

2138

0500289

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. NTA	3. Request for Warrant 4. Request for Capias	1	Juvenile	N		
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-18-039434						
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 N/A		Multiple Clearance Indicator 1		
Location of Arrest (Including Name of Business) 1499 South Federal Highway Apt 446 Boynton Beach, FL 33435					Location of Offense (Business Name, Address) 1499 South Federal Highway Apt 446 Boynton Beach, FL						
Date of Arrest 07/31/2018	Time of Arrest 21:46	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Bocchicchio, Michael Paul											
Aliases (Name, DOB, Soc. Sec #, Etc)											
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 06/21/1978	Height 600	Weight 215	Eye Color Bro	Hair Color Bro	Complexion Light	Build Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							Martial Status S	Religion N/A	Indication of Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt Number) 1499 South Federal Highway Apt 446 Boynton Beach, FL 33435					(City)	(State)	(Zip)	Phone (908)907-1928	Residence Type 1. City 3. Florida 2. County 4. Out of State 1		
Permanent Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone	Address Source Defendant		
Business Address (Street, Apt Number)					(City)	(State)	(Zip)	Phone	Occupation Medical Administrator		
Dt. Number, State B220-555-78-221-0		Soc. Sec. Number		INS Number		Place of Birth Staten Island, NY		Citizenship USA			
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				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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 Dept and Released 2. TOT HRS/DYS 3. Incarcerated					
Released To (Name)				Relationship		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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By (Name) <input type="checkbox"/> No (Reason)						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input 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/ Production/ Cultivate	Z. Other	Drug Type N N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description Simple Battery		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03.1A1		Violation of ORD#			
Drug Activity N		Drug Type N		Amount/Unit N		Offense # 18-039434		Warrant/Capias Number		NONE	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
<input 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 instruction on reverse side			Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444								
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.			Court Date and Time Month _____ Day _____ Year _____ Time _____		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.						
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed					
HOLD for other Agency Name		Signature of Arresting Officer Orc Acosta, Jonathan		Name Verification (Printed by Applicant) BU# 111679		ID # 975		Page 1 OF 1			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Subodal <input type="checkbox"/> Other		Intake Deputy AS Thompson		Pouch #		Transporting Officer Jennings		ID # 1000		Agency BBPD	

Jennings 1006

AUG 1 11 41 AM '18
 AUG 6 11 41 AM '18
 AUG 14 12:33

**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**

On the 31st day of July 2018 at 21:03 hours
Subject: Bocchicchio, Michael Paul DOB: 06/21/1978 Case #: 18-039434
Charge Description: Simple Battery Statute #: 784.03.1A1
Victim: Monica Mackey DOB: 01/21/1969 Race: W Sex: F
Local Address: 1499 S Federal Highway Apt 446 Boynton Beach, FL, 33435
Personal Contact: 954-440-8713

Narrative:

In the State of Florida, County of Palm Beach, City of Boynton Beach, I, Officer Acosta, responded to 1499 South Federal Highway in reference to a disturbance.

Upon arrival, I made contact with white female, Monica Mackey who advised that she resides at this location and has been in a intimate relationship with white male, Michael Bocchicchio for the last 5 years. Mackey advised that on this evening she attempted to gather her personal belongings from the residence due to her ending the relationship between her and Bocchicchio. Mackey stated that Bocchicchio was upset with her as he sat on the living room couch; However, it was not until she began to gather some items in the kitchen that Bocchicchio engaged her in a verbal argument. Mackey advised that Bocchicchio got close to her and feared that the argument would become physical. Bocchicchio then tightly grabbed Mackey's left upper arm causing it to bruise. Mackey attempted to push Bocchicchio off of her in an attempt to make space between both parties but Bocchicchio retaliated by pushing her with full force causing her to launch herself against the kitchen counter and cabinet. I observed on Mackey's left lower back some redness and bruising. Mackey also stated that due to being pushed by Bocchicchio she fell on the tiled ground causing her to sustain a small hematoma on her right knee. Mackey advised that she then contacted the police for assistance. While on scene Mackey refused any medical attention but photographs were taken of all injuries. Mackey was also issued a domestic violence pamphlet, victims right brochure and she signed an exemption to public record form.

I then made contact with Bocchicchio on the residence balcony. Bocchicchio advised that he has been dating Mackey on and off for about 5 years. Bocchicchio stated that it is normal for both parties to argue constantly but have never became physical with each other. Bocchicchio denied causing the bruising on Mackey's left upper arm. Bocchicchio advised that Mackey Bruises easily and she has had that bruise for several days. Bocchicchio appeared to be emotional as he spoke to me and advised that he only pushed Mackey due to her pushing him first, Bocchicchio stated that it was a reaction and not intentional. Bocchicchio was unaware of Mackey's injuries and continued to advise that he would not hurt Mackey. No injuries were observed on Bocchicchio but was photographed for documentation purposes. As I interviewed Bocchicchio, Mackey collected her remaining items and left the residence with out further issue. Mackey advised that she will reside with a friend this evening.

Based on the giving facts, Michael Bocchicchio was placed under arrest for one count of Domestic Simple Battery pursuant F.S.S. 784.03.1A1. Bocchicchio was transported to BBPD for processing. Bocchicchio later transported and lodged at PBCJ.

Defendant's Statement: Oral Victim's Statement: Oral

Observation Of Victim (Physical and Emotional):

Mackey was observed to be emotional but cooperated with all questions asked by officers. Mackey showed

Relationship Between Victim and Suspect:

Mackey and Bocchicchio have been dating living together for 5 years.

Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: Monica Mackey
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

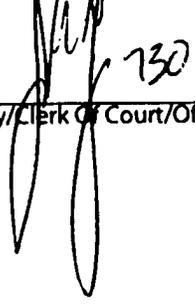
Victim Contact Information:

Phone Home: 954-440-8713 Work: _____
 Employer: _____
 Relative Name: _____ Phone: _____
 Address: _____
 City/State: _____

State Of Florida
 County Of Palm Beach
 Appeared before me, Ofc Acosta, Jonathan (print name) 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 me before this 31st day of July, 2018


 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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. 784.084)**
- **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 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 #: 18-039434 Agency: Boynton Beach Police Department
Offense: Simple Battery
Suspect/Offender: Bocchicchio, Michael Paul
DOB: 06/21/1978 Race: W Sex: M

2. Warrant # (s): _____

3. Complete one (1) of the following:
 - A. Victim's Name: Monica Mackey
Address: 1499 S Federal Highway Apt 446
City: Boynton Beach State: FL Zip: 33435
Home #: 954-440-8713 Work #: _____ 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: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ 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.

Signature of Victim: _____

Printed Name of Victim: Monica Mackey

Officer's Name: Ofc Acosta, Jonathan I.D.# _____ Date: 07/31/2018

SUSPECT/OFFENDER:

Bocchicchio, Michael Paul

COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)



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	<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"/>	(viii) 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: 2018025461	Date: 8/1/2018
	Specialist Name/ID: M.Williams/6480