

#0499388

18MM7416 #2618

5

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 18-009686
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	If Weapon Seized Enter Type: Hands/fist/feet/teeth
Location of Arrest (Including Name of Business) 32 SE 2ND AVE #112		Location of Offense (Business Name, Address) 32 SE 2ND AVE 112, DELRAY BEACH, FL 33444
Date of Arrest 06/28/2018	Time of Arrest 09:06	Booking Date 06/28/2018
Booking Time 09:16	Jail Date 06/28/2018	Jail Time 09:09
Name (Last, First, Middle) HECKING, DIRCK JOSEPH 2		
Alias: HECKING, DIRCK JOSEPH 2		
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 08/08/1973
Height 6'00	Weight 200	Eye Color BLUE
Hair Color BLOND OR	Complexion LIGHT	Build
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S
		Religion CHRISTIAN
Local Address (Street, Apt. Number) 3333 PORT ROYALE DR S 807, FORT LAUDERDALE, FL 33308		Phone (954) 498-6800
Permanent Address (Street, Apt. Number) 3333 PORT ROYALE DR S 807, FORT LAUDERDALE, FL 33308		Phone (954) 498-6800
Business Address (Name, Street) 3333 PORT ROYALE DR S 807, FORT LAUDERDALE, FL 33308		Phone (954) 498-6800
DL Number, State H25217032880 / FL	Soc. Sec. Number	INS Number
Place of Birth (City, State) ATLANTA, GA		Citizenship US
Co-Defendant Name (Last, First, Middle)	Race	Sex
Co-Defendant Name (Last, First, Middle)	Race	Sex
<input type="checkbox"/> Parent <input type="checkbox"/> Other: <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)	
Address (Street, Apt. Number)	(City)	(State) (Zip)
Notified by: (Name)	Date	Time
Released To: (Name)	Date	Time
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.		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Description of Property		
Value of Property		
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use
K. Dispense/Distribute	M. Manufacture/Producer/Cultivate	Z. Other
Drug Type N. N/A A. Anabolic	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.
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 #
Drug Activity N	Drug Type	Amount / Unit
Offense # 18-009686	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Capias Number	Bond	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Warrant / Capias Number	Bond	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Warrant / Capias Number	Bond	
Health / Apparent Physical Condition of Defendant		
Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Mutilation <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Explain:		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Caretaker <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> I.O.T. County Jail
Transported By	Date Transported	Time Transported
Released By	Released To	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input 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
Name Verification (Printed by Arresting Officer)		
(PRINT)		
PAGE 1 OF 1		

SCANNED JUN 29 2018

**DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT**

Palm Beach County

A D D I T I O N A L I N F O R M A T I O N	Date / Time 06/28/2018 09:10						
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 18-009686				
D U B I O U S	Name (Last, First, Middle) HECKING, DIRCK JOSEPH 2				Race W	Sex M	Date of Birth 08/08/1973
	Charge Description 784.03(1A1) SIMPLE BATTERY (DOMESTIC)						
V I C T I M	Victim's Name (Last, First, Middle) KONZELA, SHAR LYNN				Race W	Sex F	Date of Birth 05/27/1995
	Local Address (Street, Apt. Number) (City) (State) (Zip) 3856 SW HONEY TER, PALM CITY, FL 34990				Phone (786) 459-4812		Address Source
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation
Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> DEFENDANT'S STATEMENTS:			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			CRYING, SCARED				
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND/GIRFI							
PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/>							
911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: WITNESS 1							
WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: HANDS							
WITNESSES: <input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)							
INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/>							
MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/>							
AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:							
Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:							
ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:							
H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/>							
VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/>							
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:							
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/>							
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/>							
N A R R	The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.						
	On 06/28/2018 Officers responded to Worthing Place Apartments located at 32 SE 2nd Ave apt #112 in reference to a domestic disturbance. There I made contact with the victim in the front lobby of the apartment complex.						
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 <u>28</u> day of <u>June</u> , <u>2018</u> .							
_____ MOSCHETTE, MICHAEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)							

CERTIFIED COPY

**SCANNED
JUN 29 2018**

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 06/28/2018 09:10	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 18-009686
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Her face was very reddened and she was crying hysterically.

According to the caller/witness, Brandon Keefer, she was woken up to her friend, the victim Shar Kondzela and her boyfriend, the defendant, Dirck Hecking, arguing with each other. The witness stated that as time went on the argument escalated to the defendant throwing household items around and flipping a mattress over. A large TV was smashed on the floor in the living room. The victim explained to me that at one point, the defendant pinned her under the mattress and held her there. The victim broke free and locked herself in the bathroom until the defendant broke into the bathroom. Once inside the bathroom the witness observed the defendant standing over the victim who was in the fetal position. The defendant was punching the victim in the back of the head multiple times with a closed fist while the victim was crying for help. The witness ran out of the apartment and called 911.

Based on the above facts, Probable Cause Exists to charge the Defendant, Dirck Hecking, with Simple Battery-Domestic per FSS 784.03(1A1).

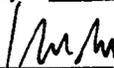
STATE OF FLORIDA
COUNTY OF PALM BEACH

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 28 day of June, 2018.



MOSCHETTE, MICHAEL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

SCANNED

JUN 29 2018

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

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

1. Incident Report #: 18009686 Agency: DBPD
 Offense: DOMESTIC BATTERY
 Suspect/Offender: Dirck Hecking
 D.O.B. 8/8/73 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Shae Kondzela
 Address: 32 SE 2nd Ave
 City: DB State: FL Zip: 33444
 Home #: 776 459 4812 Work #: 305 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: Brandon Keefe
 Address: 32 SE 2nd Ave
 City: DB State: FL Zip: 33444
 Home #: 305 927 3078 Work #: _____ Other: _____

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

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

SCANNED

JUN 29 2018

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

Officer's Name: Burbane I.D.: 917 Date: 6/28/18

SUSPECT/OFFENDER: Hecking, Dirck
 COURT CASE/WARRANT #: _____
 (FOR WARRANTS USE ONLY)



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"/>	(vii) 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018021463	Date: 6/28/2018
	Specialist Name/ID: A.Bansee 9202

SCANNED
JUN 29 2018