

0533686

22CF644/MO

1236

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile ReleaseJUVENILE
MAYOR'S LAW INVOLVED
Confidential Info Contained

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2022-010283	
Charge Type: Check as many as apply	☒ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other	
Location of Arrest (Including Name of Business) SAME, 155 E BOCA RATON RD 916, BOCA RATON, FL 33432			Location of Offense (Business Name, Address) 155 E BOCA RATON RD 916, BOCA RATON, FL 33432			
Date of Arrest 08/11/2022	Time of Arrest 02:24	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) WALKER GINSBERG, CORI LYNNE			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex F	Date of Birth 10/28/1956	Height 5'06	Weight 110	Eye Color BROWN	Hair Color BLONDE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status D	Religion NONE	Complexion LIGHT	
Local Address (Street, Apt. Number) 550 SE MIZNER BLVD B509, BOCA RATON, FL 33432			Phone (561) 445-1355			
Permanent Address (Street, Apt. Number) 550 SE MIZNER BLVD B509, BOCA RATON, FL 33432			Phone (561) 445-1355			
Business Address (Name, Street) SELF EMPLOYED, DELRAY			Occupation Doctor			
D/I Number, State W426100568880 / FL		Sec. Sec. Number	INS Number		Place of Birth (City, State) NEW YORK CITY, NY,	Citizenship US
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor	
Parent ☐ Other ☐ Name (Last, First, Middle)			Residence Phone			
Legal Custodian ☐ Name (Last, First, Middle)			Business Phone			
Address (Street, Apt. Number)			(City) (State) (Zip)			
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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.			School Attended			Grade
☐ Yes, by: ☐ No			Property Crime? ☐ Yes ☒ No			Description of Property
Drug Activity N. N/A P. Possess			S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispersal/ Distribute	M. Manufacture/ Produce/ Cultivate
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 BATTERY ON PERSON 65 YOA OR OLDER			Statute Violation 784.08(1)(2C)			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☒ Y ☐ N	Warrant / Capias Number
Charge Description			Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number
Charge Description			Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant			Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries			
Check which applies: ☐ Released O.R. ☐ Posted Bond			PROPERTY - Received By			Released By
Transferred By			Date Transferred	Time Transferred	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
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			Signature of Arresting Officer			Name Verification (Printed by Arrestee)
☐ Dangerous ☐ Suicidal			Name of Arresting Officer (Print) FELIX, R. A.			(PRINT) AUG 11 AM 9:18
Intake Deputy 22/GrHess			Pouch # 564			Agency BRPD
Witness here if subject signed with an "X".			PAGE 1 OF 1			

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

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		JUVENILE	
ADMINISTRATIVE	Agency ORI Number	Agency Name		Agency Report Number		MARSY'S LAW INVOKED Essential Info Contained			
	FL FL0500200	BOCA RATON POLICE DEPARTMENT		3 2 2022-010283					
CHARGES	Charge Type: Check as many as apply.		☒ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes:				
DEFENDANT	Name (Last, First, Middle)			Alias		Race	Sex	Date of Birth	
	WALKER GINSBERG, CORI LYNNE					W	F	10/28/1956	
VICTIM	Charge Description			Charge Description					
	784.08(1) (2C) ASSAULT - PERSON 65 YOA OR OLDER								
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 <u>11</u> day of <u>August</u>, <u>2022</u> at <u>02:11</u> (Specifically include facts constituting cause for arrest.)									
On 08/11/2022, I responded to 155 E Boca Raton RD. (Tower 155) Apt.916 in reference to a Domestic disturbance. Upon my arrival, I contacted Cori Walker, who stated that while going to bed, she and the victim started to argue about mutual friends. Walker then noted that the victim became angry and began to ask for his cellphone to leave the residence. Walker then said that the victim grabbed her cellphone, and she forcefully took the cellphone back from him at that time. Walker then noted that the victim left the apartment before police arrived. Officer Mcquiston then contacted the victim at 700 W Palmetto Park Rd. The victim stated that while going to bed, Walker began arguing with him for no reason and called him dirty. The victim noted that he decided to leave the residence to cool the situation down, and at that time, Walker came up to him and scratched the inside of his left forearm, causing it to bleed. I was able to observe some blood on the left side of the victim's bedside, consistent with statements made by the victim. Pictures of the victim's injuries were taken and submitted to evidence. The victim was given domestic violence pamphlets and a victim's notification form. Based on the sworn statements provided and the clear domestic relationship, probable cause exists to charge Walker with (1) count of felony Domestic Battery pursuant to F.S.S. 784.08 (1).									
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME				FELIX REYSON ARIEL (835) NAME OF OFFICER (PLEASE PRINT)				
	<u>CARNEY, DANIEL CHARLES</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>08/11/2022</u> DATE								
				<u>08/11/2022</u> DATE				PAGE 1 of 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2022-010283				
	Charge Type Check as many as apply.		Special Notes		MARSY'S LAW INVOKED Confidential Info Contained				
☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other									
D E F	Name (Last, First, Middle) WALKER GINSBERG, CORI LYNNE				Race W		Sex F		Date of Birth 10/28/1956
	Alias								
The defendant was placed into handcuffs, which were double locked, and seated in the rear compartment of my marked patrol vehicle. From the scene, the defendant was transported to the Boca Raton Police Department for booking procedures, where she was later transported to the Palm Beach County Jail. NOT A CERTIFIED COPY									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FELIX REYSON ARIEL (835) NAME OF OFFICER (PLEASE PRINT) 08/11/2022 DATE				
	CARNEY, DANIEL CHARLES NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 08/11/2022 DATE								

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

Suspect: CORI LYNN WALKER GINSBERG DOB: 10/28/56 Case #: 2022-10283

Victim: _____

Relation: _____

Photographs: Scene ☒ Yes ☐ No Victim ☐ Yes ☐ No Defendant ☐ Yes ☐ No

911 Call: ☒ Yes ☐ No Caller: _____

Weapon Used: ☒ Yes ☐ No Type: HANDS

Witness: ☒ Yes ☐ No Name: _____

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

Injuries: ☒ Yes ☐ No Description: MINOR SCRAPE

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 ☐ Yes ☒ No

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: _____

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

First words Victim said when you responded to scene: _____

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: _____

Employer: _____

Name of Relative: _____ 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)
- 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 #: 2022-10283 Agency: BOCA RATON P.D.
Offense: BATTERY ON PERSON 65 OR OLDER
Suspect/Offender: CORI LYNNE WALKER GINSBERG
D.O.B. 10/28/1956 Race: W Sex: F

2. Warrant #(s): _____

3.a.



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: Off. M. Loconsole I.D. # 564 Date: 08/11/2022

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:



**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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022020770	Date: 08/12/2022
	Specialist Name/ID: T.Howard/7185