

ARREST/NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	Juvenile	No
OBTS NUMBER		Agency ORI Number FL 0501700		Agency Name Jupiter Police Department		Agency Report Number 54-19-000820
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		Weapons Seized/Type 1. Yes 2. No 2				
Location of Arrest (Including Name of Business)			Location of Offense (Business Name/Address) Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup.		Date of Offense 01/20/19	
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal
Location of Vehicle		Other Local Number	FDLE Number	DOC Number	FBI Number	
Name (Last, First Middle) Kraft, Robert				Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	Sex W M	Date of Birth 06/05/1941	Height 508	Weight 160	Eye Color blu	Hair Color gray
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none visible		Marital Status unk	Religion unk	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Un. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number) 260 Heath Street		(City) Brookline	(State) Ma	(Zip) 02445	Phone ()	Residence Type: 1. City 3. Florida 2. County 4. Out of State
Permanent Address (Street, Apt. Number) same		(City)	(State)	(Zip)	Phone ()	Address Source
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation
D/L Number	D/L State	Soc. Sec. Number	INS Number		Place of Birth MA	Citizenship US
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"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other		Name (Last, First, Middle)			Residence Phone ()	
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/DCF 3. Incarcerated	
Released To: (Name)			Relationship	Date	Time	
The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address. Yes, by: (Name) No: (Reason)				School Attended		Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property	
Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/Distribute Distribute	M. Manufacture Produce/ Cultivate	Z. Other
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 Solicit another to commit prostitution		Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 796.07(5)(a)1		Violation of ORD #
Activity N	Drug Type N	Amount/Unit N/A	Offense # 19-000820	Warrant/Capias Number		Bond
Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #
Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond
Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #
Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond
Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #
Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410				
		Court Date and Time Month _____ Day _____ Year _____ Time _____ <input 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 X <i>[Signature]</i> 1/21/19		Name Verification (Printed by Prisoner) (PRINT)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake Deputy		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: I.D.#		Name of Arresting Officer (Print) Det. A. Sharp #412/1101		I.D.#
Pouch #		Transporting Officer I.D.#		Agency		Witness here if subject signed with an "X"
						PAGE 1 OF 1

DISTRIBUTION: COURT - 1 COPY STATE ATTORNEY - 1 COPY AGENCY - 2 COPIES DEFENDANT - 1 COPY

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	No
ADMIN	OBTS Number	Agency Name		Agency Report Number				
	Agency ORI Number FL0501700	JUPITER POLICE DEPARTMENT		54-19-000820				
Charge Type:		Special Notes:						
Check as many as apply								
DEF	Name (Last, First, Middle)			Alias				
	Kraft, Robert, K.							
VICTIM	Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth		
	State of Florida							
	Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source
210 Military Trail, Jupiter, Florida 33458						(561) 746-6201		
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation	
						()		
PROBABLE CAUSE STATEMENT	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. The person taken into custody....							
	<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. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.							
On the 20th day of January, 2019 at 1059 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)								

In October of 2018 members of the Jupiter Police Department began an investigation into criminal activity occurring at Orchids of Asia Day Spa, located at 103 S. US Highway 1 C2 in Jupiter. On January 17, 2019, covert surveillance equipment was installed in Orchids of Asia Day Spa pursuant to a sneak and peek warrant. The following narrative is a description of the illicit activity that took place.

Room Surveillance: Det. D. Hirsch #402
Room Camera # JPPD Cam 2

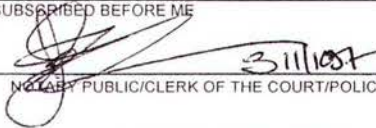
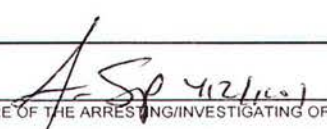
January 20th, 2019, 1059hrs – 1113hrs

Defendant: Robert K. Kraft (W/M, 06/05/41), dark long sleeved shirt, blue baseball cap, blue shorts, FL# 9191 (passenger).

On Sunday, January 20th, 2019, video surveillance was conducted at the target business. At approximately 1059 hrs, Kraft entered the business through the front door where he paid cash at the front desk to an Asian female, previously identified as [REDACTED] which was captured on JPPD Cam 5. [REDACTED] escorted Kraft to a room identified as JPPD Cam 2. There, the two hugged each other and Kraft took off all of clothing, laid face up on the massage table and [REDACTED] hugged him again. At approximately 1102hrs, [REDACTED] began manipulating Kraft's penis and testicles and then put her head down by his penis. This went on for several minutes. After a few minutes, [REDACTED] wiped Kraft in the area of his genitals with a white towel, helped him get dressed and hugged him again. Kraft gave [REDACTED] a \$100 bill plus at least one other unidentifiable bill. Kraft left the room at approximately 1113hrs.

Surveillance on scene: At approximately 1059hrs, a white male, previously identified as Robert Kraft (W/M 06/05/41) entered the establishment through the front door. At approximately 1113hrs, the Kraft exited the front door and traveled to a vehicle waiting in the parking lot, a 2015 blue Bentley FL Tag 9191; this was observed by Detective C. Cook #404. Kraft had previously entered the business on January 19th, 2019 and was positively identified by Massachusetts driver's license.

Based on the aforementioned investigation, I have probable cause to believe Robert K. Kraft did solicit, induce, entice, or procure another to commit prostitution, lewdness, or assignation, contrary to Florida Statute 796.07(5)(a)1.

ADMIN.	SWORN AND SUBSCRIBED BEFORE ME	
	 _____ NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER	 _____ SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER
	February 22, 2019 DATE	Det. A. Sharp #412 NAME OF OFFICER (PLEASE PRINT)
		February 22, 2019 DATE

DISTRIBUTION: COURT – 1 COPY STATE ATTORNEY – 1 COPY AGENCY – 3 COPIES

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

3

Juvenile

No

ADMINISTRATIVE	OBTS NUMBER		Agency ORI Number FL0501700		Agency Name Jupiter Police Department		Agency Report Number 54-19-000819	
	Charge Type: Check as many as apply <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						Weapons Seized/Type 1. Yes 2. No 2	
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name/Address) Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup.			Date of Offense 01/19/19
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal	

DEFENDANT	Name (Last, First Middle) Kraft, Robert						Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 06/05/1941	Height 508	Weight 160	Eye Color blu	Hair Color gray	Complexion med	Build med
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none visable				Marital Status unk	Religion unk	Indication of: Alcohol Influence <input type="checkbox"/> Y N Un. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		
	Local Address (Street, Apt. Number) 260 Heath Street		(City) Brookline	(State) Ma	(Zip) 02445	Phone ()	Residence Type: 1. City 3. Florida 2. County 4. Out of State		
	Permanent Address (Street, Apt. Number) same		(City)	(State)	(Zip)	Phone ()	Address Source		
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation		

CO-DEF.	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

JUVENILE	<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other		Name (Last, First, Middle)				Residence Phone ()	
	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/DCF 3. Incarcerated		
	Released To: (Name)			Relationship		Date	Time	
	The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address. Yes, by: (Name) No: (Reason)					School Attended		Grade

CODE	Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture	Z. Other	Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/	U. Unknown
	N. N/A	B. Buy	D. Deliver	Distribute	Produce/	Cultivate	N. N/A	C. Cocaine	M. Marijuana	Equipment	Z. Other

CHARGE	Charge Description Solicit another to commit prostitution			Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 796.07(5)(a)1		Violation of ORD #
	Activity N	Drug Type N	Amount/Unit N/A	Offense # 19-000819	Warrant/Capias Number		Bond	

CHARGE	Charge Description			Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #
	Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	

CHARGE	Charge Description			Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #
	Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	

CHARGE	Charge Description			Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #
	Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	

NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410					
			Court Date and Time Month Day Year Time <input 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.

ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed			
	HOLD for other Agency Name:			Signature of Arresting Officer x [Signature] 4/2/1101		Name Verification (Printed by Prisoner) (PRINT)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) Det. A. Sharp #412/1101		I.D.#	
	Intake Deputy I.D.#		Pouch #	Transporting Officer I.D.#		Agency	Witness here if subject signed with an "X"

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias

3

Juvenile

No

ADMIN

OBTS Number

Agency ORI Number
FL 0501700

Agency Name
JUPITER POLICE DEPARTMENT

Agency Report Number
54 - 19 - 000819

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

Special Notes:

DEF

Name (Last, First, Middle)
Kraft, Robert K.

Alias

VICTIM

Victim's Name (Last, First, Middle)
State of Florida

Race
N/A

Sex
N/A

Date of Birth
N/A

Local Address (Street, Apt. Number) (City) (State) (Zip)
210 Military Trail, Jupiter, FL, 33458

Phone
(561) 746-6201

Address Source
Known

Business Address (Name, Street) (City) (State) (Zip)
()

Phone
()

Occupation
Government

PROBABLE CAUSE STATEMENT

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

- committed the below acts in my presence.
- confessed to _____ admitting to the below facts.
- was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- was found to have committed the below acts, resulting from my (described) investigation.

On the ____ day of ____, 20 at ____ A.M. P.M. (Specifically include facts constituting cause for arrest)

In October of 2018 members of the Jupiter Police Department began an investigation into criminal activity occurring at Orchids of Asia Day Spa, located at 103 S. US Highway 1 C2 in Jupiter. On January 17, 2019, covert surveillance equipment was installed in Orchids of Asia Day Spa pursuant to a sneak and peek warrant. The following narrative is a description of the illicit activity that took place.

Room Surveillance: Det.C. Cook #404
Room Camera # JPPD Cam 3

January 19, 2019, 1645hrs-1725hrs

Defendant: Robert Kraft, (W/M, 06/05/41) FL tag 845 (passenger), blue shirt, blue ball cap

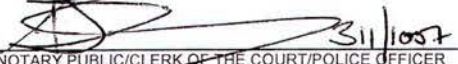
On January 19th, 2019, video surveillance was conducted at the target business. At approximately 1645hrs, Kraft entered the listed establishment and paid for services in cash at the front desk to an Asian female, previously identified as [REDACTED] which was captured on JPPD Cam 5. Kraft is taken by [REDACTED] to a massage room identified as JPPD Cam 3. Kraft undressed, laid on the massage bed completely nude and partially covered himself with a sheet. Kraft was observed using a cell phone while waiting in the room. At approximately 1649, [REDACTED] and another female, previously identified as [REDACTED], entered the room and both began massaging Kraft. A short time later the sheet is removed as Kraft laid on the massage bed face down. At 1712 hours, Kraft turned over onto his back and the lights in the room go out. At 1714 the room is illuminated and [REDACTED] can be seen with her hands near Kraft's genitals. The room is illuminated again and [REDACTED] can be seen standing to Kraft's right side and her right hand is seen manipulating Kraft's penis. At 1716 hours, [REDACTED] can be seen wiping Kraft's penis with a white towel. At 1724 hours, Kraft handed both [REDACTED] and [REDACTED] cash, and they responded by hugging him. [REDACTED] and [REDACTED] then proceeded to finish dressing Kraft, and he left the room.

Surveillance on Scene: At 1645hrs, a white male later identified as Robert Kraft (W/M 06/05/41) entered the establishment through the front door, which was observed by Agent M. Nicholson #342. At 1725hrs, the Kraft exited the front door of the business and entered the front passenger seat of a 2014 White Bentley, bearing FL tag 845, which observed by Agent Nicholson. Officer Kimbark #368, followed the Bentley and conducted a traffic stop on the vehicle. The front seat passenger was positively identified by his Massachusetts driver's license as Robert Kraft, (W/M, 06/05/41).

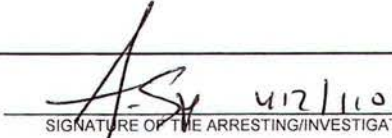
Based upon the following information it has been determined that Robert Kraft did commit, engage in, or offer to commit, prostitution, lewdness, or assignation, contrary to Florida Statute 796.07(2)(e) and (4)(a)1..(2 DEG MISD) Offer To Commit Prostitution.

ADMIN

SWORN AND SUBSCRIBED BEFORE ME


NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER

February 22, 2019
DATE


SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER

A.Sharp #412/1101
NAME OF OFFICER (PLEASE PRINT)

February 22, 2019
DATE

PAGE
1 OF 1