050 [illegible] 01

Packet 38

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 | Juvenile: N

Agency ORI Number	Agency Name	Agency Report Number	
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06	18116805

Charge Type (Check as many as apply): 1. Felony; 2. Traffic Felony; 3. Misdemeanor; 4. Traffic Misdemeanor; 5. Ordinance; 6. Other

If Weapon Seized — Enter Type

Multiple Clearance Indicator

Location of Arrest (Including Name of Business)		Location of Offense (Including Name of Business)	
9757 Arbor Oaks Lane, 103	Boca Raton, FL 33428	9757 Arbor Oaks Lane, 103	Boca Raton, FL 33428

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
9/4/2018	18:58					

Name (Last, First, Middle)			Alias (Name, DOB, Soc. Sec. #, Etc.)
Klimartin	Michael	Patrick	

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	7/22/1980	6'01"	322	Green	Brown	Light	Large

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status	Religion	Indication of Alcohol Influence	Drug Influence	Y	N	Unk
Married	Catholic			☐	☐	☐

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Residence Type (1 City, 2 County, 3 Florida, 4 Out of State)
9757 Arbor Oaks Lane, 103	Boca Raton	FL	33428	925 890 2275	3

Permanent Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
					Sales

DL Number, State	Social Security Number	INS Number	Place of Birth	Citizenship
K-456-555-80-262-0	[redacted]		Sana clara, Cal	US

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1 Arrested 2 At Large	3 Felony 4 Misdemeanor 5 Juvenile
				☐ ☐	☐ ☐ ☐

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1 Arrested 2 At Large	3 Felony 4 Misdemeanor 5 Juvenile
				☐ ☐	☐ ☐ ☐

Parent / Legal Guardian / Other — Name (Last, First, Middle) — Phone

Address (Street, Apt. No.) — 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)

1-NO Bond

Released To (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2636) informed of any address change ☐ Yes, by: (Name) ☐ No. (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☒ 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; P. 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; P. Paraphernalia/ Equipment; U. Unknown; Z. Other

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD. #
Battery (Domestic)	1	☒Y ☐N	784.03(1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N/A		18116805		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD. #
		☐Y ☐N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD. #
		☐Y ☐N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD. #
		☐Y ☐N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Location (Court, Address, Room Number)

Court Date and Time — Month / Day / Year / Time / AM ☐ / PM ☒

2018 SEP -5 AM 11:18

SEP 4 PM 8:32

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY 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

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Signature of Arresting Officer

Name of Arresting Officer: M. D'Avanzo — ID #: 29008

Name Verification (Printed by Arrestee) (PRINT)

SEP 4 PM 8:32 2018

SEP 05 2018

Witness here if subject signed with an "X"

Intake Deputy — ID # — Pouch #

Transporting Officer: M. D'Avanzo — ID #: 29008 — Agency: 29008

Page 1 of 1

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OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 | Juvenile: N

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 18116805

Charge Type. Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes

Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
Kilmartin	Michael	Patrick	W	M	7/22/1980

Charge	Charge
Battery (Domestic)	
Charge	Charge

Victim Name (Last, First, Middle)			Race	Sex	Date of Birth
Vega	Veronica	Estefania	W	F	7/23/1991

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
9757 Arbor Oaks Lane,103	Boca Raton	FL	33428	(561) 419-4820	Veronica

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation

The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The person taken into custody...

☐ committed the below acts in my presence.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☐ confessed to admitting to the below facts.

☒ was found to have committed the below acts, resulting from (described) investigation.

On the 4 day of September 20 18 at 18:30 ☐ AM ☒ PM

I responded to 9757 Arbor Oaks Lane apt. 103 I made contact with Veronica Estefania who was trembling and crying. Veronica stated she cooked dinner and her husband Michael Kilmartin was upset because he didn't like the food. Michael approached Veronica and laid on top of her not allowing her to move. Veronica stated she was able to push Michael off of her, when she pushed him off Michael struck her with a closed fist to her right eye causing visible swelling and bruising. Veronica ran to her room and locked herself in there until we arrived. Veronica stated Kilmartin is extremely aggressive and violent with her.

I observed swelling and bruising to Veronica's right eye. Pictures and statements were taken of veronica.

At this time I find probable cause to charge Michael Kilmartin with Domestic Battery. F.S.S. 784.03(1)

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The foregoing instrument was sworn to and affirmed before me this 4 day of September 20 18, by:

W. Brunet
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

28486
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

M. D'Avanzo 29008
Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

VICTIM NOTIFICATION FORM

- **Homicide** (Ch.782)
- **Attempted Murder**
- **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.**
- **Sexual Offense** (Ch.794)
- **Attempted Sexual Offense**
- **Dating Violence**

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

1. Incident Report #: 18116805 Agency: Palm Beach County Sheriff's Office
   Offense: Battery (Domestic)
   Suspect/Offender: Kilmartin Michael Patrick
   DOB: 7/22/1980 Race: W Sex: M

2. Warrant #(s):

3.a. Victim's Name: Vega Veronica Estefania DOB: 7/23/1991 Race: W Sex: F
   Address: 9757 Arbor Oaks Lane,103
   City: Boca Raton State: FL Zip: 33428
   Home #: (561) 419-4820 Work #: Other #:

b. Victim's next of kin, friend or neighbor:
   Address:
   City: State: Zip:
   Home #: Work #: Other #:

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: M. D'Avanzo ID #: 29008 Date: 9/9/18

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER Michael Kilmartin COURT CASE/WARRANT #

(FOR WARRANTS USE ONLY)

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018029699	**Date:** 9/4/2018
	Specialist Name/ID: J. Beck/9007