

# 22042595 ARREST / NOTICE TO APPEAR

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

1

JUVENILE

|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| OBTS Number                                                                                                                                                                                                                                                                                                           | 0500400                                                                                     |                     | Delray Beach Police Department                                                                        |                                                                                                                                                                                                                                                           | Agency Report Number (N.T.A.'s only)                                       | 4, 0                                               | 22-004284                                      |
| Charge Type                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |                     | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |                                                                                                                                                                                                                                                           | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                                                    | If Weapon Seized<br>Enter Type: <b>UNARMED</b> |
| Location of Arrest (Including Name of Business)                                                                                                                                                                                                                                                                       | 29 SE 2ND AVE, DELRAY BEACH, FL                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           | 29 SE 2ND AVE, DELRAY BEACH, FL 33444                                      |                                                    |                                                |
| Date of Arrest                                                                                                                                                                                                                                                                                                        | 04/02/2022                                                                                  | Time of Arrest      | 02:52                                                                                                 | Booking Date                                                                                                                                                                                                                                              | 04/02/2022                                                                 | Booking Time                                       | 03:02                                          |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                            |                                                                                             |                     |                                                                                                       | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                      |                                                                            |                                                    |                                                |
| NOWICKI, ANDREW THOMAS 3                                                                                                                                                                                                                                                                                              |                                                                                             |                     |                                                                                                       | Alias:                                                                                                                                                                                                                                                    |                                                                            |                                                    |                                                |
| Race                                                                                                                                                                                                                                                                                                                  | W - White                                                                                   | 1 - American Indian | W                                                                                                     | M                                                                                                                                                                                                                                                         | 11/08/1990                                                                 | 5'08                                               | 200                                            |
| B - Black                                                                                                                                                                                                                                                                                                             | O - Oriental/Asian                                                                          |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| Sex                                                                                                                                                                                                                                                                                                                   |                                                                                             |                     |                                                                                                       | Marital Status                                                                                                                                                                                                                                            | Religion                                                                   | Complexion                                         | Build                                          |
| M                                                                                                                                                                                                                                                                                                                     |                                                                                             |                     |                                                                                                       | S                                                                                                                                                                                                                                                         | NOT INDICA                                                                 | FAIR                                               | MEDIUM                                         |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                         |                                                                                             |                     |                                                                                                       | Indication of:<br>Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/><br>Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> |                                                                            |                                                    |                                                |
| Local Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                   |                                                                                             |                     |                                                                                                       | (City)                                                                                                                                                                                                                                                    |                                                                            | (State)                                            | (Zip)                                          |
| 1306 WILD DAISY LN, WEST PALM BEACH, FL 33415                                                                                                                                                                                                                                                                         |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                               |                                                                                             |                     |                                                                                                       | (City)                                                                                                                                                                                                                                                    |                                                                            | (State)                                            | (Zip)                                          |
| 1306 WILD DAISY LN, WEST PALM BEACH, FL 33415                                                                                                                                                                                                                                                                         |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| Business Address (Name, Street)                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       | (City)                                                                                                                                                                                                                                                    |                                                                            | (State)                                            | (Zip)                                          |
|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| D/L Number, State                                                                                                                                                                                                                                                                                                     |                                                                                             | Soc. Sec. Number    |                                                                                                       | INS Number                                                                                                                                                                                                                                                |                                                                            | Place of Birth (City, State)                       |                                                |
| N200018904080 / FL                                                                                                                                                                                                                                                                                                    |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            | STUART, FL, United                                 |                                                |
| Citizenship                                                                                                                                                                                                                                                                                                           |                                                                                             | Date of Birth       |                                                                                                       | Sex                                                                                                                                                                                                                                                       |                                                                            | Race                                               |                                                |
|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                               |                                                                                             | Date of Birth       |                                                                                                       | Sex                                                                                                                                                                                                                                                       |                                                                            | Race                                               |                                                |
|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                               |                                                                                             | Date of Birth       |                                                                                                       | Sex                                                                                                                                                                                                                                                       |                                                                            | Race                                               |                                                |
|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other<br><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                                               |                                                |
|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| Relationship                                                                                                                                                                                                                                                                                                          |                                                                                             |                     |                                                                                                       | Date                                                                                                                                                                                                                                                      |                                                                            | Time                                               |                                                |
|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(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                            |                                                |
|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                       |                                                                            |                                                    |                                                |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                 |                                                                                             |                     |                                                                                                       | S. Sell<br>B. Buy<br>T. Traffic                                                                                                                                                                                                                           |                                                                            | R. Smuggle<br>D. Deliver<br>E. Use                 |                                                |
| K. Disperse/<br>Distribute                                                                                                                                                                                                                                                                                            |                                                                                             |                     |                                                                                                       | M. Manufacture/<br>Produce/<br>Cultivate                                                                                                                                                                                                                  |                                                                            | Z. Other                                           |                                                |
| Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                                                                                                                                                 |                                                                                             |                     |                                                                                                       | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                                                                                                                                                                 |                                                                            | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. |                                                |
| P. Paraphernalia/<br>Equipment<br>S. Synthetic                                                                                                                                                                                                                                                                        |                                                                                             |                     |                                                                                                       | U. Unknown<br>Z. Other                                                                                                                                                                                                                                    |                                                                            |                                                    |                                                |
| Charge Description                                                                                                                                                                                                                                                                                                    |                                                                                             |                     |                                                                                                       | Statute Violation Number                                                                                                                                                                                                                                  |                                                                            | Violation of ORD #                                 |                                                |
| BATTERY ON OFFICER, FIREFIGHTER, EMT ETC                                                                                                                                                                                                                                                                              |                                                                                             |                     |                                                                                                       | 784.07(2B)                                                                                                                                                                                                                                                |                                                                            |                                                    |                                                |
| Drug Activity<br>N. N/A<br>Amount / Unit<br>/                                                                                                                                                                                                                                                                         |                                                                                             |                     |                                                                                                       | Offense #<br>1                                                                                                                                                                                                                                            |                                                                            | Counts<br>1                                        |                                                |
| Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                 |                                                                                             |                     |                                                                                                       | Warrant / Capias Number                                                                                                                                                                                                                                   |                                                                            | Bond                                               |                                                |
| Charge Description                                                                                                                                                                                                                                                                                                    |                                                                                             |                     |                                                                                                       | Statute Violation Number                                                                                                                                                                                                                                  |                                                                            | Violation of ORD #                                 |                                                |
| RESIST/OBSTRUCT OFFICER W/O VIOLENCE                                                                                                                                                                                                                                                                                  |                                                                                             |                     |                                                                                                       | 843.02                                                                                                                                                                                                                                                    |                                                                            |                                                    |                                                |
| Drug Activity<br>N. N/A<br>Amount / Unit<br>/                                                                                                                                                                                                                                                                         |                                                                                             |                     |                                                                                                       | Offense #<br>1                                                                                                                                                                                                                                            |                                                                            | Counts<br>1                                        |                                                |
| Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                 |                                                                                             |                     |                                                                                                       | Warrant / Capias Number                                                                                                                                                                                                                                   |                                                                            | Bond                                               |                                                |
| Charge Description                                                                                                                                                                                                                                                                                                    |                                                                                             |                     |                                                                                                       | Statute Violation Number                                                                                                                                                                                                                                  |                                                                            | Violation of ORD #                                 |                                                |
|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| Drug Activity<br>N. N/A<br>Amount / Unit<br>/                                                                                                                                                                                                                                                                         |                                                                                             |                     |                                                                                                       | Offense #<br>1                                                                                                                                                                                                                                            |                                                                            | Counts<br>1                                        |                                                |
| Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                 |                                                                                             |                     |                                                                                                       | 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"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail<br><input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health                                                              |                                                                                             |                     |                                                                                                       | PROPERTY - Received By<br>Released By<br>Released To                                                                                                                                                                                                      |                                                                            |                                                    |                                                |
| Transported By                                                                                                                                                                                                                                                                                                        |                                                                                             |                     |                                                                                                       | Date Transported                                                                                                                                                                                                                                          |                                                                            | Time Transported                                   |                                                |
|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| <input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.                                                                                                    |                                                                                             |                     |                                                                                                       | Location (Court, Room)<br>South County 200 W Atlantic Ave Delray Beach, FL 33444<br>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<br>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<br>FOR MY ARREST SHALL BE ISSUED. |                                                                                             |                     |                                                                                                       | No<br>Photo<br>Available                                                                                                                                                                                                                                  |                                                                            |                                                    |                                                |
| Signature of Defendant (or Juvenile and Parent/Custodian)                                                                                                                                                                                                                                                             |                                                                                             |                     |                                                                                                       | Date Signed                                                                                                                                                                                                                                               |                                                                            |                                                    |                                                |
|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |
| HOLD for Other Agency<br><input type="checkbox"/> Dangerous <input type="checkbox"/> Related Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other                                                                                                                                               |                                                                                             |                     |                                                                                                       | Name Verification (Printed by Arrestee)<br>(PRINT)                                                                                                                                                                                                        |                                                                            |                                                    |                                                |
| Name of Referring Officer (Print)<br>BRUNO, SNYDER                                                                                                                                                                                                                                                                    |                                                                                             |                     |                                                                                                       | ID. #<br>1195                                                                                                                                                                                                                                             |                                                                            |                                                    |                                                |
| Transporting Officer<br>BRUNO                                                                                                                                                                                                                                                                                         |                                                                                             |                     |                                                                                                       | ID. #<br>1195                                                                                                                                                                                                                                             |                                                                            |                                                    |                                                |
| Agency<br>DBPD                                                                                                                                                                                                                                                                                                        |                                                                                             |                     |                                                                                                       | Witness here if subject signed with an "X".                                                                                                                                                                                                               |                                                                            |                                                    |                                                |
| Intake Deputy<br>ID. #                                                                                                                                                                                                                                                                                                |                                                                                             |                     |                                                                                                       | Pouch #                                                                                                                                                                                                                                                   |                                                                            |                                                    |                                                |
|                                                                                                                                                                                                                                                                                                                       |                                                                                             |                     |                                                                                                       |                                                                                                                                                                                                                                                           |                                                                            |                                                    |                                                |

0530588

21

# PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|
| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Agency ORI Number                                                                           |  | Agency Name                                                                                           |  | Agency Report Number                                                       |  |
| FL 0500400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | DELRAY BEACH POLICE DEPARTMENT                                                              |  | 4 0                                                                                                   |  | 22-001204                                                                  |  |
| Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |  | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  |
| Special Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Name (Last, First, Middle)                                                                  |  | Race                                                                                                  |  | Sex                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | NOWICKI, ANDREW THOMAS 3                                                                    |  | W                                                                                                     |  | M                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Date of Birth                                                                               |  | 11/08/1990                                                                                            |  |                                                                            |  |
| Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Charge Description                                                                          |  | Charge Description                                                                                    |  | Charge Description                                                         |  |
| 784.07(2B) BATTERY ON OFFICER, FIREFIGHTER, EMT ETC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE                                                 |  |                                                                                                       |  |                                                                            |  |
| Victim's Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Race                                                                                        |  | Sex                                                                                                   |  | Date of Birth                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                             |  |                                                                                                       |  |                                                                            |  |
| Local Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | (City)                                                                                      |  | (State)                                                                                               |  | (Zip)                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                             |  |                                                                                                       |  |                                                                            |  |
| Business Address (Name, Street)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | (City)                                                                                      |  | (State)                                                                                               |  | (Zip)                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                             |  |                                                                                                       |  |                                                                            |  |
| <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.</p> <p>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>2</u> day of <u>April</u>, <u>2022</u> at <u>01:30</u> (Specifically include facts constituting cause for arrest.)</p> <p>The following incident occurred in the city of Delray Beach, Palm Beach County, Florida.</p> <p>On 4/2/2022 at approximately 0130 hours, I responded to Throw Social located at 29 SE 2nd Ave in reference to a customer refusing to leave. Officer Jesal Patel of the Delray Beach Police Department stated that a white male was inside the establishment and was requesting a supervisor. The male, later identified as Andrew Nowicki, waited outside on the sidewalk, and continued to ask for a supervisor. Officer Morales stated that one was contacted and would be responding to the scene. Nowicki then made it a point to intentionally stand close to Officer Morales and Officer Patel. Nowicki continued to attempt to strike an argument with officers and stated that he could be a "jackass" because it was not against the law. As I observed Nowicki still come closer to Officers Morales and Patel, I stepped in between the parties and asked Nowicki to stand a bit further away.</p> <p>Nowicki at that time was not being detained and was free to go, Nowicki stayed in the area while demanding a supervisor. I again asked Nowicki to stand further back, to create more space for all parties to wait comfortably without the feeling of being crowded or cramped in an outdoor space. I made multiple hand gestures to wave Nowicki backwards and Nowicki decided to stand his ground and refuse to back up. I put one arm out to attempt to gain better distance from Nowicki and I. Nowicki immediately grabbed my arm, and I pulled my arm back and struck Nowicki once in the chest with an open hand to push him away. Nowicki fell into the bushes and officers on scene immediately grabbed Nowickis arm and Nowicki refused to place his arms behind his back. Nowicki then braced his arms and refused to place his hands behind his back after Officer Daniel Ferreiro stated he was under arrest.</p> |  |                                                                                             |  |                                                                                                       |  |                                                                            |  |
| <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><u>SCHMIDT, JAMES</u><br/>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>04/02/2022</u><br/>DATE</p> <p><u>BRUNO, SNYDER (1195)</u><br/>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>04/02/2022</u><br/>DATE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                             |  |                                                                                                       |  |                                                                            |  |

PAGE  
1 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

| OBTS Number |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT |                      | 1. Arrest<br>2. N.T.A. | 3. Request for Warrant<br>4. Request for Capias | 1   | JUVENILE      |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------|------------------------|-------------------------------------------------|-----|---------------|
| A           | Agency ORI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Agency Name                            | Agency Report Number |                        |                                                 |     |               |
| D           | FL 0500400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DELRAY BEACH POLICE DEPARTMENT         | 1-0-22-004384        |                        |                                                 |     |               |
| M           | Charge Type<br>Check as many as apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                      | Special Notes          |                                                 |     |               |
| I           | <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                      |                        |                                                 |     |               |
| N           | Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                      | Alias                  | Race                                            | Sex | Date of Birth |
| D           | NOWICKI, ANDREW THOMAS 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                      |                        | W                                               | M   | 11/08/1990    |
| E           | <p>After Nowickis continued non-compliance, I drew my department issued Axon Taser 7 and turned it on activating my department issued, Axon brand body worn camera. I then warned Nowicki to stop resisting or he would be tased, I then activated the taser ARC feature that was used for pain compliance in close quarters situations. Nowicki then complied and his hands were placed behind his back with less effort, and he was placed in handcuffs.</p> <p>Based on the above stated facts, I find probable cause to charge the defendant Andrew Nowicki with violation of one count F.S.S. 784.07(2B)-Battery on Leo and violation of one count F.S.S.843.02.</p> |                                        |                      |                        |                                                 |     |               |
| F           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                      |                        |                                                 |     |               |

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE



**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),<br>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),<br>(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),<br>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"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                             | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

Booking Number: 2022008512

Date: 4/3/2022

Specialist Name/ID: Chantel Daniels/30347