

0519468

20MM8670AMB

4033

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 20-124118	
Charge Type: Check as many as apply		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Enter Type _____	
Location of Arrest (Including Name of Business) 15722 83rd Way N WPB FL 33418		Location of Offense (Including Name of Business) 15722 83rd Way N WPB FL 33418		Multiple Clearance Indicator 0 1			
Date of Arrest Nov 5, 2020	Time of Arrest 2355	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Nicolini Christopher				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 06/18/1984	Height 5'07"	Weight 160	Eye Color Blue	Hair Color Brown	Complexion Medium
Build Medium				Mental Status		Religion	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>	
Local Address (Street, Apt. Number) 15722 83rd Way N		City West Palm Beach		State FL		Zip 33418	
Phone 561-719-2167		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source		2 <input type="checkbox"/>	
Permanent Address (Street, Apt. Number)		City		State		Zip	
Business Address (Street, Apt. Number)		City		State		Zip	
DL Number, State N245110842180, FL		Social Security Number		INS Number		Place of Birth Snelville GA	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		Co-Defendant Name (Last, First, Middle)		Race	
Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)	
Address (Street, Apt. No.)		State		Zip		Business Phone	
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRSDAYS 3. Incarcerated	
Released To (Name)		Relationship		Date		Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 356-2526) informed of any address change				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property	
Drug Activity S. Sell M. Buy P. Possess		R. Seizure D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamines		B. Barbiturates C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana	
P. Paraphernalia/ Equipment		U. Unknown Z. Other		Charge Description Simple Battery (Domestic)		Counts 1	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)		Violation or ORD. #			
Drug Activity N		Drug Type N		Amount/Unit NA		Offense # 20-124118	
Warrant/Capias Number		Bond		Charge Description		Counts	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Charge Description		Counts	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Charge Description		Counts	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Location (Court, Address, Room Number)			
Court Date and Time		Month		Day		Year	
Time		AM <input type="checkbox"/>		PM <input type="checkbox"/>			
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
Name		Name of Arresting Officer D/S D. Guevara		ID # 36101		(PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transferring Officer D/S D. Guevara		ID #		Agency PBSO	
Intake Deputy SPANN 810/		ID #		Pouch #		Page 1 of 1	

SCANNED

NOV 06 2020

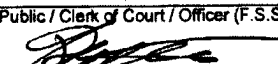

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Copies	1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06	20-124118			
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes				
Defendant Name (Last, First, Middle) Nicolini Christopher				Race W	Sex M	Date of Birth 06/18/1984		
Charge Simple Battery (Domestic)				Charge				
Victim Name (Last, First, Middle) Vitiello Kady				Race W	Sex F	Date of Birth 12/30/1984		
Local Address (Street, Apt. Number) 15722 83rd Way N		City West Palm Beach	State FL	Zip 33418	Phone 561-531-3319	Address Source Verbal		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...								
<input 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.					
<input type="checkbox"/> confessed to admitting to the below facts.			<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the <u>5</u> day of <u>November</u> 20 <u>20</u> at <u>1155</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

On 11/5/20 at approximately 2201hrs I responded to 15722 83rd Way N, in unincorporated West Palm Beach FL 33418 in reference to domestic trouble. When I arrived I met with the victim Kady Vitiello (W/F DOB: 12/30/1984) identified by FCIC/NCIC.

I asked Vitiello what happened and she stated that she was home with her two children when her boyfriend Christopher Nicolini (identified by FL DL W/M DOB: 06/18/1984) came home around 2120hrs. Vitiello stated that her two children were in their room when she started a conversation about their finances to Nicolini. Vitiello mentioned that this conversation turned into an argument. Vitiello stated that she kept mentioning questions about their finances when Nicolini struck Vitiello across her right cheek with the back of his right hand. Vitiello mentioned that after she was struck she told Nicolini to grab his belongings and leave the residence. Vitiello said that Nicolini grabbed a few items and left.

At this time I had Vitiello complete a sworn written statement.

I took photographs of Vitiello for my investigation. I also provided Vitiello with a victim case information sheet and domestic violence pamphlet.

The foregoing instrument was sworn to and affirmed before me this <u>6</u> day of <u>November</u> 20 <u>20</u> , by:	
D/S D. Booras 27529	D/S D. Guevara 36101
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer

OETS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Copies		1	Juvenile
Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE	Agency Report Number 06	20-124118				
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes					
Defendant Name (Last, First, Middle) Nicolini Christopher		Race W	Sex M	Date of Birth 06/18/1984			
Charge Simple Battery (Domestic)		Charge					
Victim Name (Last, First, Middle) Vitiello Kady		Race W	Sex F	Date of Birth 12/30/1984			
Local Address (Street, Apt. Number) 15722 83rd Way N	City West Palm Beach	State FL	Zip 33418	Phone 561-531-3319	Address Source verbal		
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation		
<p>The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...</p> <p><input 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 (described) investigation.</p> <p>On the <u>5</u> day of <u>November</u> 20<u>20</u> at <u>1155</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>							

After, I contacted Nicolini via phone to get him to speak to myself in person. Nicolini agreed to come by the residence and meet. Once Nicolini arrived I read his Miranda Rights to which he stated that he would speak with me. I asked Nicolini to tell me what happened tonight and he stated that he had just come home after work. Nicolini mentioned that while in the living room Vitiello mentioned about their finances. He mentioned that she wanted to see his credit card statements to which he showed her. After, Nicolini mentioned previous and on going arguments that is going on in their lives. After Nicolini was finished speaking I asked him if he at any point struck Vitiello. He stated that he did not. I told him that Vitiello told me that he did. He denied that he did and mentioned that she struck him but knew that he didnt have any marks on his face. I told Nicolini that due to the facts of my investigation i had probbale cause to believe he did strike Vitiello. I placed Nicolini in handcuffs in the rear, checked for tightness, and doubl locked. Nicolini was then searched incident to arrest and placed in the rear of my marked PBSO patrol vehicle.

While I was completing the necessary paperwork for this case, Vitiello walked up to a deputy to speak with him in her driveway. Nicolini was able to see this from his seat in the back of my vehicle. Nicolini, while being recorded uttered statements regarding the condition of Vitiello's face. Nicolini asked if her face was swollen and stated "I didn't hit her, I didn't hit her that hard!" Also in the back of the back lof the vehicle while the camera was recording he made a statement about his mother warning him that he was going to be arrested one day.

It should be noted that while on scene I was not able to observe any indication of injury to Vitiello's face. Based on the above information probable cause exists to charge Christopher Nicolini with Simple Battery, due to the fact that he used the back of his right hand and struck Vitiello across her right cheek. It should also be noted that this is domestic related due to the fact that Nicolini and Vitiello live together and have been dating for sometime. Nicolini was later transported to the main detention center without further incident.

The foregoing instrument was sworn to and affirmed before me this <u>6</u> day of <u>November</u> 20 <u>20</u> , by:	
<u>D/S D. BOORAS 27529</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S D. Guevara</u> 36101 Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
Page <u>2</u> of <u>2</u>	

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause Affidavit)

Defendant: Nicolini Christopher DOB: 06/18/1984 Case #: 20-124118

Victim: Vitiello Kady DOB: 12/30/1984 Race: W Sex: F

Relationship between Victim and Defendant: spouse

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Kady Vitiello

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: _____

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are children living in the home? Yes No DCF Notified? Yes No

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Injunction: Yes No Case #: _____

No Contact Order: Yes No Case #: _____

Alcohol or Drugs: Yes No Unknown

Prior history of Domestic/Dating Violence Yes No

Defendant's statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: I am here for the party

Victim's statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: Why are there so many of you?

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone _____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim contact information:

Local Address: 15722 83rd Way N

West Palm Beach FL 33418

Phone: Home: 561-531-3319 Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 20-124118 Agency: Palm Beach County Sheriff's Office
Offense: Simple Battery (Domestic)
Suspect/Offender: Nicolini Christopher
DOB: 06/18/1984 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: Vitiello Kady DOB: 12/30/1984 Race: W Sex: F
Address: 15722 83rd Way N
City: West Palm Beach State: FL Zip: 33418
Home #: 561-531-3319 Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request

(Check applicable boxes)

- Waiver: I choose not to be notified when the arrestee is released from custody.
- Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S D. Guevara ID #: 36101 Date: _____

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020026188	Date: 11/06/2020
	Specialist Name/ID: C. Anastasi/#21908