

0494875-1078

NH

18MM507

Check if Supplemental Attached

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

|                  |   |  |   |  |  |  |  |  |
|------------------|---|--|---|--|--|--|--|--|
| ADMINISTRATIVE   | OBTS Number   |  | Agency ORI Number<br>FL 502700  |  | Agency Name<br>PALM SPRINGS PUBLIC SAFETY                                  |  | Agency Report Number (N.T.A.'s only)<br>8 2 11 18 11 10 15 7 |  |
|                  | Charge Type:<br>Check as many as apply.<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony   |  | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | If Weapon Seized<br>Enter Type                               |  |
|                  | Location of Arrest (including Name of Business)<br>230 Cypress Ln. Palm Springs Fl. 33461   |  | Location of Offense (Business Name, Address)<br>225 Bonnie Blvd Palm Springs Fl. 33461 (Parking Lot)  |  | Date of Arrest<br>01/13/18   |  | Time of Arrest<br>2020                                       |  |
| DEFENDANT        | Name (Last, First, Middle)<br>Kraft, Michael Leo  |  |   |  | Alias (Name, DOB, Soc. Sec. #, Etc.)                                       |  |  |  |
|                  | Race<br>W - White<br>I - American Indian<br>B - Black<br>O - Oriental/Asian   |  | Sex<br>M  |  | Date of Birth<br>032572  |  | Height<br>510  |  |
|                  | Weight<br>170   |  | Eye Color<br>BLU  |  | Hair Color<br>BRN  |  | Complexion<br>Light  |  |
|                  | Build<br>Med.   |  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>Multiple Scars       |  | Marital Status<br>Mar  |  | Religion<br>Crist  |  |
|                  | Local Address (Street, Apt. Number)<br>225 Bonnie Blvd Bldg 24 Apt. 308 Palm Springs Fl. 33461  |  | City<br>Palm Springs  |  | State<br>FL  |  | Zip<br>33461   |  |
| CO-DEF           | Co-Defendant (Last, First, Middle)  |  | Race  |  | Sex  |  | Date of Birth  |  |
|                  | Co-Defendant (Last, First, Middle)  |  | Race  |  | Sex  |  | Date of Birth  |  |
|                  | Name (Last, First, Middle)  |  | Residence Phone   |  | Business Phone   |  | Relationship   |  |
| JUVENILE         | Address (Street, Apt. Number)   |  | City  |  | State  |  | Zip  |  |
|                  | Notified by: (Name)   |  | Date  |  | Time   |  | Juvenile Disposition   |  |
|                  | 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.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason) |  | School Attended   |  | Grade  |  | Value of Property  |  |
| CHARGE           | Drug Activity<br>N. N/A<br>P. Possess   |  | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use   |  | K. Dispense/<br>Distribute                                   |  |
|                  | M. Manufacture/<br>Produce/<br>Cultivate  |  | Z. Other  |  | Drug Type<br>N. N/A<br>A. Amphetamine                                      |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                    |  |
|                  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.  |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic  |  | U. Unknown<br>Z. Other   |  | Charge Description<br>Simple Battery (Domestic)              |  |
|                  | Counts<br>1   |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                 |  | Statute Violation Number<br>789.103  |  | Violation of ORD #<br>1a1                                    |  |
|                  | Drug Activity<br>N  |  | Drug Type<br>N  |  | Amount / Unit  |  | Offense #<br>2018-1057                                       |  |
| NOTICE TO APPEAR | Location (Court, Room Number, Address)  |  | Court Date and Time   |  | Month  |  | Day  |  |
|                  | Year  |  | Time  |  | A.M.   |  | 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  |  |  |  |
| ADMIN            | HOLD for other agency   |  | Signature of Arresting Officer<br>N. Allen #170   |  | Name Verification (Printed by Arrestee)                                    |  | PAGE   |  |
|                  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal   |  | Resisted Arrest<br>Other:   |  | (PRINT)  |  | OF   |  |
|                  | Intake Deputy<br>J. Allen #170  |  | Pouch #   |  | Transporting Officer<br>N. Allen #170                                      |  | I.D. #   |  |

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JAN 14 2018

PALM SPRINGS PUBLIC SAFETY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

PALM BEACH COUNTY

ON THE 13 DAY OF January 2018, AT 1000 AM / PM

SUBJECT: Kraft, Michael Leo DOB: 03/25/72 CASE NUMBER: 2018-1057

CHARGE DESCRIPTION: Simple Battery (Domestic) STATUE NUMBER: 784.03(1)(a)(1)

VICTIM: Guio, Vivian DOB: 11/14/73 RACE: W SEX: F

LOCAL ADDRESS: 225 Bonnie Blvd Bldg #4 Apt.-308 Palm Springs Fl. 33461

PERSONAL CONTACT

NARRATIVE:

On 1/13/18, I was dispatched to 225 Bonnie Blvd Bldg #4 Apt.- 308 for a Simple Battery (Domestic) that occurred in the parking lot. I met with the victim H/F Vivian Guio 11/14/73, who stated her husband beat her on the top of her head with his fists. Guio stated she came home and her car was over heating so she told her husband Michael Leo Kraft 3/25/72. Kraft got angry about the car and started to yell at her and she asked him to stop yelling. Kraft then started to hit her on top of the head with his fists. Their were no visible marks on Guio. I asked if she needed medical attention and she stated no. This incident was witnessed by a Robert Ouellette who lives in Apt. 207 (561-667-2626). I asked Guio if she knew how to contact Kraft and she stated by his cell phone (561-667-2626). Myself and Ofc. Avella went to the victims apartment so she could get some of her clothes so she could go to her mother's home. I issued Guio a Domestic Violence Packet and had her sign the form. While at the apartment Guio stated Kraft had left his phone in the apartment. I left Kraft a message to call me at the station. I had Guio and Oulette fillout voluntary statements and I issued her a case number for this report.

DEFENDANT'S STATEMENTS: (Written / Taped / Oral)

Unable to contact at this time

VICTIM'S STATEMENTS: (Written / Taped / Oral)

Victim stated her husband started to hit her in the head with his fists after she came home and told him that her car was over heating.

OBSERVATIONS OF VICTIM (PHYSICAL AND EMOTIONAL)

The victim was upset and had been crying before I arrived.

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RELATIONSHIP BETWEEN VICTIM AND SUSPECT: husband and wife.

PHOTOGRAPHS:

SCENE: YES  NO   
VICTIM: YES  NO

911 CALL: YES  NO

CALLER: GUIO

WEAPON USED YES  NO

TYPE: Hands Fist Feet

WITNESSES: YES  NO  (IF YES, ATTACH WITNESS LIST)

INJURIES: YES  NO

MEDICAL TREATMENT: YES  NO

AT: SCENE: YES  NO

PARAMEDICS: \_\_\_\_\_

AT: HOSPITAL: YES  NO

PHYSICIAN(S): N/A

HOSPITAL: \_\_\_\_\_

ARE THERE CHILDREN LIVING IN THE HOME: YES  NO

NAME(S) & DOB: \_\_\_\_\_

WAS ACT COMMITTED IN FRONT OF MINOR(S): YES  NO

NAME(S) & DOB: \_\_\_\_\_

H.R.S. NOTIFIED: YES  NO

VICTIM PREGNANT: YES  NO

VIOLATION OF RESTRAINING ORDER: YES  NO

CASE NUMBER: \_\_\_\_\_

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES  NO

ALCOHOL OR DRUGS INVOLVED: YES  NO

VICTIM CONTACT INFORMATION

PHONE:Hm: 407-535-8070 Wk: \_\_\_\_\_ Employer: \_\_\_\_\_

RELATIVE: Name: Alicio Guio Phone: 561-692-2117

Address: Lake Worth Fl. 33460

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, Ofc. N.Allen #170 (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

A. Allen #170  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 13 day of January, 2018

Cpl [Signature]  
NOTARY / CLERK OF COURT / OFFICER (F.S.11710)

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# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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.)

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 2018-1057 Agency: Palm Springs  
Offense: Domestic Violence  
Suspect/Offender: Michael Leo Kraft  
D.O.B. 3/25/72 Race: W Sex: M

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

3.a. Victim's name: Virian Guio D.O.B. 11/14/73 Race: W Sex: M  
Address: 225 Bonnie Blvd #304  
City: Palm Springs State: FL Zip: 33461  
Home #: 407-535-8070 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: Alicia Guio  
Address: \_\_\_\_\_  
City: Lake Worth State: FL Zip: 33460  
Home #: 561-692-2117 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

## Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

**Waiver:** I choose not to be notified when the arrestee is released from custody.

**Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Deputy's Name: \_\_\_\_\_ I.D.# \_\_\_\_\_ Date: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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JAN 14 2018