

0538464

23MM1600-JB

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ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 23-002682					
Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type: UNARMED		Multiple Clearance Indicator 1					
Location of Arrest (Including Name of Business) 601 SEAGATE DR		Location of Offense (Business Name, Address) 601 SEAGATE DR, DELRAY BEACH, FL 33483							
Date of Arrest 02/24/2023	Time of Arrest 03:22	Booking Date 02/24/2023	Booking Time 03:32	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) CONNOLLY, HANNAH		Alias:		Aline (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 08/03/1999	Height 5'11	Weight 160	Eye Color BLUE	Hair Color BLOND OR	Complexion FAIR	Build Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of Alcohol Influence Yes ☒ No ☐ Unk ☐			
Local Address (Street, Apt. Number) 11 BAILEYS CIUSEWAYS, CSCITUATTE, MA 02166		(City) (MA)		(State) (MA)		(Zip) 02166		Phone (781) 752-5650	
Permanent Address (Street, Apt. Number) 11 BAILEYS CIUSEWAYS, CSCITUATTE, MA 02166		(City) (MA)		(State) (MA)		(Zip) 02166		Phone (781) 752-5650	
Business Address (Name, Street) CHICAGO, IL, United		(City) (IL)		(State) (IL)		(Zip) 60601		Phone (781) 752-5650	
D/L Number, State /		Soc. Sec. Number [REDACTED]		DNS Number		Place of Birth (City, State) CHICAGO, IL, United		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 ☐ Legal Custodian		Name (Last, First, Middle)		Residence Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
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		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Struggle D. Deliver E. Use		K. Disperse/ 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 INTOXICATION		Statute Violation Number 856.011		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
N		N		/		/		1	
Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond		Violation of ORD #			
Charge Description		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
N		N		/		/		1	
Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond		Violation of ORD #			
Charge Description		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
N		N		/		/		1	
Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond		Violation of ORD #			
Health / Apparent Physical Condition of Defendant		Any knowledge of the following Explain.		☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries					
Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ Pooled Bond ☒ South County Mental Health		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 03/22/2023 08:30:00		No Photo Available FEB 24 AM 5:30			
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 GREEN, TRAVIS		Name Verification (Printed by Arrestee) GREEN, TRAVIS					
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		ID # 1155		Agency DBPD		PAGE 1 OF 1	
Take Photo CDNN 5016		Pouch #		Witness here if subject signed with an "X".					

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 3 Request for Warrant 2 N.T.A 4 Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 23-002682		
	Charge Type: ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other					Special Notes	
DEFENDANT	Name (Last, First, Middle) CONNOLLY, HANNAH				Race W	Sex F	Date of Birth 08/03/1999
	Charge Description DISORDERLY INTOXICATION				Charge Description		
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA,				Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip) 605 SUWANNEE STREET, TALLAHASSEE, FL 32399				Phone (Area Code) (Number) (561) -		
CHARGES	Business Address (Name, Street) (City) (State) (Zip)				Occupation		
	<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>☒ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p>☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 24 day of February, 2023 at 03:34 (Specifically include facts constituting cause for arrest.)</p>						
PROBABLE CAUSE	<p>The following incident occurred in the City of Delray Beach, Florida, Palm Beach County. On February 24, 2023, I was dispatched to 601 Seagate Dr. in response to a burglary in progress. Kevin Kuechel (victim) who stated the following: while asleep in his residence, he was awakened by an unknown white female who had broken into his residence. The victim was crying and afraid because he lives alone and did not know who the unknown white female was. The white female had advised that the residence was her "friends" residence. The victim immediately contacted DBPD for assistance.</p>						
	<p>Upon arrival, officers made contact with a white male and white female who were identified as Hannah Connolly and John Stenson. They advised that they believed that they were at their friend's residence who actually lives at 511 Seagate Dr. and not 601 Seagate Dr.</p>						
	<p>While interacting with the two subjects it was apparent that they were under the influence of an unknown alcoholic beverage/s. During the investigation, they advised that they had been out drinking at the bars in downtown Delray Beach. While John was being cooperative in assisting with sorting out the misunderstanding, Connolly was being very uncooperative and disrespectful.</p>						
	<p>On numerous occasions, due to her being extremely under the influence of alcohol Connolly was unable to gauge the seriousness of her actions and was dismissive that she had just illegally entered into Kuechel's residence.</p>						
<p>Based on the facts stated above, Probable Cause exist to charge Hannah Connolly with disorderly intoxication pursuant to F.S.S. 101.36(E) (8). 856.011 TC</p>							
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div> LEON, OSCAR NOTARY PUBLIC / CLERK OF COURT / OFFICER (N.S. 117.10) 02/24/2023 DATE </div> <div> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GREEN, TRAVIS (1155) NAME OF OFFICER (PLEASE PRINT) 02/24/2023 DATE </div> </div>						
	<div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px;"> PAGE 1 OF 1 </div> </div>						
	<div style="display: flex; justify-content: space-between; font-weight: bold; font-size: 1.2em;"> COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. </div>						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.



**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: 2023005174	Date: 2/25/2023
	Specialist Name/ID: Pinkneya/7796