

0500332

ARREST / NOTICE TO APPEAR

18mm 2018 227

ADVISOR	OBTS Number	Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 18-011327	Request for Warrant Request for Capias 1	JUVENILE				
CHARGE	Agency ORI Number 0500400	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	Multiple Clearance Indicator 2				
	Location of Arrest (Including Name of Business) 2807 FREDERICK BLVD DELRAY BEACH FL			Location of Offense (Business Name, Address) 2807 FREDERICK BLVD, DELRAY BEACH, FL 33483						
	Date of Arrest 07/29/2018	Time of Arrest 20:54	Booking Date 07/29/2018	Booking Time 21:36	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) LUKAT, MICHAEL GARRY				Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race: W - White B - Black W		Sex M	Date of Birth 09/29/1991	Height 6'02	Weight 200	Eye Color UNKNOW	Hair Color BLACK	Complexion LIGHT	Build STOCKY	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion NOT INDICA	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 2807 FREDERICK BLVD, DELRAY BEACH, FL 33483			(City)	(State)	(Zip)	Phone (772) 631-0122		Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number) 2807 FREDERICK BLVD, DELRAY BEACH, FL 33483			(City)	(State)	(Zip)	Phone (772) 631-0122		Address Source		
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation		
D/L Number, State L230547913490 / FL		Lic. Exp. Date		INS Number		Place of Birth (City, State) JENSON BEACH, FL		Citizenship		
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 <input type="checkbox"/> Other: _____		Name (Last, First, Middle)				Residence Phone				
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)				Business Phone				
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						
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			
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/Opior.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)					Statute Violation Number 784.03(1A1)		Violation of ORD #			
Drug Activity	Drug Type N	Amount / Unit /	Offense # 18-011327	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond NONE		
Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE					Statute Violation Number 843.02		Violation of ORD #			
Drug Activity	Drug Type N	Amount / Unit /	Offense # 18-011327	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond OR		
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		
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"/> Posted Bond <input checked="" type="checkbox"/> South County Mental Health					PROPERTY - Received By		Released By		Released To	
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			
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					Signature of Arresting Officer Ferreiro		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other					Night Arresting Officer (Print) FERREIRO, DANIEL C.		(PRINT) 1100			
Intake Deputy D.S. Thompson					Transporting Officer FERREIRO		Agency 1100 DBPD			
					Witness here if subject signed with an "X"		JUL 30 AM 12:12			

2018 JUL 30 AM 5:32
SOUTH COUNTY JUVENILE COURT
DELRAY BEACH, FL

No Photo Available

SCANNED

JUL 30 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/29/2018 20:26		Agency Name DELRAY BEACH POLICE DEPARTMENT			Agency Report Number 4 0 18-011327		
	Agency ORI Number FL 0500400		Name (Last, First, Middle) LUKAT, MICHAEL GARRY			Race W	Sex M	Date of Birth 09/29/1991
C H R G E	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) KOSOFF, MONTE TRACY					Race W	Sex M	Date of Birth 12/11/1963
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 2807 FREDERICK BLVD, DELRAY BEACH, FL 33483					Phone (772) 233-8123		Address Source
	Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET.
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
SPOUSE

A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
		Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: LUKAT, SARA
		WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS.
		WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)
		INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		MEDICAL TREATMENT:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		AT: Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS: DBFD
		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 checked="" type="checkbox"/>	<input type="checkbox"/>	

NARRATIVE
See page 2 for narrative.

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 29 day of July, 2018.

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

SCANNED
JUL 30 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 07/29/2018 20:26	Agency Name DELRAY BEACH POLICE DEPARTMENT	
	Agency ORI Number FL 0500400	Agency Report Number 4 0 18-011327	

This incident occurred in the City of Delray Beach, Palm Beach County FL.

On 7/29/18 at 8:29 PM I was dispatched to 2807 Frederick Blvd in reference to an assault. I made contact with the complainant, Sara Lukat, who stated that her brother and brother-in-law were physically fighting inside the residence.

I made contact with Monte who stated that, his husband, Michael was drinking throughout the day and that usually when he drinks a lot, he becomes angry. Monte stated that Michael began throwing items around the house due to his anger and then pushed Monte. Monte was not forthcoming with more information regarding the physical altercation.

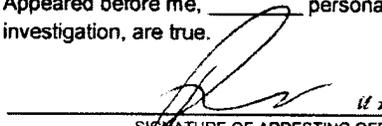
Officer Roberts and I went to make contact with Michael inside the residence. Officer Roberts and I observed Michael, who was completely naked, laying down in his bedroom. Michael then got up and walked into the bathroom where he shut and locked the door. Michael then turned on the shower and began yelling obscenities towards Officers and Monte. Officer Roberts and I stood by for another back-up Officer. While waiting for the other Officer, I heard Michael yell out that he wanted to kill himself. Officers also heard loud bangs which sounded like he was punching an unknown object.

Once K-9 Officer Bolanos arrived, Michael unlocked the bathroom door but only opened it a few inches. Officers commanded Michael to remove himself from the bathroom in which he refused and attempted to shut the door and lock it again. Due to Michael's comments regarding killing himself, Officers pushed the bathroom door in an attempt to get inside. Officers managed to get inside the bathroom where Michael began to actively resist. Officer Roberts utilized his department issued Taser in an attempt to gain compliance. I noticed that Officer Roberts' Taser was not effective on Michael. I observed Michael grab onto Officer Roberts' right hand which was the hand with the Taser in it. At that time, I delivered two hammer fist strikes to Michael's head in order to gain compliance. Officers managed to get Michael's right hand in handcuffs, but when attempting to get Michael's left hand, he refused and pulled away. I then continued to command Michael to provide me with his left hand in which he refused again. I then delivered a hammer fist strike to the back of Michael's head which successfully allowed us to gain compliance of him. Michael was then placed into handcuffs.

Based on the aforementioned probable cause exists to charge W/M Michael Lukat with one count of Domestic Battery per F.S.S. 784.03(1A1) and one count of Resisting Without Violence per F.S.S. 843.02.

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 29 day of July, 2018.



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

SCANNED
JUL 30 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. 784.048)
- 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 single 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 #: 18-11327 Agency: DBPD
 Offense: Simple Battery
 Suspect/Offender: Lv Kat, Michael
 D.O.B. 9/29/91 Race: W Sex: M

2. Warrant #(s): N/A

3. Complete one (1) of the following:

a. Victim's name: Monte Kosoff
 Address: 2807 Frederick Blvd.
 City: Delray Beach State: FL Zip: 33483
 Home #: 772-233-8123 Work #: _____ Other: _____

b. Victim's next of kin: N/A
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: N/A
 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.

SCANNED
JUL 30 2018

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Ferreiro I.D.: 1100 Date: 7/29/18

SUSPECT/OFFENDER: _____

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



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018025238	Date: 07/30/2018
	Specialist Name/ID: AM/31562

SCANNED
JUL 31 2018