

20mm 2356 MB

ARREST - NOTICE TO APPEAR

1 Arrest 2 N/A 3 Request for Warrant 4 Request for Capias 1 J VENUE

ORIS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.P.A.'s only) 4 0 20-004363	
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	IC Weapon Serial	Enter Type Hands/fist/feet/teeth	
Location of Arrest (Including Name of Business)			Location of Offense (Business Name Address)			
119 NE 7TH AVE APT 8, DELRAY BEACH FL			119 NE 7TH AVE 8, DELRAY BEACH, FL 33483			
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/11/2020	21:07	03/11/2020	21:17	//	:	
Name (Last, First, Middle) COOPER, MARY						
Alias:						
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color
W	F	08/07/1949	5'06	115	Blue	BLOND OR
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Complexion	Build	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Link <input checked="" type="checkbox"/>	
			FAIR	THIN		
Local Address (Street, Apt. Number)			City	State	Zip	Phone
3215 S OCEAN BLVD 3-112, HIGHLAND BEACH, FL 33487						(917) 992-5085
Permanent Address (Street, Apt. Number)			City	State	Zip	Phone
3215 S OCEAN BLVD 3-112, HIGHLAND BEACH, FL 33487						(917) 992-5085
Business Address (Name, Street)			City	State	Zip	Phone
DPL Number State		Sec. Sec. Number	INS Number		Place of Birth (City, State)	
C160580497870 / FL					PASSIAC, NJ, United	
Cit-Delendant Name (Last, First, Middle)		Race	Sex	Date of Birth	JUVENILE DISPOSITION	
					1. Handled/Processed within Department and Released 2. FOT IAC 3. Incarcerated	
Cit-Delendant Name (Last, First, Middle)		Race	Sex	Date of Birth	JUVENILE DISPOSITION	
					1. Arrested 2. At Large 3. Misdemeanor 4. Juvenile	
Name (Last, First, Middle)						
Residence Phone						
Address (Street, Apt. Number)						
Business Phone						
Notified by (Name)						
Date						
Time						
JUVENILE DISPOSITION						
1. Handled/Processed within Department and Released 2. FOT IAC 3. Incarcerated						
Released To (Name)						
Relationship						
Date						
Time						
JUVENILE DISPOSITION						
1. Handled/Processed within Department and Released 2. FOT IAC 3. Incarcerated						
The above address was 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's Office (Phone 355-2526) informed of any change of address.						
Grade						
Property Criminal						
Description of Property						
Value of Property						
Drug Activity						
N N/A P Possess						
S Sell B Buy T Traffic						
R Smuggle D Distribute E Use						
K Dispose M Manufacture/Produce/Cultivate Z Other						
Drug Type						
N N/A A Amphetamine						
B Barbiturate C Cocaine E Heroin						
H Hallucinogen M Marijuana O Opioid/Opium						
P Paraphernalia/Equipment S Synthetic						
U Unknown Z Other						
Charge Description						
SIMPLE BATTERY(TOUCH OR STRIKE)						
Statute Violation Number						
784.03(1A)						
Violation of ORD #						
NONE						
Drug Activity						
N N/A P Possess						
S Sell B Buy T Traffic						
R Smuggle D Distribute E Use						
K Dispose M Manufacture/Produce/Cultivate Z Other						
Drug Type						
N N/A A Amphetamine						
B Barbiturate C Cocaine E Heroin						
H Hallucinogen M Marijuana O Opioid/Opium						
P Paraphernalia/Equipment S Synthetic						
U Unknown Z Other						
Health - Apparent Physical Condition of Defendant						
Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delirium <input type="checkbox"/> Injury						
Explain:						
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> F.O.F. County Jail						
PROPERTY Received By						
Released By						
Released To						
Transported By						
Date Transported						
Time Transported						
Other						
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						
<input checked="" type="checkbox"/> 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						
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						

VICTIM NOTIFICATION REQUIRED

SCANNED MAR 15 2020

J# 0515455

P# 10220

RECEIVED SOUTH COUNTY JUVENILE COURT MAR 16 2020 AM 5:10

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

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 03/11/2020 21:14	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 20-004363
	N A R R A T I V E			

The following incident occurred in the City of Delray Beach, Palm Beach County Florida.

On 3/11/2020 at 1926hrs, I responded to 119 NE 7th Ave in reference to a caller who refused to identify themselves calling about a possible domestic dispute in the SE corner of the building on the second story. Upon arrival, Officer Swilley and I made contact with a white female identified as Mary Cooper who was walking up the stairs to her apartment room number 8. Cooper stated she was just in a physical altercation with her husband, James Grant.


Grant provided a sworn statement captured on body worn camera stating the following: Grant and Cooper were on their way home. Grant was driving their vehicle and Cooper was in the passenger seat. There were a group of bicyclists on the roadway, Grant honked his horn and Cooper became upset striking him in the chin with her hand. Grant could not remember which hand Cooper used or if it was the back or front of her hand. Grant remembers Cooper hitting him with an open hand. Cooper continued to yell at him, and they verbally argued at this time. As they were approaching the house, Cooper exited the car on NE 7TH Ave and went upstairs to their apartment. Once they both were inside, they continued to argue. At some point, both subjects exited the apartment, and this is when officers made contact. No injuries were observed on Grant and he stated he was not hurt.

Cooper provided a sworn statement captured on body worn camera stating the following: they were on their way home and Grant was having road rage over bicyclist in his way. Cooper stated he was screaming, and she asked him to stop. Cooper admitted to being the primary aggressor as she slapped Grant in the face with her hand. Cooper could not remember what hand she used or if it was the back or front of her hand. Cooper had a small laceration to her left front side hand. Cooper stated that she is not sure at what point during the night she obtained this laceration.

Due to the victim and defendants' statements, probable cause exists to charge the Defendant Mary Cooper with Simple Battery (Domestic) violation of Florida State Statute 784.03(1A1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 11 day of March, 2020.

SCANNED
MAR 11 2020


GALLINA, GINA
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 20-4363 Agency: DBPD
 Offense: Domestic Battery
 Suspect/Offender: Mary Cooper
 D.O.B. 2/7/49 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: James Grant
 Address: 119 NE 7th Ave Apt 3
 City: Delray Beach State: FL Zip: 33444
 Home #: 706-816-8467 Work #: _____ Other: _____

b. Victim's next of kin:
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

SCANNED
MAR 12 2020

Signature of person waiving notification: _____
 Printed name of person waiving notification: _____

Officer's Name : [Signature] I.D.: 1114 Date: 3/11/2020

SUSPECT/OFFENDER: Mary Cooper

COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)



**PALM BEACH COUNTY
SHERIFF'S OFFICE**

Florida State Statute Exemption Sheet

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: 2020008080

Date: 3/12/2020

Specialist Name/ID: B Evans / 23649

SCANNED
MAR 12 2020