

20 mm 2459 SB

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral 1 JUVENILE

Agency ORI Number: **0500200** Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **312 2020-003645**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business): **100 NW 5TH AVE** Location of Offense (Business Name, Address): **100 NW 5TH AVE, BOCA RATON, FL 33432** U/Weapon Seized: **None/not Applicable** Multiple Clearance Indicator: **N**

Date of Arrest: **03/15/2020** Time of Arrest: **23:56** Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle:

Name (Last, First, Middle): **COCCHI PACHECO, KATHERINE DIANA** Alias: Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: **W - White** I - American Indian Sex: **F** Date of Birth: **09/19/1975** Height: **5'04** Weight: **100** Eye Color: **BROWN** Hair Color: **BLACK** Complexion: **LIGHT** Build: **Small**

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

Local Address (Street, Apt. Number): **4140 NW 66TH PL, COCONUT CREEK, FL 33073** (City) (State) (Zip) Marital Status: **NONE** Religion: **NONE** Indication of Alcohol Influence: Yes No Unk. Drug Influence: Yes No Unk.

Permanent Address (Street, Apt. Number): **4140 NW 66TH PL, COCONUT CREEK, FL 33073** (City) (State) (Zip) Phone: Residence Type: 1. City 2. County 3. Out of State 4. 2

Business Address (Name, Street) (City) (State) (Zip) Phone: Address Source: **VERBAL** Occupation:

D/L Number, State: **C212504758390 / FL** Soc. Sec. Number: [Redacted] INS Number: Place of Birth (City, State): **OUT OF STATE, Peru** Citizenship: **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 Other: Name (Last, First, Middle): Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone: Business Phone:

Notified by: (Name) Date: Time: JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated

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 355-2526) informed of any change of address.

Yes, by: No: Property Crime? Yes No Description of Property: Value of Property:

Drug Activity: N. N/A S. Sell R. Smuggle 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/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other

Charge Description: **DISORDERLY CONDUCT** Statute Violation Number: **877.03** Violation of ORD #: **Bond**

Drug Activity: **N** Drug Type: **N** Amount / Unit: **/** Offense #: **/** Counts: **1** Domestic Violence: Y N Warrant / Capias Number: **Bond**

Charge Description: Statute Violation Number: Violation of ORD #: **Bond**

Drug Activity: Drug Type: Amount / Unit: Offense #: Counts: Domestic Violence: Y N Warrant / Capias Number: **Bond**

Charge Description: Statute Violation Number: Violation of ORD #: **Bond**

Drug Activity: Drug Type: Amount / Unit: Offense #: Counts: Domestic Violence: Y N Warrant / Capias Number: **Bond**

Health / Apparent Physical Condition of Defendant: Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries Explain:

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail PROPERTY - Received By: Released By: Released To:

Transported By: Date Transported: Time Transported: Other:

INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **South County 200 W Atlantic Ave Delray Beach, FL 33444** Court Date and Time: **4/16/20 9:00 am**

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:

No Photo Available

HOLD for Other Agency: Signature of Arresting Officer: Name Verification (Printed by Arrestee):

Dangerous Resisted Arrest Suicidal Other Name of Arresting Officer (Print): **HETTCHEN, J. F.** I.D. #: **836** (PRINT):

Inmate Deputy: **SPANNED** I.D. #: **836** Agency: **3300** Transporting Officer: **Hettchen** I.D. #: **836** Agency: **3300** Witness here if subject signed with an "X":

2020 MAR 11 AM 8:07

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MAR 16 2020

AM 8:07

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number

Agency ORI Number
FL 0500200

Agency Name
BOCA RATON POLICE DEPARTMENT

Agency Report Number
3 | 2 | 2020-003645

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

Special Notes:

Name (Last, First, Middle)
COCCHI PACHECO, KATHERINE DIANA

Race: **W** Sex: **F** Date of Birth: **09/19/1975**

Charge Description
877.03 DISORDERLY CONDUCT

Charge Description

Victim's Name (Last, First, Middle)
STATE OF FLORIDA,

Race: Sex: Date of Birth:

Local Address (Street, Apt. Number) (City) (State) (Zip)

Phone Address Source

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

Phone Occupation

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.
 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 15 day of March, 2020 at 23:18 (Specifically include facts constituting cause for arrest.)

On 3/15/2020, at approximately 2250 hours, I responded to 100 NW 5th Avenue. Katherine Cocchi in my presence affected the peace and quiet of the public by causing a disturbance in the roadway. Multiple neighbors in the area came out of there residence and were affected by Cocchi's actions. Officers gave Cocchi multiple chances to the leave the area. Cocchi left the area and then returned approximately 15 minutes later and continued to cause a public disturbance. Furthermore, Cocchi was highly intoxicated getting into verbal arguments with officers and neighbors that were being disturbed from there residence.

Based on the above facts, I took Cocchi into custody pursuant to FL State Statue 877.03 Disorderly conduct. She was transported directly to Palm Beach County Jail without incident.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME
[Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
3/15/20
DATE

[Signature]
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
HETTCHEN, JOHN FRANKLIN (836)
NAME OF OFFICER (PLEASE PRINT)
03/15/2020
DATE

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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: 2020008477	Date: 03/16/2020
	Specialist Name/ID: T Howard/7185

SCANNED
MAR 16 2020