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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

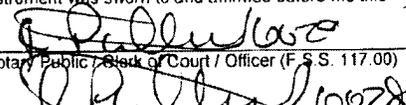
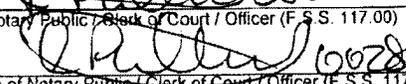
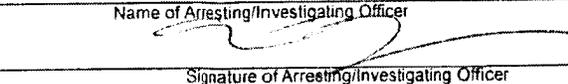
1 Arrest 3 Request For Warrant
2 N.T.A. 4 Request For Capias Juvenile

Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06 18-037542	
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized Enter Type		Muzzle Clearance Indicator	
Location of Arrest (Including Name of Business) 2090 RESTON CIR			Location of Offense (Including Name of Business) 2090 RESTON CIRCLE ROYAL PALM BEACH FL 33		
Date of Arrest 02/11/18	Time of Arrest 2103	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) KALKA THOMAS AARON			Alias (Name, DOB, Soc. Sec. # Etc.)		
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 11/20/88	Height 5'9"	Weight 135	Eye Color BROWN
Hair Color BROWN		Complexion		Build THIN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status SINGLE	Religion	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>
Local Address (Street, Apt. Number) 2090 RESTON CIRCLE		City ROYAL PALM BEACH	State FL	Zip 33411	Phone 561-951-0625
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone
Business Address (Street, Apt. Number)		City	State	Zip	Phone
D/I Number, State K-420-821-88-420-0		Social Security Number		INS Number	Place of Birth PLUTONIA, VT
Citizenship US		Race		Sex	Date of Birth
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"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)				Phone
Address (Street, Apt. No.)		City		State	Zip
Business Phone		Notified By (Name)		Date	Time
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 561 365 2526) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property	
Drug Activity N N/A P Possess	S Salt B Buy T Traffic	R Struggle D Deliver E Use	X Dispense/Distribute	M Manufacture/Produce O Private	Z Other
Drug Type A Amphetamine	B Barbiturate C Cocaine E Heroin	H Hallucinogen	M Marijuana	P Paraphernalia/Equipment	U Unknown Z Other
Charge Description Simple Battery (Domestic)		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1A1)	Violation or ORD. #
Drug Activity	Drug Type	Amount/Unit	Offense # 18-037542	Warrant/Capias Number	Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
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 <input type="checkbox"/> PM <input type="checkbox"/>					
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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer BOBER		Name Verification (Printed by Arrestee) (PRINT) 8292	
Intake Deputy [Signature]		Transporting Officer [Signature]		Agency 7332 PBSO	
Witness here if subject signed with an "X"					Page 1 of 1

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O9TS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest <input type="checkbox"/>	3. Request For Warrant <input type="checkbox"/>	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06		18-037542	
Charge Type Check as many as apply		Special Notes					
<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			
Defendant Name (Last, First, Middle) KALKA THOMAS AARON				Race W	Sex M	Date of Birth 11/20/88	
Charge Simple Battery (Domestic)				Charge			
Victim Name (Last, First, Middle) STOWE CASEY				Race W	Sex F	Date of Birth 02/19/90	
Local Address (Street, Apt. Number) 2090 RESTON CIRCLE		City ROYAL PALM BEACH	State FL	Zip 33411	Phone 561-818-2349	Address Source FLORIDA DL	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation THERAPIST	
<p>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...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <u>11</u> day of <u>FEBRUARY</u> 20 <u>18</u> at <u>4:15</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>							

The following incident occurred in the state of Florida county of Palm Beach within the city of Royal Palm Beach at 2090 Reston Circle under the following circumstances. The victim Casey Stowe and the suspect Thomas Kalka reside together as boyfriend and girlfriend. Stowe advised that Kalka had been up all night and day drinking and was very intoxicated. Stowe said she had to move Kalka's car so her car wouldn't be blocked in. This evidently upset Kalka who began yelling at Stowe. Stowe tried to reason with Kalka who kept standing in front of her yelling. When Stowe did try to pass Kalka did grab Stowe on the shoulder and neck area to prevent her from leaving. Stowe continued to walk and left the house and called 911. When speaking with Stowe I observed scratches on her shoulder and lower neck area. Stowe advised me she saw Kalka leave the area in his car as she was walking from the home. Stowe advised she will stay with family members for at least tonight due to this incident. Based on the above I believe probable cause exists to charge Thomas Kalka with domestic battery FSS 784.03(1).

The foregoing instrument was sworn to and affirmed before me this <u>11</u> day of <u>February</u> 20 <u>18</u> by:			
 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		BOBER 8292 Name of Arresting/Investigating Officer	
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		 Signature of Arresting/Investigating Officer	
			Page <u>1</u> of <u>1</u>