence Phone				
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					
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				
<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		
C O D E		S. Sell B. Buy P. Possess	R. Smuggle D. Deliver T. Traffic	K. Disperses Distribute E. Use	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	
C H A R G E		Charge Description BATTERY - BATTERY (SIMPLE)						Statute Violation Number 784.03(1)		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	
N		/			2017-0002230	1						
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
C H A R G 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:				Violation of ORD #
I N T A K E		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	
I N T A K E		Transported By						Date Transported	Time Transported	Other		
N O T I C E C H A R G E		<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)		2011 FEB 13		No Photo Available
T O A P P E R								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.										Date Signed		
A D M I N		Signature of Defendant (or Juvenile and Parent/Custodian)		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		5:37				
HOLD for Other Agency												
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(PRINT)						
Intake Deputy		ID #		Name of Arresting Officer (Print)		ID #						
Col. Hardin 4716		Pouch #		SULLIVAN, COURTNEY		02017						
FEB 3 2017				Transporting Officer		ID #						
				C-Sullivan 2017 WPB								
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

Date / Time 02/02/2017 23:23		AFFIDAVIT Palm Beach County																				
Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2017-0002230																		
Name (Last, First, Middle) KAISER, MARK AUSTIN		Alias		Race Sex Date of Birth W M 09/22/1973																		
Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)																						
Victim's Name (Last, First, Middle) CIESLUK, MARTA EWA				Race Sex Date of Birth W M 03/05/1978																		
Local Address (Street, Apt. Number) 515 WESTWOOD CIR W, WEST PALM BEACH, FL 33401		(City)	(State)	(Zip)																		
Business Address (Name, Street)		(City)	(State)	(Zip)																		
				Phone																		
				Address Source																		
				Phone																		
				Occupation																		
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): FRIGHTENED																				
RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING/LIVE IN																						
<table> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> NO</td> </tr> <tr> <td>Victim:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: VICTIM</td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> TYPE:</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>AT:</td> <td>Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</td> </tr> </table>					PHOTOGRAPHS:	Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> NO	Victim:	<input checked="" type="checkbox"/> <input type="checkbox"/>	911 CALL:	<input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: VICTIM	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:
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<p>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:</p> <p>Ciesluk advised her boyfriend, Mark Kaiser returned home intoxicated. Kaiser was yelling and being aggressive</p>																						
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, <u>1</u> 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. Mulligan</i> 205 205 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>2</u> day of <u>2</u>. 17.</p> <p><i>Heb. J. Mulligan, 1893</i></p>																						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAI

CRIME ANALYSIS

P 10

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 02/02/2017 23:23		
N	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2017-0002230

in language. Kaiser asked Ciesluk, "Do you want me to choke you now or later?"
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.
At approximately, 22:56 hours, Ciesluk was back on 911 advising Kaiser pushed her and kicked her.
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.
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).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, C. A. Kelly personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

C. A. Kelly 2017

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 2 day of 2, 17.

C. A. Kelly 2017

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

SCANNED
FEB 03 2017