

JKT # 0484963 17mm 12/92

PLH 3427

ARREST / NOTICE TO APPEAR

ARREST / NOTICE TO APPEAR												1	JUVENILE												
A D M I N I S T R A T I O N	OBTS Number		Agency Report Number (N.T.A.'s only)																						
	Agency ORI Number		Agency Name																						
	0500800		West Palm Beach Police Department																						
	Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony			<input checked="" type="checkbox"/> 3. Misdemeanor			<input type="checkbox"/> 5. Ordinance			If Weapon Seized													
			<input type="checkbox"/> 2. Traffic Felony			<input type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 6. Other			Enter Type Hands/feet/teeth													
	Location of Arrest (Including Name of Business)												Location of Offense (Business Name, Address)												
	1227 THE POINTE DR												1227 THE POINTE DR, WEST PALM BEACH, FL 33407												
	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle												
	02/01/2017		01:02																						
	Name (Last, First, Middle)												Alias (Name, DOB, Soc. Sec. #, Etc.)												
PACHECO, KAISHLA												Alias:													
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build									
W - White I - American Indian B - Black O - Oriental/Asian		W F		04/24/1991		5'04		120		BROWN		BROWN		LIGHT											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk									
S				S																					
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone						Residence Type:											
1227 THE POINTE DR, WEST PALM BEACH, FL 33409								(561) 260-9611						1. City 3. Florida 2. County 4. Out of State		1									
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone						Address Source											
1227 THE POINTE DR, WEST PALM BEACH, FL 33409								(561) 260-9611						VERBAL											
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone						Occupation											
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)				Citizenship															
P220500916440 / FL						PALM BEACH				US															
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
No Bond																		Residence Phone							
Name (Last, First, Middle)																									
Address (Street, Apt. Number)												(City)		(State)		(Zip)		Business Phone							
Notified by: (Name)												Date		Time		TYPE		DISPOSITION							
Released To: (Name)												Relationship		Date		Time		1. Handled/Processed within Department and Released		2. TOT JAC 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.																School Attended				Grade					
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:																Property Crime?		Description of Property		Value of Property					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
C O D E		Drug Activity N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses Distribute Produce/Cultivate		M. Manufacture /		/		V. Other		Drug Type 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	
C H A R G E		Charge Description BATTERY - BATTERY (SIMPLE) (DOMESTIC)												Statute Violation Number		Violation of ORD #									
C H A R G E		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant Capias Number		784.03(1)(a)		Bond							
C H A R G E		Charge Description												Statute Violation Number		Violation of ORD #									
C H A R G E		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant Capias Number				Bond							
C H A R G E		Charge Description												Statute Violation Number		Violation of ORD #									
C H A R G E		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant Capias Number				Bond							
I N T A K T		Health / Apparent Physical Condition of Defendant												Any knowledge of the following: Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:											
I N T A K T		Check which applies: <input type="checkbox"/> Released O.K. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												PROPERTY - Received By		Released By									
E		Transported By												Date Transported		Time Transported		Other							
N O T I C T E T O A P P E A R		<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)		Court Date and Time									
N O T I C T E T O A P P E A R		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																							
A D M I N I S T R A T I O N		Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed											
A D M I N I S T R A T I O N		HOLD for Other Agency				Signature of Arresting Officer				1943				Name Verification (Printed by Arrestee)											
A D M I N I S T R A T I O N		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print)				I.D. # 01943				(PRINT)											
A D M I N I S T R A T I O N		Intake Deputy		ID #		Pouch #		Transporting Officer		ID. #		Agency													
A D M I N I S T R A T I O N		Cpl. Hardemon		4716				1943		WPBPD						PAGE 1 OF 1									
																		Witness here if subject signed with an "X".							

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

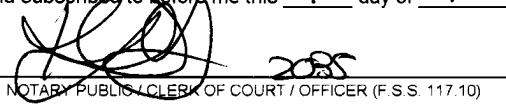
Steck

FEB 1 AM 2:17

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

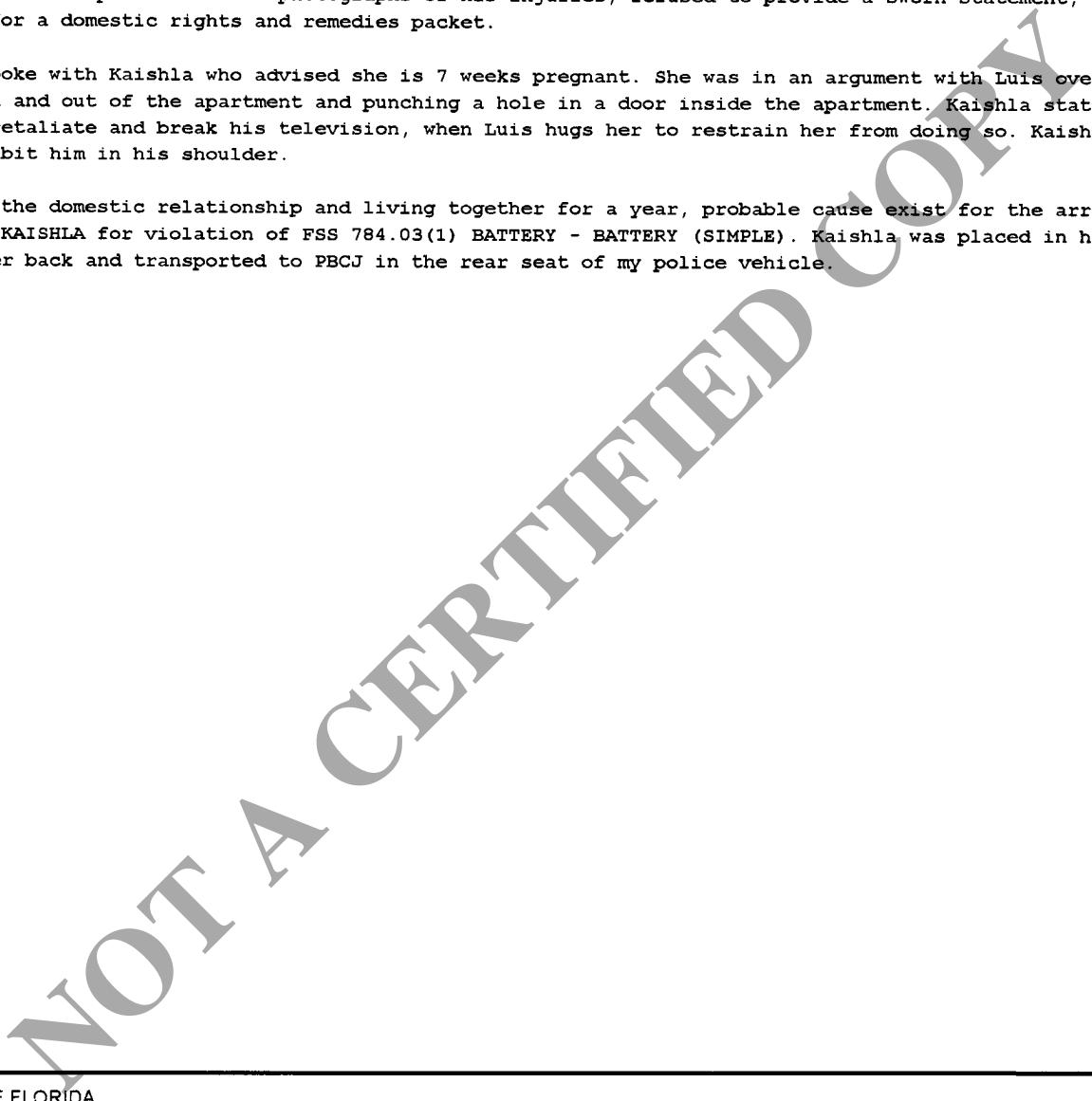
A	Date / Time 02/01/2017 01:02	AFFIDAVIT																																																		
D	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2017-0002075																																																	
M	Name (Last, First, Middle) PACHECO, KAISHLA	Alias	Race W	Sex F Date of Birth 04/24/1991																																																
I	Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)																																																			
C	Victim's Name (Last, First, Middle) PEREZ, JUAN	Race W	Sex M	Date of Birth 02/14/1991																																																
T	Local Address (Street, Apt. Number) 1227 THE POINTE DR, WEST PALM BEACH, FL 33407	(City)	(State)	(Zip)																																																
I			Phone	Address Source VERBAL																																																
M	Business Address (Name, Street)	(City)	(State)	(Zip)																																																
	Phone	Occupation																																																		
<table border="1"> <tr> <td>DEFENDANT'S STATEMENTS:</td> <td><input type="checkbox"/> Written</td> <td><input type="checkbox"/> Taped</td> <td><input checked="" type="checkbox"/> Oral</td> <td>OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):</td> </tr> <tr> <td>VICTIM'S STATEMENTS:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NORMAL</td> </tr> </table>					DEFENDANT'S STATEMENTS:	<input type="checkbox"/> Written	<input type="checkbox"/> Taped	<input checked="" type="checkbox"/> Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):	VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NORMAL																																						
DEFENDANT'S STATEMENTS:	<input type="checkbox"/> Written	<input type="checkbox"/> Taped	<input checked="" type="checkbox"/> Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):																																																
VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NORMAL																																																
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY/GIRL FRIEND																																																				
<table border="1"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> </tr> <tr> <td>Victim:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/> CALLER: OFFENDER</td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> TYPE:</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>AT:</td> <td>Scene: <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> PARAMEDICS:</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</td> </tr> <tr> <td colspan="3">ACT COMMITTED IN PRESENCE</td> </tr> <tr> <td colspan="3">OF MINOR(S): <input type="checkbox"/> NAMES/AGES:</td> </tr> <tr> <td colspan="3">H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="3">VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="3">VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:</td> </tr> <tr> <td colspan="3">PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="3">ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> </table>					PHOTOGRAPHS:	Scene: <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/> CALLER: OFFENDER	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/> TYPE:	WITNESSES:	<input type="checkbox"/>	<input checked="" 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"/> 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"/>		
PHOTOGRAPHS:	Scene: <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO																																																		
Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																		
911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/> CALLER: OFFENDER																																																		
WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/> TYPE:																																																		
WITNESSES:	<input type="checkbox"/>	<input checked="" 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"/> 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	On Wednesday 2/1/2017 at approximately 0042 hrs, I responded to 1227 The Pointe Dr (Paradise Cove Apartments) in reference to an unwelcome guest at the apartment. Upon my arrival, I activated my BWC and spoke with the parties involved.																																																			
A	STATE OF FLORIDA COUNTY OF PALM BEACH																																																			
R	Appeared before me, <u>✓</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.																																																			
R	 SIGNATURE OF ARRESTING OFFICER																																																			
Sworn to and subscribed to before me this <u>1</u> day of <u>Feb</u> , <u>2017</u>																																																				
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																				

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 02/01/2017 01:02	Agency Name WEST PALM BEACH POLICE	
N A R R A T I V E	Agency ORI Number FL 0500800	Agency Report Number 9 4 2017-0002075	
<p>I spoke with the male PEREZ, LUIS who advised he is the 911 caller's boyfriend and has been living in the apartment with her for approximately one year. Luis stated a verbal argument started over him coming in and out of the apartment throughout the night. Luis advised the argument escalated when his girlfriend PACHECO, KAISHLA was in the living room attempting to break his television. Luis then "bear hugged" Kaishla to restrain her from breaking the television, when Kaishla bit him on his left shoulder leaving a bite impression. Luis refused to allow police to take photographs of his injuries, refused to provide a sworn statement, and refused to sign for a domestic rights and remedies packet.</p> <p>I then spoke with Kaishla who advised she is 7 weeks pregnant. She was in an argument with Luis over him coming in and out of the apartment and punching a hole in a door inside the apartment. Kaishla states she then goes to retaliate and break his television, when Luis hugs her to restrain her from doing so. Kaishla stated she then bit him in his shoulder.</p> <p>Based on the domestic relationship and living together for a year, probable cause exist for the arrest of PACHECO, KAISHLA for violation of FSS 784.03(1) BATTERY - BATTERY (SIMPLE). Kaishla was placed in handcuffs behind her back and transported to PBCJ in the rear seat of my police vehicle.</p>			
			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, <u>N</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><u>3/1/1943</u> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>1</u> day of <u>Feb</u>, <u>2017</u></p> <p><u>3/1/2017</u> _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S 117.10)</p>			