

05/16/15

2020CF004258 AMB

1598

ARREST / NOTICE TO APPEAR

ADMI NIST RAT ION	OBTS Number		Agency ORI Number <b>0500800</b>				Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9   4   2020-0007970</b>		1 Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1 JUVENILE									
	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type <b>NOT APPLICABLE</b>		Multiple Clearance Indicator <b>1</b>															
DEF END ANT	Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)															
	Date of Arrest <b>05/18/2020</b>	Time of Arrest <b>01:26</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle															
D E F E N D A N T	Name (Last, First, Middle) <b>CIUFI, NICOLE</b>											Alias:										
	Race W - White B - Black		Sex <b>F</b>		Date of Birth <b>08/15/1986</b>		Height <b>5'09</b>		Weight <b>130</b>		Eye Color <b>BROWN</b>		Hair Color <b>BLACK</b>		Complexion <b>FAIR</b>		Build <b>MED</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											Marital Status <b>S</b>		Religion <b>NO PREF</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>				
	Local Address (Street, Apt. Number) <b>591 EVERNIA ST 2508, WEST PALM BEACH, FL 33401</b>						(City)		(State)		(Zip)		Phone <b>(561) 459-9331</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State							
	Permanent Address (Street, Apt. Number) <b>591 EVERNIA ST 2508, WEST PALM BEACH, FL 33401</b>						(City)		(State)		(Zip)		Phone <b>(561) 459-9331</b>		Address Source							
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation <b>Lawyer</b>							
C O D E F	D/L Number, State <b>C100632867950 / FL</b>		INS Number		Place of Birth (City, State) <b>Pittsburg, PA</b>		Citizenship <b>USA</b>															
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile							
J U V E N I L E	Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile							
	Address (Street, Apt. Number)				(City)		(State)		(Zip)		Residence Phone		Business Phone									
C H A R G E	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															
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									
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property				Value of Property																
C O D E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deri.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description <b>CHILD NEGLECT W/O CAUSE GREAT HARM</b>											Statute Violation Number <b>827.03(9) 2D.</b>		Violation of ORD #								
C H A R G E	Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense #		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond <b>1,000</b>							
	Charge Description											Statute Violation Number		Violation of ORD #								
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 #								
I N T A K E	Health / Apparent Physical Condition of Defendant											Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries										
	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"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To							
N O T I C E T O A P P E A R	Transferred By						Date Transferred		Time Transferred		Other											
	<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)		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 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									
A D M I N I S T R A T I O N	HOLD for Other Agency		Signature of Arresting Officer <b>J. J. J.</b>		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) <b>ANDERSON, MOLLY</b>		ID # <b>01902</b>		(PRINT)		PAGE <b>1 OF 1</b>									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer <b>D. RUBIO</b>		ID # <b>2147</b>		Agency <b>WPBPD</b>		Witness here if subject signed with an "X"											

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number  
Agency ORI Number: FL 0500800  
Agency Name: WEST PALM BEACH POLICE DEPARTMENT  
Agency Report Number: 9 | 4 | 2020-0007970

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Name (Last, First, Middle): CIUFI, NICOLE  
Race: W Sex: F Date of Birth: 08/15/1986

Charge Description: 827.03(3C) CHILD NEGLECT W/O CAUSE GREAT HARM

Victim's Name (Last, First, Middle)  
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source  
Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.  
The Person taken into custody...  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
On the 18 day of May, 2020 at 01:33 (Specifically include facts constituting cause for arrest.)

On May 17th, 2020, the crime of child neglect occurred at [REDACTED]. The 13-month-old, [REDACTED] (victim), was left in the care of the [REDACTED], Nicole Ciufi (DEFENDANT), around 1430 hours. At 2011 hours, 911 was called by the front desk clerk of the building the DEFENDANT lives in. The call stated that the victim had "labored breathing" and a possible "obstructed airway." The victim, who was unresponsive and not breathing, was taken to St. Mary's Hospital by West Palm Beach Fire Rescue. At the hospital, the child was treated with NARCAN (opioid antagonist medication that is used to reverse an opioid overdose) and there was an immediate improvement to the victim's status. Per the doctor who treated the victim, the victim had constricted pupils which indicated intoxication of some sort. The victim's urine was analyzed, and the test results came back positive for cocaine. Per the doctor, the child's symptoms did not appear to be from cocaine alone and is believed to have been "co-ingested" with another drug, possibly Fentanyl. The doctor stated that NARCAN would not have responded to the victim if it was ingested more than an "hour or two" prior to treatment. At this time, the Fentanyl test from the victim is still pending. I then spoke with the DEFENDANT, who was read her Miranda Rights and waived her right to remain silent. She stated that the victim's [REDACTED] came to the apartment earlier in the day around 1345 hours and stayed for approximately 45 minutes. She stated he was there to check on the victim. After he left, the DEFENDANT stated she was the only one with the victim for the remainder of the day/evening. She fed the victim pizza and then laid on her bed with him. The victim had been grinding his teeth and she noticed he was having trouble breathing so she brought the victim to the front desk to call the ambulance (her phone was broken). Surveillance footage of the lobby shows the victim to be completely unresponsive and limp. While waiting for the ambulance, a resident within the building took the child and began CPR. The DEFENDANT was told the victim had cocaine in his system and she stated she did not know how it happened. When asked if she would test positive for cocaine in a drug test she answered, "I wouldn't

SWORN AND SUBSCRIBED BEFORE ME  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  
DATE: 5/18/20  
SIGNATURE OF ARRESTING/INVESTIGATING OFFICER: [Signature]  
ANDERSON, MOLLY (C1902)  
NAME OF OFFICER (PLEASE PRINT)  
DATE: 05/18/2020

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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	OBTS Number		Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>9 4 2020-0007970</b>	
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) <b>CIUFI, NICOLE</b>		Alias	

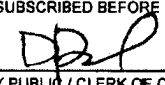

<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
<b>CIUFI, NICOLE</b>		<b>W</b>	<b>F</b>	<b>08/15/1986</b>

think I would have it, no." She stated no one else had entered the apartment or had any contact with the victim after [REDACTED] left. DEFENDANT also lives alone and has never lived with anyone in that apartment.  
Based on the above, probable cause exists to charge Nicole Ciufi, with one count of Child Neglect No Great Bodily Harm, per F.S.S. 827.03(3)(c).

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		 <b>ANDERSON, MOLLY (01902)</b> NAME OF OFFICER (PLEASE PRINT)	
	5/18/20 DATE		<b>05/13/2020</b> DATE	
			PAGE <b>2 OF 2</b>	

**VICTIM NOTIFICATION FORM**

This form must be filled out in a case involving one of the following crimes.

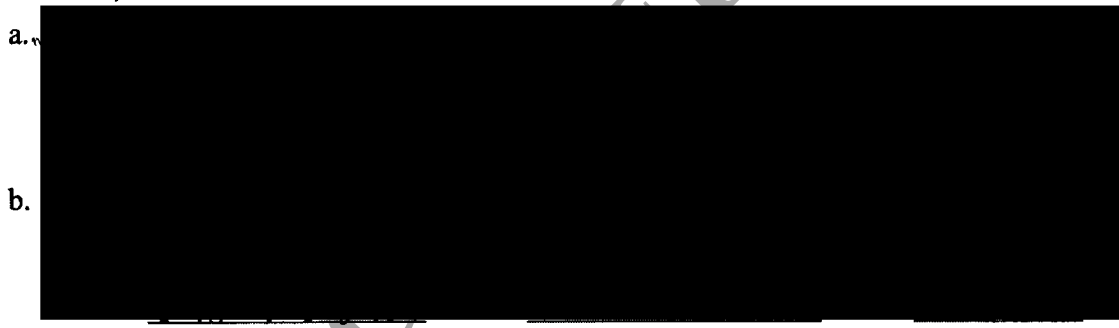
- Homicide (Ch 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical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

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

1. Incident Report # 20-79070 Agency: WRBPD  
 Offense: Child Neglect  
 Suspect/Offender: None Civi  
 D.O.B. 8/15/1986 Race: W Sex: F

2. Warrant #(s) \_\_\_\_\_

3. Complete one (1) of the following:



c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify).  
 \_\_\_\_\_

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: \_\_\_\_\_  
 Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Anderson I.D.: 1902 Date: 5/18/2020

SUSPECT/OFFENDER: \_\_\_\_\_  
 COURT CASE/WARRANT# \_\_\_\_\_  
 (FOR WARRANTS USE ONLY)



# PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

## Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<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: 2020012897

Date: 5/18/2020

Specialist Name/ID: B Evans / 23649