

0489855

3062

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias1 Juvenile
N

ADMINISTRATIVE	OBTS Number			Agency ORI Number			Agency Name			Agency Report Number (N.T.A.'s Only)		
	FLO 5 0 0 6 0 0			PALM BEACH POLICE DEPARTMENT			7 6 - 1 7 - 0 0 1 0 1 7 ()					
DEFENDANT	Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type:						Multiple Clearance Indicator		
										41K		
Location of Arrest (including Name of Business) 15 COUNTY RD, PALM BEACH, FL 33480 BREKERS HOTEL 15 County Rd Palm Beach 33480												
Date of Arrest 072017 0124 Time of Arrest Booking Date Booking Time Jail Date Jail Time Location of Vehicle												
Name (Last, First, Middle) CIOCCA, CYNTHIA, JANE Alias (Name, DOB, Soc. Sec. #, Etc.)												
Race W-White I-American Indian Sex M Date of Birth 082852 Height 5'0 Weight 154 Eye Color HAZ Hair Color GRY Complexion CL Build THIN Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												
Marital Status SINGLE Religion UNK Indication of: Y N Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>												
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone () 908 GUYSUTA LANE PITTSBURGH PA 15215 Phone 412298-9712 Address Source PA PL												
Business Name (Name, Street) (City) (State) (Zip) Phone () Occupation UNEMPLOYED												
D/L Number, State 15773892 / PA. Soc. Sec. Number [REDACTED]			INS Number			Place of Birth (City, State) BUFFALO, NY			Citizenship U.S			
Co-Defendant (Last, First, Middle) Race Sex Date of Birth <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> 5. Juvenile												
Co-Defendant (Last, First, Middle) Race Sex Date of Birth <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> 5. Juvenile												
Parent <input type="checkbox"/> Name (Last) (First) (Middle) Residence Phone () Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>												
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone ()												
Notified By: (Name) Date Time Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOTAL HOURS/DAYS 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: (Name) No (Reason)												
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property Value of Property										
Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other		Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			Drug Type B. Barbituate H. Hallucinogen P. Paraphamalia/ U. Unknown N. N/A C. Cocaine M. Marijuana O. Opium/Derv. Z. Other A. Amphetamine E. Heroin S. Synthetic			Violation of ORD #				
N. N/A B. Buy D. Deliver E. Use		Offense # 17-1017			Warrant/Capias Number			Bond 5,000.00				
Drug Activity Drug Type Amount/Unit		Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			Statute Violation Number			Violation of ORD #				
N N					5091151							
Drug Activity Drug Type Amount/Unit		Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			Statute Violation Number			Violation of ORD #				
N N												
Drug Activity Drug Type Amount/Unit		Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			Statute Violation Number			Violation of ORD #				
N N												
Drug Activity Drug Type Amount/Unit		Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			Statute Violation Number			Violation of ORD #				
N N												
Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number												
DEFRAUD INNKEEPER 1 Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number 5091151												
Warrant/Capias Number												
Violation of ORD #												
Bond 5,000.00												
Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number												
Warrant/Capias Number												
Violation of ORD #												
Bond												
Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number												
Warrant/Capias Number												
Violation of ORD #												
Bond												
Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number												
Warrant/Capias Number												
Violation of ORD #												
Bond												
Location (Court, Room Number, Address)												
Court Date and Time												
Month Day Year Time A.M. P.M.												
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.												
JUL 20 AM 8:29												
Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed												
2017 JUL 20												
Signature of Arresting Officer (PRINT) Name Verification (Printed by Arrestee)												
X <i>Carley</i> <i>Carley</i> SCANNED												
Witness here if subject signed with an 'X'												
JUL 20 2017												
PAGE 1 OF 1												
ADMIN HOLD for other agency												
Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <input type="checkbox"/>												
Intake Deputy I.D. # 8791 Pouch # Transporting Officer I.D. # <i>Carley 9228 PBPD</i>												
Witness here if subject signed with an 'X'												
JUL 20 2017												

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
D E M I N	Agency ORI Number FL 0500600	Agency Name PALM BEACH POLICE DEPARTMENT	Agency Report Number 7 6 17-001017			Special Notes: /			
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other					
D E F	Name (Last, First, Middle) CIOCCA, CYNTHIA JANE				Alias		Race W	Sex F	Date of Birth 08/28/1952
C H A R G E S	Charge Description 509.151 DEFRAUD INNKEEPER		Charge Description						
V I C T I M	Charge Description		Charge Description						
Victim's Name (Last, First, Middle)						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	
<p>The undersigned certifies and swears that he/she has just and resonable 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 checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>									
<p>On the <u>20</u> day of <u>July</u>, <u>2017</u> at <u>01:24</u> (Specifically include facts constituting cause for arrest.)</p>									
<p>On Tuessday July 20,,2017 at 0100 hours, I was dispatched to the Breakers Hotel, 1 South County Road, Palm Beach, FL 33480, in reference to a civil matter. Upon my arrival I met with victim M/H Rey Cabrera, DOB 03/26/1969, Head of Security at the Hotel. Cabrera advised me that a customer Cynthia J Ciocca W/F DOB 08/28/1952 had ordered items totaling \$1715.43 Ciocca did not have the means to pay for the items ordered.</p>									
<p>Ciocca had arrived at the breakers Hotel at approximately 2200 hours for dinner. Ciocca stated that she was meeting her daughter Alex G. Ciocca and her Future husband Michael Conville for dinner. Ciocca stated she ordered food and wine for them as well. Ciocca stated she waited for her Daughter, but she never arrived. I attempted to contact Alex Ciocca at (412) 298-9712. Her Daughter Alex Ciocca did not answer the phone. I also attempted to contact her future son in law Michael Conville at (561) 702-7892. Conville did not answer his phone either.</p>									
<p>Ciocca also tried to phone a friend Raul Bazzera who she states lives in her apartment at 1801 N. Flagler Dr. I called the Concierge at the Flagler Pointe Apartments, and asked if there was a Raul Bazzera residing at the location. The concierge informed me that there was no one at the Flagler Pointe Apartments under that name.</p>									
<p>Ciocca was informed that she needed to make payment for the items that she ordered. Ciocca stated that she did not have any credit cards or funds to pay. Ciocca stated that her daughter Alex had all of her credit cards.</p>									
<p>Since Ciocca did not have the means to pay for the items she had ordered, and knowingly did not have the funds to pay for the items she ordered, she was placed under arrest for F.S.S (509.151) felony for defrauding an innkeeper. Cabrera completed, signed and dated an Affidavit of Prosecution indicating a desire to prosecute Ciocca for defrauding an innkeeper of \$ 1715.43..</p>									
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <i>Billy 8917</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>Philly 9228</i> LANTRY, PATRICK (0292280) NAME OF OFFICER (PLEASE PRINT)				
	7/20/17		DATE	07/20/2017		DATE	PAGE 1 OF 1		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JUL 20 2017

JAIL

CRIME ANALYSIS

P. I. O. *PL*

SCANNED