

20mm9230 MB

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest		3. Request for Warrant		1		Juvenile		R	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-20-131187							
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) 2845 Helm Ct #305, Lantana, Florida, 33462		Location of Offense (Business Name, Address) 2845 Helm Ct #305, Lantana, Florida, 33462						Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator 1			
Date of Arrest 11/28/2020		Time of Arrest 0112		Booking Date 11/28/2020		Booking Time		Jail Date		Jail Time		Location of Vehicle	
Name (Last, First, Middle) Pacheco, Douglas, J						Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 4/26/1967		Height 6'00		Weight 200		Eye Color BRO		Hair Color bald	
Complexion Light		Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Married		Religion NONE		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 2845 Helm Ct Apt 305, Lantana, Florida, 33462		City Lantana, Florida		State FL		Zip 33462		Phone (631) 860-8893		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number)		City		State		Zip		Phone		Address Source Verbal		Occupation Electrician	
Business Address (Name, Street)		City		State		Zip		Phone		Occupation		Electrician	
DIL Number, State P01085942, NY		INS Number		Place of Birth (City, State) New York, New York		Citizenship US							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/>		2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/>		2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/>	
Parent Legal Custodian Name (Last, First, Middle)		Name (Last, First, Middle)		Address (Street, Apt. Number)		City		State		Zip		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 / DYS		3. Incarcerated			
Released To: (Name)		Relationship		Date		Time							
The above address 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 (Phone 356-2626) informed of any change of address.		Yes, by: (Name)		No: (Reason)		VICTIM NOTIFICATION REQUIRED		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		VICTIM NOTIFICATION REQUIRED									
Drug Activity S. Sell N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type N. N/A A. Amphetamines	
B. Barbiturates		C. Cocaine		E. Heroin		H. Hallucinogen		M. Marijuana		O. Opium/Deriv.		P. Paraphernalia/Equipment	
S. Synthetic		U. Unknown		Z. Other		State Violation Number 784.03(1a1)		Violation of ORD #					
Charge Description Domestic Simple Battery		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
Drug Activity		Drug Type		Amount / Unit		Offense # 20-131187		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		State Violation Number		Violation of 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		State Violation Number		Violation of 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		State Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address)		Court Date and Time Month Day Year Time AM PM		Date Signed 11/28/2020		Signature of Defendant (or Juvenile and Parent / Custodian)		Name Verification (Printed by Arrestee) NOV 28 AM 2:45					
HOLD for other Agency Name:		Signature of Arresting Officer		Name of Arresting Officer (Print) D/S Frommer #31297		I.D. # 31297		Agency PBSO		PAGE 1 OF 1			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer D/S Frommer		ID # 31297		Agency PBSO		Witness here if subject signed with an -X			

NO BOND

DOMESTIC

NOV 28 AM 2:45

J# 0519890

D# 1119

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-20-131187
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" 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		

Name (Last, First, Middle) Pacheco, Douglas, J	Alias	Race W	Sex M	Date of Birth 4/26/1967
Charge Description Domestic Simple Battery	784.03(1a1)	Charge Description		
Charge Description	Charge Description			

Victim's Name (Last, First, Middle) Pacheco, Silvia	Race H	Sex F	Date of Birth 01/21/1972
Local Address (Street, Apt. Number) 2845 Helm Ct Apt 305, Lantana, FL 33462	(City)	(State)	(zip)
Business Address (Name, Street)	(City)	(State)	(zip)



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
 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 my (described) investigation.
 On the 28th day of November 2020 at 0040 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On Saturday, November 28th 2020, at approximately 0040 hours, I responded to 2845 Helm Court, apartment 305, in unincorporated Palm Beach County, Florida, in reference to a domestic disturbance.

Upon my arrival, I made contact with both subjects in the parking lot in front of the apartment building. I first spoke with the male subject, later positively identified by his New York river license as Douglas Pacheco. Douglas stated that him and his wife, Silvia Pacheco, have been consuming alcoholic beverages and got into an argument over her children. Douglas then kept repeated that Silvia was drunk and that was the issues that they were having. Douglas then stated that he leaned on the Christmas tree and it fell over. Douglas was unable to maintain a conversation and could not stay focused to tell me what occurred this evening.

I then spoke with Silvia who confirmed that her and Douglas have been consuming alcohol. Douglas continued to be upset over an unknown issue with her children. Silvia then locked herself in the bedroom to keep herself separated from Douglas. Douglas then began to bang on the door and continued to yell at her from inside the bedroom. Silvia then heard loud banging in the living room for several minutes. Silvia then opened the door and observed several items in the living room damaged, including the Christmas tree. Silvia then confronted Douglas and asked him why he was damaging all of the property. Douglas just continued to yell at her and she became in fear of him. Silvia then called 9-1-1 for assistance. While on the phone with 9-1-1, Douglas walked behind Silvia and forcefully pushed her with two hands on the left shoulder. Silvia then ran outside and waited for Law Enforcement to arrive.

Based on the above facts, Douglas Pacheco was placed under arrest for Domestic Simple Battery F.S.S. 784.03(1a1).

STATE OF FLORIDA COUNTY OF PALM BEACH		D/S Frommer #31297
(Signature of Arresting/Investigative Officer)		
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>28</u> day of <u>November</u> 20 <u>20</u> by <u>D/S Frommer</u>		
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Law Enforcement ID</u>		
		D/S Machin #35654
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Suspect: Pacheco, Douglas, J DOB: 4/26/1967 Case #: 20-131187

Victim: Pacheco, Silvia, DOB: 01/21/1972 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Silvia Pacheco

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: _____

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: _____ DOB: / /

Name: _____ DOB: / /

Name: _____ DOB: / /

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: Shes Drunk

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: He destroyed everything

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone () - _____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 2845 Helm Ct Apt 305, Lantana, FL 33462

Phone: Home (631) 860-8894 Work () - _____ Cell () - _____

Employer: n/a

Name of Relative: n/a Phone () - _____

Address: _____

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- 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 #: 20-131187 Agency: PBSO
Offense: Domestic Simple Battery
Suspect/Offender: Pacheco, Douglas, J
D.O.B. 4/26/1967 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Pacheco, Silvia, D.O.B. 01/21/1972 Race: W Sex: F
Address: 2845 Helm Ct Apt 305
City: Lantana, FL 33462
Home #- (631) 860-8894 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ 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: Pacheco, Silvia,

Deputy's Name: D/S Frommer I.D.# 31297 Date: 11/28/2020

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

SUSPECT/OFFENDER: **Pacheco, Douglas, J**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:



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: 2020027848	Date: 11/28/2020
	Specialist Name/ID: B Evans / 23649