

0517085

NR

ARREST / NOTICE TO APPEAR

2020mm004997AMB2020

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

1 JUVENILE

OHTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2   2020-007154</b>	
ADMI STR TION	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	
	Location of Arrest (Including Name of Business) <b>2684 NW 63RD ST BOCA RATON FL 33496</b>		Location of Offense (Business Name, Address) <b>2684 NW 63RD ST, BOCA RATON, FL 33496</b>			
DEF END ANT	Date of Arrest <b>06/21/2020</b>	Time of Arrest <b>18:06</b>	Booking Date	Booking Time	Jail Date <b>6/21/20</b>	Jail Time <b>2000</b>
	Name (Last, First, Middle) <b>COHEN, LINDSEY FAITH</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)			
C O D E F	Race W - White B - Black	Sex <b>F</b>	Date of Birth <b>04/19/1999</b>	Height <b>5'05</b>	Weight <b>120</b>	Eye Color <b>HAZEL</b>
	Local Address (Street, Apt. Number) <b>401 EAST 34TH STREET NSL, NEW YORK, NY 10016</b>		Phone <b>(516) 660-3802</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>4</b>	
J U V E N I L E	Permanent Address (Street, Apt. Number) <b>401 EAST 34TH STREET NSL, NEW YORK, NY 10016</b>		Phone <b>(516) 660-3802</b>		Address Source <b>subject</b>	
	Business Address (Name, Street) <b>FIT</b>		Phone		Occupation <b>Student</b>	
C O D E F	DL Number, State	Sex	INS Number	Place of Birth (City, State) <b>Albany, NY</b>	Citizenship <b>US</b>	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
C H A R G E	Charge Description <b>BATTERY (DOMESTIC)</b>		Statute Violation Number <b>784.03(1A)</b>		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By	
N O T I C E	INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			
	INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time			
A D M I N	HOLD for Other Agency		Signature of Arresting Officer <b>833</b>		Name Verification (Printed by Arrestee)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Title of Arresting Officer (Print) <b>MARANGES, R. A.</b>		(PRINT)	
A D M I N	Intake Deputy <b>AS Joville 8017</b>		Transporting Officer <b>Maranges 833</b>		Agency <b>Boca</b>	
	I.D. #		I.D. #		Agency	

1 - No Bond

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.

No Photo Available

JUN 21 PM 8:38

SCANNED


JUN 22 2020

- COURT
- STATE ATTORNEY
- AGENCY
- CENTRAL RECORDS
- JAIL
- CRIME ANALYSIS
- P.I.O.
- DEFENDANT

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N	OBTS Number		Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2020-007154</b>		
	Charge Type: Check as many as apply		Special Notes:						
D E F	Name (Last, First, Middle) <b>COHEN, LINDSEY FAITH</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/19/1999</b>
	Charge Description <b>784.03(1A1)</b>		Charge Description						
V I C T I M	Victim's Name (Last, First, Middle) <b>COHEN, HUNTER MAX</b>						Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/16/1997</b>
	Local Address (Street, Apt. Number) <b>205 E 95TH ST 15B, NEW YORK CITY, NY 10128</b>				Phone <b>(516) 315-7705</b>		Address Source		
	Business Address (Name, Street) <b>PARK OF EAST HILLS</b>				Phone		Occupation <b>ATTENDANT</b>		
<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.</p> <p>The Person taken into custody . . .</p> <p><input type="checkbox"/> committed the below acts in my presence.      <input checked="" type="checkbox"/> was observed by <b>SUSAN NUSSBAUM</b> who told <b>OFC COHEN</b> that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> confessed to <b>OFC MARANGES</b> admitting to the below facts.      <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>21</b> day of <b>June</b>, <b>2020</b> at <b>18:04</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 06/21/2020 at approximately 1804 hours, within the jurisdiction of the City of Boca Raton (2684 NW 63rd St), the defendant did commit the act of simple battery (domestic violence), specifically by hitting the victim (brother, Hunter Cohen) with her wheeled walker device on his left arm. There were no visible injuries noted at this time. The victim reported that the defendant began to strike her with the wheeled walker device multiple times on his left arm. All in violation of F.S.S 784.03(1A1) Domestic Battery.</p>									
P R O B A B L E  C A U S E  S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME								
	<b>GREEN, KENNETH JOHN</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>06/21/2020</b> DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER. <b>MARANGES, RYAN ANDREW (833)</b> NAME OF OFFICER (PLEASE PRINT) <b>06/21/2020</b> DATE				

NOT A CERTIFIED COPY

# 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)
- 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.
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 20-7154 Agency: Boca  
Offense: AAB simple Battery  
Suspect/Offender: Cohen, Lindsey  
D.O.B. 4/19/99 Race: white Sex: female

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: Hunter Cohen D.O.B. 1/16/97 Race: white Sex: Male  
Address: 2684 NW 63rd St  
City: Boca Raton State: FL Zip: 33496  
Home #: 516-315-7705 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: \_\_\_\_\_

Deputy's Name: Det. Maranges I.D. # 833 Date: 6/21/20

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records



**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**

<b>Booking Number:</b> 2020015266	<b>Date:</b> 06/22/2020
	<b>Specialist Name/ID:</b> AM/31562