

JKT # 0484963 17mm1292

PLH 3427

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 - 4 2017-0002075	
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/feet/teeth		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 1227 THE POINTE DR			Location of Offense (Business Name, Address) 1227 THE POINTE DR, WEST PALM BEACH, FL 33407			
Date of Arrest 02/01/2017	Time of Arrest 01:02	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) PACHECO, KAISHLA			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 04/24/1991	Height 5'04	Weight 120	Eye Color BROWN	Hair Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1227 THE POINTE DR, WEST PALM BEACH, FL 33409			(City) (State) (Zip)		Phone (561) 260-9611	
Permanent Address (Street, Apt. Number) 1227 THE POINTE DR, WEST PALM BEACH, FL 33409			(City) (State) (Zip)		Phone (561) 260-9611	
Business Address (Name, Street) P220500916440 / FL			(City) (State) (Zip)		Phone (561) 260-9611	
D/L Number, State P220500916440 / FL			Soc. Sec. Number [REDACTED]		INS Number	
Co-Defendant Name (Last, First, Middle)			Race		Sex	
Co-Defendant Name (Last, First, Middle)			Race		Sex	
Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian <input type="checkbox"/>			Name (Last, First, Middle)		Residence Phone	
Address (Street, Apt. Number)			(City) (State) (Zip)		Business Phone	
Notified by: (Name)			Date		Time	
Released To: (Name)			Relationship		Date	
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	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property		Value of Property	
Drug Activity S. Sell B. Buy P. Possess			S. Smuggle D. Deliver E. Use		K. Disperse Distribute	
M. Manufacture Produce/ Cultivate			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 BATTERY - BATTERY (SIMPLE) (DOMESTIC)		Statute Violation Number 784.03(1A)	
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	
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"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond			Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	
Transported By			Date Transported		Time Transported	
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	
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 1943		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) STERK, NEIL		(PRINT)	
Intake Deputy Cpl. Hardeman			ID # 01943		PAGE 1 OF 1	
Pouch #			Transporting Officer 1943 WPBPD		Agency	
Witness here if subject signed with an "X".						

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

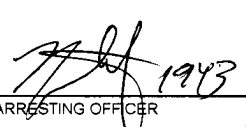
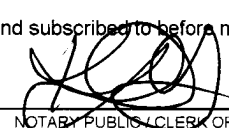
Stern

FEB 1 AM 2:17

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 02/01/2017 01:02	Agency OR# Number FL 0500800		Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2017-0002075																																																																																										
	Name (Last, First, Middle) PACHECO, KAISHLA	Alias	Race W	Sex F	Date of Birth 04/24/1991																																																																																										
C R I M E	Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)																																																																																														
V I C T I M	Victim's Name (Last, First, Middle) PEREZ, JUAN			Race W	Sex M	Date of Birth 02/14/1991																																																																																									
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1227 THE POINTE DR, WEST PALM BEACH, FL 33407			Phone (561) 267-3188		Address Source VERBAL																																																																																									
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation																																																																																									
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): NORMAL																																																																																											
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>																																																																																														
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY/GIRL FRIEND																																																																																														
	<table border="0"><tr><td>PHOTOGRAPHS:</td><td>Scene:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>YES</td><td>NO</td></tr><tr><td></td><td>Victim:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr><tr><td></td><td>911 CALL:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>CALLER:</td><td>OFFENDER</td></tr><tr><td></td><td>WEAPON USED:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>TYPE:</td><td></td></tr><tr><td></td><td>WITNESSES:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>(If YES, attach witness list)</td><td></td></tr><tr><td></td><td>INJURIES:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td></tr><tr><td></td><td>MEDICAL TREATMENT:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr><tr><td></td><td>AT: Scene:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>PARAMEDICS:</td><td></td></tr><tr><td></td><td>Hospital:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>PHYSICIAN(S) / HOSPITAL:</td><td></td></tr><tr><td></td><td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>NAMES/AGES:</td><td></td></tr><tr><td></td><td>H. R. S. NOTIFIED:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr><tr><td></td><td>VICTIM PREGNANT:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr><tr><td></td><td>VIOLATION OF RESTRAINING ORDER:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>CASE #:</td><td></td></tr><tr><td></td><td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr><tr><td></td><td>ALCOHOL OR DRUGS INVOLVED:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr></table>						PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES	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"/>	<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"/>	
PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES	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"/>	<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	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.																																																																																														
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>X</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. <div style="text-align: center;"> 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)</div>																																																																																															

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

