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ARREST / NOTICE TO APPEAR

 1 Arrest (No Warrant) 3 Request for Warrant
 6 Arrest (Warrant) 4 Request for Capias
 2 N.T.A. 5 Juvenile Referral

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2021-005249	
D E F E N D A N T	Charge Type: Check as many as apply: <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type: Hands, Feet, Fist, Teeth	
	Location of Arrest (Including Name of Business) 6450 N FEDERAL HWY BOCA RATON FL 33487, 6450 N		Location of Offense (Business Name, Address) 6450 N FEDERAL HWY, BOCA RATON, FL 33487					
	Date of Arrest 05/02/2021	Time of Arrest 18:42	Booking Date	Booking Time	Jail Date 5/2/2021	Jail Time 2030	Location of Vehicle N/A	
	Name (Last, First, Middle) BROWN, NANCIE MARIE		Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
D E F E N D A N T	Race W - White B - Black O - Oriental/Asian	Sex F	Date of Birth 09/14/1987	Height 5'08	Weight 150	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 3230 NE 13TH ST, PAMPANO BEACH, FL 33062		(City)		(State)		(Zip)	
	Permanent Address (Street, Apt. Number) 3230 NE 13TH ST, PAMPANO BEACH, FL 33062		(City)		(State)		(Zip)	
C O D E	Business Address (Name, Street) DELRAY MEDICAL CENTER,		(City)		(State)		(Zip)	
	D/L Number, State 27947596 / PA		Soc. Sec. Number		INS Number		Place of Birth (City/State) Philadelphia, PA	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		Residence Phone	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
	Released To: (Name)		Relationship		Date		Time	
C H A R G E	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade		Value of Property	
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
	Drug Activity N - N/A P - Possess		S - Sell B - Buy T - Traffic		R - Smuggle D - Deliver E - Use		K - Disperses/ Distribute	
	M - Manufacture/ Produce/ Cultivate		Z - Other		Drug Type N - N/A A - Amphetamine		B - Barbiturate C - Cocaine E - Heroin	
C H A R G E	Charge Description BATTERY (DOMESTIC)		Statute Violation Number 784.03(1A1)		Violation of ORD #		Bond	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
	Charge Description		Statute Violation Number		Violation of ORD #		Bond	
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
	Charge Description		Statute Violation Number		Violation of ORD #		Bond	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
I N T A K E	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:		Released By	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> TOT County Jail		Released To	
	Transported By		Date Transported		Time Transported		Other	
	PROPERTY - Received By		Released By		Released To		Released To	
N O T I C E T O A P P E A R	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time		Date Signed	
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Name Verification (Printed by Arrestee)	
	HOLD for Other Agency		Signature of Arresting Officer MARANGES, R. A.		I.D. # 833		(PRINT)	
	Intake Agency DB 10mm 8093		Pouch #		Transporting Officer Maranges		I.D. # 833	
A D M I N I S T R A T I O N	Witness here if subject signed with an "X"		Date Signed		Page		1 OF 1	
	Witness here if subject signed with an "X"		Date Signed		Page		1 OF 1	

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

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-005249				
	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:						
D E F	Name (Last, First, Middle) BROWN, NANCIE MARIE				Race W	Sex F	Date of Birth 09/14/1987		
	Charge Description 784.03(1A1) SIMPLE BATTERY				Charge Description				
C H A R G E S	Charge Description				Charge Description				
	Charge Description				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) LATKO, PHILIP E JR				Race W	Sex M	Date of Birth 05/24/1988		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 3230 NE 13TH ST, PAMPANO BEACH, FL 33062				Phone (267) 770-9659		Address Source		
B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip) DELRAY MEDICAL CENTER				Phone		Occupation NURSE		
	<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 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 checked="" type="checkbox"/> confessed to OFC HARRISON 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 2 day of May, 2021 at 18:42 (Specifically include facts constituting cause for arrest.)</p>								
P R O B A B L E	<p>On 05/02/2021 at approximately 1842 hours, I responded to 6450 N Federal Hwy (Crazy Uncle Mikes) in reference to a domestic disturbance. BRPD Commo received an anonymous call that white female in a red top was physically fighting a white male in a black shirt and shorts.</p>								
	<p>Officer Harrison arrived on scene and advised me of the following: Ofc Harrison located a W/F wearing a red top entering the front passenger seat of a black 2011 Lincoln SUV bearing NJ tag H72CAM. She made contact with the female, later identified as Nancie Brown. Her boyfriend of one year, Philip Latko, was sitting in the driver seat of the car. Brown stepped out of the vehicle to speak with Ofc Harrison. Brown told officers that she was in an argument with Latko regarding a picture that angered her. When Ofc Harrison asked brown if the argument ever became physical, she stated, "Yeah, I punched him". Brown pointed to the right side of the neck when she was asked where she punched him. It should be noted that Latko had a mark on the right side of his neck consistent with Brown's story.</p>								
C A U S E	<p>Officer Harrison then spoke with Latko who denied that argument ever turning physical. When asked about the mark on his neck, he stated that it was not from the argument. Latko refused medical attention.</p>								
	<p>Based on my investigation I placed Nancie Brown under arrest for Simple Battery pursuant to F.S.S. 784.03(1a1) after she struck the victim in the neck, causing an abrasion. She was then transported to the Palm Beach County Jail.</p>								
S T A T E M E N T	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>GREEN, KENNETH JOHN <i>[Signature]</i> 735 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>05/02/2021 DATE</p>								
	<p><i>[Signature]</i> 873 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MARANGES, RYAN ANDREW (833) NAME OF OFFICER (PLEASE PRINT)</p> <p>05/02/2021 DATE</p>								
								PAGE 1 OF 1	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<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: 2021010626	Date: 5/3/2021
	Specialist Name/ID: AM/31562