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OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	Juvenile	N	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number (N.T.A.'s only) <b>06- 21-025365</b>					
Charge Type: Check as many as apply. <input 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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01		
Location of Arrest (Including Name of Business) <b>9795 GLADES ROAD, BOCA RATON FL 33434</b>					Location of Offense (Business Name, Address) <b>9795 GLADES ROAD, BOCA RATON FL 33434</b>					
Date of Arrest <b>01/14/2021</b>	Time of Arrest <b>11:30</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>Dicorrado, Cindy, Falco</b>					Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth <b>9/17/1958</b>	Height <b>5'02</b>	Weight <b>100</b>	Eye Color <b>BLUE</b>	Hair Color <b>BRN</b>	Complexion <b>TAN</b>	Build <b>LIGHT</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>UNK</b>	Religion <b>UNK</b>	Indication of Alcohol Influence Drug Influence Y N <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>316 Nw 1st Ave, Boynton Beach, FL 33435</b>		(City)	(State)	(Zip)	Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source <b>FL-DL</b>			
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation <b>UNK</b>			
DL Number, State <b>D263106588370, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>FL</b>		Citizenship <b>Y</b>		
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent Legal Custodian Name (Last)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone Business Phone			
Notified by: (Name)		Date	Time	Juvenile Disposition Handled/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated				
Released To: (Name)		Relationship		Date	Time					
The above address provided by <input type="checkbox"/> defendant <input type="checkbox"/> defendant's parents <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the juvenile court clerk (Phone 385-2528) 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 S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Opiv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>TRESPASSING AFTER WARNIG</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>810.09(2)(B)</b>		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond				
N/A	N/A		<b>21-025365</b>							
Charge Description <b>RESISTING WITHOUT VIOLENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>843.02</b>		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond				
Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 352-2996</b>										
Court Date and Time Month <b>FEB</b> Day <b>THUR 18TH</b> Year <b>2021</b> Time <b>8:00</b>										
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 <b>01/14/2021</b>					
HOLD for other Agency Name:		Signature of Arresting Officer			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S R. ORAGENE</b>			(PRINT)					
I.D. #		Pouch #			I.D. # <b>7160</b>		Agency <b>PBSO</b>			PAGE <b>1 OF 1</b>
I.D. #		Transporting Officer <b>R. MASS</b>			Witness here if subject signed with an "X"					

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY (N.T.A.'s ONLY)

SCANNED  
JAN 15 2021

<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capture	1	Juvenile N
OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-025365</b>
ADMIN	Charge Type: Check as many as apply.		Special Notes:		
	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance		
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other		
DEF	Name (Last, First, Middle) <b>Dicorrado, Cindy, Falco</b>		Alias	Race W	Sex F
					Date of Birth 9/17/1958
CHARGES	Charge Description <b>TRESPASSING AFTER WARNIG</b>	<b>810.09(2)(B)</b>	Charge Description <b>RESISTING WITHOUT VIOLENCE</b>	<b>843.02</b>	
	Victim's Name (Last, First, Middle) <b>Einstein Bagel, Einstein Bagel,</b>		Race	Sex	Date of Birth
VICTIM	Local Address (Street, Apt. Number) <b>9795 Glades road, Boca Raton FL 33434</b>		(City)	(State)	(zip)
	Business Address (Name, Street)		(City)	(State)	(zip)
	Phone <b>( 561 ) 477-0667</b>		Address Source		
	Phone		Occupation		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. 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 _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>14th</u> day of <u>January</u> 20<u>21</u> at <u>1114</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 1/14/2021 at approximately 11:14 hours, I was dispatch to Einstein Bagel located at 9795 Glades Road in unincorporated Boca Raton FL, in reference to trespassing. Complainant Ann Marie Campian who is the manager at Einstein Bagel told Palm Beach County Sheriff Office dispatch, that a white female customer is in the store causing a disturbance because she was asked to wear a mask and refused to leave the store after several requests. Upon arrival, I met with the store manager Anne Marie Campian outside the store, she told me the female was still in the store causing a scene and she wants her removed. I entered the store I noticed the white female who was later identified through her Florida Driver's license as Cindy Falco Dicorrado standing in front of the counter screaming loudly at customers and employees saying "you are violating my rights" " you are violating the constitutions" " I am not leaving that's discrimination" I approached defendant Cindy Falco Dicorrado and I calmly asked her to step out of the store so I can speak to her, at that point defendant Cindy Falco Dicorrado told me that she was not going outside and she is not wearing a mask because that's her right to refuse to wear a mask, she then proceeded quote Constitution codes and discrimination statutes. I explained to Cindy Falco Dicorrado that the store manager wanted her out of the store if she wasn't going to comply at that point she continues to scream at me and told a younger black female to record the interaction, after several attempts to speak with Cindy Falco Dicorrado failed. Einstein Bagel manager Ann Marie Campian in my presence asked defendant Cindy Falco Dicorrado to leave the store and that she is trespassing. I told defendant Cindy Falco Dicorrado she has to leave or she will be arrested for trespassing. Defendant Cindy Falco Dicorrado told me no she's not leaving that I am violating her rights, at that point with my left hand I grabbed her gently by her left wrist, she pulled back and refused to obey my verbal command to stop resisting. D/S Moss Came on the scene grabbed her other arm and assisted me in escorting her out and handcuffs her. Based on my investigation it was determined an act of trespassing after warning was committed per fss 810.09(2)(B) and resisting without violence per fss 843.02.</b></p>					
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> <b>D/S R. ORAGENE 7760</b></p> <p>(Signature of Arresting Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>14th</u> day of <u>January</u> 20<u>21</u> by <u>R. Oragene</u></p> <p>(Print Name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>R. oragene</u></p> <p><i>[Signature]</i> <u>9195 K. Moss</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>				
ADMINISTRATIVE	<p style="text-align: right;">PAGE <u>1</u> OF <u>1</u></p>				



**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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021001123	Date: 01/15/2021
	Specialist Name/ID: T Howard/7185