

18MM83AD

OBTs Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 2 NTA	3 Request for Warrant 4. Request for Capias	1 Juvenile	N	
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-18-037879</b>					
Charge Type: Check as many as Apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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 <b>N/A</b>		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) <b>500 VIA LUGANO CIR Boynton Beach FL 33436</b>					Location of Offense (Business Name, Address) <b>500 VIA LUGANO CIR Boynton Beach FL 33436</b>					
Date of Arrest <b>07/23/2018</b>		Time of Arrest <b>0103</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) <b>Koszesza, Melissa</b>										
Aliases (Name, DOB, Soc Sec #, Etc)										
W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08-19-1980</b>	Height <b>508</b>	Weight <b>120</b>	Eye Color <b>Brown</b>	Hair Color <b>Black</b>	Complexion <b>Fair</b>	Build <b>Thin</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status <b>Single</b>	Religion <b>N/A</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt Number) <b>5555 Malt Dr #2</b>		(City) <b>Fort Myers</b>		(State) <b>FL</b>	(Zip) <b>33907</b>	Phone <b>( ) -</b>	Residence Type 1. City 3 Florida 2. County 4 Out of State		<b>3</b>	
Permanent Address (Street, Apt Number) <b>5555 Malt Dr #2</b>		(City) <b>Fort Myers</b>		(State) <b>FL</b>	(Zip) <b>33907</b>	Phone <b>( ) -</b>	Address Source <b>FL DL</b>			
Business Address (Street, Apt Number)		(City)		(State)	(Zip)	Phone <b>( ) -</b>	Occupation <b>Unemployed</b>			
D/L Number, State <b>K220-541-80-799-0</b>			Soc. Sec Number <b>- -</b>		INS Number		Place of Birth <b>Boynton Beach</b>		Citizenship <b>Yes</b>	
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	
<input type="checkbox"/> Parent	Name (Last)	(First)	(Middle)	Residence Phone						
<input type="checkbox"/> Legal Custodian	<input type="checkbox"/> Other	Address (Street, Apt Number)			(City)	(State)	(Zip)	Business Phone		
Notified by (Name)				Date	Time	Juvenile Disposition 1 Handled/Processed within Dept and Released 2 TOT HRS/DYS 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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By (Name) <input type="checkbox"/> No (Reason)						School Attended		Grade		
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	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 Dispense/ 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 <b>Domestic Simple Battery</b>				Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number <b>784.03(1a)</b>		Violation of ORD#		
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit <b>N</b>	Offense # <b>18-037879</b>	Warrant/Capias Number	Bond					
Charge Description <b>Resisting Arrest W/O</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>843.02</b>		Violation of ORD#		
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit <b>N</b>	Offense # <b>18-037879</b>	Warrant/Capias Number	Bond					
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#		
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond					
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#		
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond					
Instruction No 1 Mandatory Appearance in Court			Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>							
Instruction No 2 You need not appear in Court but must comply with instruction on reverse side			Court Date and Time Month <b>August</b> Day <b>22</b> Year <b>2018</b> Time <b>0930</b>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	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						
HOLD for other Agency Name			Signature of Arresting Officer			Name Verification (Printed by Arrestee) (PRINT)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Restored Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) <b>Z. HALPERN</b>			I.D. # <b>990</b>	BU# <b>111616</b>				
Intake Deputy	I.D. #	Pouch #	Transporting Officer <b>Halpern</b>	I.D. # <b>990</b>	Agency <b>BBPD</b>	Witness here is subject Signed with an "X"				

2018 JUL 23 AM 11:16  
 SOUTH COUNTY COURTHOUSE  
 BRANCH OFFICE  
 SCANNED  
 JUL 23 2018  
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**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY**



On the 27<sup>th</sup> 23 day of October August 2017 18 at ~~0930~~ 0103  
 Subject: Koszesza, Melissa DOB: 08-19-1980 Case #: 18-037879  
 Charge Description: Domestic Simple Battery Statute #: 784.03.a1a1  
 Victim: Koszesza, Kierra DOB: 10/16/1994 Race: W Sex: F  
 Local Address: 500 VIA LUGANO CIR , Boynton Beach ,FL, 33436  
 Personal Contact: 561-713-3891

**Narrative:**

On the above date and time, I responded to 500 Via Lugano Cir, Boynton Beach FL 33436 in reference to two females fighting in the parking lot. BBPD Dispatch advised that one of the females was next to a white Jeep Grand Cherokee. Upon arrival I observed a white Jeep matching the description attempting to leave out of the front gate. As I entered into the complex, the vehicle backed up and parked just to the West of the gate. When I walked up to the vehicle, I observed the driver W/F Koszesza, Melissa reaching into the center console. I gave her loud verbal commands to open the drivers door which was locked. She refused and kept reaching around inside of the center console. The back door was unlocked and I was able to reach in and unlock the drivers door. Out of fear for my safety based on her actions, I pulled Melissa out of the vehicle and placed her into hand cuffs, double spaced and locked. I read Melissa her Miranda rights which she waved. Melissa stated that she arrived at her daughters house W/F Kierra Koszesza which is located at the incident location. Melissa stated that she was asked by Kierra to take care of her dog and Kierra changed her mind. This made Melissa upset and they started to argue. Melissa stated that there was no physical contact between the two . I observed a small abrasion to the back of Melissa's right elbow. Melissa stated that she cut her elbow three days prior to this incident. It should be noted that when I took Melissa out of the vehicle, I checked the center console for weapons and observed a open Ice house beer bottle which was half full and cold to the touch. When I asked Melissa about the beer bottle, she stated she did not know anything about it. It should also noted that when I attempted to place Melissa in hand cuffs she pulled her left arm to the front of her multiple times until I was able to gain control.

I then spoke to Kierra who stated that she called her mom over to take care of her dog while she goes on vacation but she changed her mind. Melissa picked up the dog and told her that she was taking the dog anyways. When Kierra took the dog back from Melissa, Melissa grabbed Kierra by her hair and pulled it, When Kierra tried to get Melissa to let go by grabbing her wrist, Melissa scratched Kierra on her arms. I did observe fresh scratch marks on her arms. Malissa as well as Kierra refused any medical aid.

Due to the facts stated above, I find Probable cause to charge Melissa Koszesza with one count of Domestic Battery and one count of Resisting Arrest W/O. It should be noted that the defendant and the victim are mother and daughter who have lived together in the past as a family.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Calm

Relationship Between Victim and Suspect:

The defendant and the victim are mother and daughter and have lived together in the past.

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JUL 23 2018**

Photographs: Scene:  Yes  No  
 Victim:  Yes  No  
 911 Call:  Yes  No Caller: \_\_\_\_\_  
 Tape Requested:  Yes  No  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witnesses:  Yes  No  
 Injuries:  Yes  No  
 Medical Treatment:  Yes  No  
 At Scene  Yes  No Paramedics: \_\_\_\_\_  
 At Hospital  Yes  No Physician(s): \_\_\_\_\_  
 Hospital: \_\_\_\_\_

Act Committed In Presence Of Minor(s):  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 F.D.C.F. Notified:  Yes  No Victim Pregnant:  Yes  No  
 Violation Of Restraining Order:  Yes  No Case #: \_\_\_\_\_  
 Prior History Of Domestic Violence:  Yes  No  
 Alcohol Or Drugs Involved:  Yes  No  Unknown

**Victim Contact Information:**

Phone Home: 239-271-8512 Work: N/A  
 Employer: N/A  
 Relative Name: N/A Phone: N/A  
 Address: N/A  
 City/State: N/A

State Of Florida  
 County Of Palm Beach  
 Appeared before me, Z. HALPERN, (print name) 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 me before this 15 day of April, 2018

  
 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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 JUL 23 2018

# 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. 784.084)**
- **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 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 #: 18-037879 Agency: Boynton Beach Police Department  
Offense: Domestic Simple Battery  
Suspect/Offender: Koszesza, Melissa  
DOB: 08-19-1980 Race: W Sex: F

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

3. Complete one (1) of the following:

A. Victim's Name: Koszesza, Kierra  
Address: 500 VIA LUGANO CIR  
City: Boynton Beach State: FL Zip: 33436  
Home #: 239-271-8512 Work #: N/A Other: \_\_\_\_\_

B. Victim's Next of Kin: N/A  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: N/A 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 Victim: \_\_\_\_\_

Printed Name of Victim: Koszesza, Kierra

Officer's Name: Z. HALPERN I.D.# 990 Date: 07/23/2018

SUSPECT/OFFENDER:

Koszesza, Melissa

COURT CASE/ WARRANT #:  
(FOR WARRANTS USE ONLY)

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JUL 23 2018

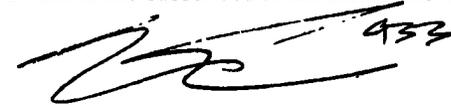
Photographs: Scene:  Yes  No  
 Victim:  Yes  No  
 911 Call:  Yes  No Caller: \_\_\_\_\_  
 Tape Requested:  Yes  No  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witnesses:  Yes  No  
 Injuries:  Yes  No  
 Medical Treatment:  Yes  No  
 At Scene  Yes  No Paramedics: \_\_\_\_\_  
 At Hospital  Yes  No Physician(s): \_\_\_\_\_  
 Hospital: \_\_\_\_\_

Act Committed In Presence Of Minor(s):  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 F.D.C.F. Notified:  Yes  No Victim Pregnant:  Yes  No  
 Violation Of Restraining Order:  Yes  No Case #: \_\_\_\_\_  
 Prior History Of Domestic Violence:  Yes  No  
 Alcohol Or Drugs Involved:  Yes  No  Unknown

**Victim Contact Information:**

Phone Home: 239-271-8512 Work: N/A  
 Employer: N/A  
 Relative Name: N/A Phone: N/A  
 Address: N/A  
 City/State: N/A , .

State Of Florida  
 County Of Palm Beach  
 Appeared before me, Z. HALPERN, (print name) 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 me before this 23 day of April, 2018  
  
 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

**SCANNED**  
**JUL 23 2018**