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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	Juvenile	N								
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06- 21-025365														
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) 9795 GLADES ROAD, BOCA RATON FL 33434						Location of Offense (Business Name, Address) 9795 GLADES ROAD, BOCA RATON FL 33434													
Date of Arrest 01/14/2021		Time of Arrest 11:30		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle							
Name (Last, First, Middle) Dicorrado, Cindy, Falco											Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 9/17/1958		Height 5'02		Weight 100		Eye Color BLUE		Hair Color BRN		Complexion TAN		Build LIGHT			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											Marital Status UNK		Religion UNK		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Lit. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 316 Nw 1st Ave, Boynton Beach, FL 33435						(City)		(State)		(Zip)		Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone ()		Address Source FL-DL					
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ()		Occupation UNK					
DL Number, State D263106588370, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) FL		Citizenship Y					
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"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)				First		Middle		Residence Phone ()		Business Phone ()							
Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone ()							
Notified by: (Name)						Date		Time		Juvenile Disposition Handled/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated							
Released To: (Name)						Relationship				Date		Time							
The above address provided by <input type="checkbox"/> defendant <input type="checkbox"/> defendant's parents <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the juvenile court clerk (Phone 385-2528) informed of any change of address.											School Attended		Grade						
<input type="checkbox"/> Yes, by: (Name)		Description of Property		Value of Property															
<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property															
Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. 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 O. Opium/Opiv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description TRESPASSING AFTER WARNIG						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 810.09(2)(B)		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense # 21-025365		Warrant / Copies Number		Bond									
Charge Description RESISTING WITHOUT VIOLENCE						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 843.02		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Copies Number		Bond									
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Copies Number		Bond									
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Copies Number		Bond									
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 352-2996												Date Signed 01/14/2021							
Court Date and Time Month FEB Day THUR 18TH Year 2021 Time 8:00												Date Signed 01/14/2021							
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				Name Verification (Printed by Arrestee)											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) D/S R. ORAGENE				I.D. # 7160		(PRINT)					
Insign Deputy 3-10				I.D. #		Pouch #		Transporting Officer R. MASS		I.D. # 9195		Agency PBSO		PAGE 1 OF 1					

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY (N.T.A.'s ONLY)

SCANNED
JAN 15 2021

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capture	1	Juvenile N
OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-025365
ADMIN	Charge Type: Check as many as apply.		Special Notes:		
	<input type="checkbox"/> 1. Felony	<input 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		
DEF	Name (Last, First, Middle) Dicorrado, Cindy, Falco		Alias	Race W	Sex F
					Date of Birth 9/17/1958
CHARGES	Charge Description TRESPASSING AFTER WARNIG	810.09(2)(B)	Charge Description RESISTING WITHOUT VIOLENCE	843.02	
	Victim's Name (Last, First, Middle) Einstein Bagel, Einstein Bagel,		Race	Sex	Date of Birth
VICTIM	Local Address (Street, Apt. Number) 9795 Glades road, Boca Raton FL 33434		(City)	(State)	(zip)
	Business Address (Name, Street)		(City)	(State)	(zip)
	Phone (561) 477-0667		Address Source		
	Phone		Occupation		
<p>The undersigned certifies and 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 checked="" 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 my (described) investigation.</p> <p>On the <u>14th</u> day of <u>January</u> 20<u>21</u> at <u>1114</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 1/14/2021 at approximately 11:14 hours, I was dispatch to Einstein Bagel located at 9795 Glades Road in unincorporated Boca Raton FL, in reference to trespassing. Complainant Ann Marie Campian who is the manager at Einstein Bagel told Palm Beach County Sheriff Office dispatch, that a white female customer is in the store causing a disturbance because she was asked to wear a mask and refused to leave the store after several requests. Upon arrival, I met with the store manager Anne Marie Campian outside the store, she told me the female was still in the store causing a scene and she wants her removed. I entered the store I noticed the white female who was later identified through her Florida Driver's license as Cindy Falco Dicorrado standing in front of the counter screaming loudly at customers and employees saying "you are violating my rights" " you are violating the constitutions" " I am not leaving that's discrimination" I approached defendant Cindy Falco Dicorrado and I calmly asked her to step out of the store so I can speak to her, at that point defendant Cindy Falco Dicorrado told me that she was not going outside and she is not wearing a mask because that's her right to refuse to wear a mask, she then proceeded quote Constitution codes and discrimination statutes. I explained to Cindy Falco Dicorrado that the store manager wanted her out of the store if she wasn't going to comply at that point she continues to scream at me and told a younger black female to record the interaction, after several attempts to speak with Cindy Falco Dicorrado failed. Einstein Bagel manager Ann Marie Campian in my presence asked defendant Cindy Falco Dicorrado to leave the store and that she is trespassing. I told defendant Cindy Falco Dicorrado she has to leave or she will be arrested for trespassing. Defendant Cindy Falco Dicorrado told me no she's not leaving that I am violating her rights, at that point with my left hand I grabbed her gently by her left wrist, she pulled back and refused to obey my verbal command to stop resisting. D/S Moss Came on the scene grabbed her other arm and assisted me in escorting her out and handcuffs her. Based on my investigation it was determined an act of trespassing after warning was committed per fss 810.09(2)(B) and resisting without violence per fss 843.02.</p>					
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Signature of Arresting Investigative Officer: <u>D/S R. ORAGENE 7760</u></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>14th</u> day of <u>January</u> 20<u>21</u> by <u>R. Oragene</u></p> <p>(Print Name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>R. oragene</u></p> <p><u>D/S Moss 9195 K. Moss</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>				
ADMINISTRATIVE	<p style="text-align: right;">PAGE <u>1</u> OF <u>1</u></p>				



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021001123	Date: 01/15/2021
	Specialist Name/ID: T Howard/7185