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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		20054751		
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		# Weapon Seized N/A		Multiple Clearance Indicator 0 4						
Location of Arrest (Including Name of Business) 9549 Islamorada Lane Boca Raton, FL 33496				Location of Offense (Including Name of Business) 9549 Islamorada Lane Boca Raton, Florida 33496						
Date of Arrest 3/31/2020	Time of Arrest 1930	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) Nelson Peter				Alias (Name, DOB, Soc. Sec. # Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex m	Date of Birth 8/22/61	Height 5'11	Weight 210	Eye Color blue	Hair Color gray	Complexion light	Build medium		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none				Marital Status Widowed		Religion NP		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		
Local Address (Street, Apt. Number) 9549 Islamorada Lane		City Boca Raton		State FL		Zip 33496		Phone 561703-7814		Residence Type 1. City 3. Florida 2. County 4. Out of State 2
Permanent Address (Street, Apt. Number) 9549 Islamorada Lane		City Boca Raton		State FL		Zip 33496		Address Source FL DL		
Business Address (Street, Apt. Number)		City		State		Zip		Occupation business		
DL Number, State N-425-673-61-302-0		Social Security Number		INS Number		Place of Birth Boca Raton, FL		Citizenship U.S		
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Address (Street, Apt. No.)		State		Zip		Phone
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 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 561 355-2528) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property				
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description AGGRAVATED BATTERY ON A LEO		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.07(2d)		Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit	Offense # 20054751		Warrant/Capias Number		Bond			
Charge Description BATTERY ON A LEO		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.07 (2)(a) so.		Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit	Offense # 2054751		Warrant/Capias Number		Bond			
Charge Description RESISTING ARREST WITH VIOLENCE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 843.01		Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit	Offense # 20054751		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence		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 checked="" type="checkbox"/> PM _____										
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 APPEAR TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY 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 Name		Signature of Arresting Officer			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			Name of Arresting Officer D/S M. Johnson			ID # 7655		
Intake Deputy Spinn Bici		ID #			Transporting Officer J. Bogan			ID # 11624		
		Pouch #			Agency PBSO			Page 1 of 1		

NO BOND

3,000

3,000

2020 APR -1 AM 6:01

SCANNED
APR 01 2020

PALM BEACH COUNTY

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

Juvenile

OBTS Number	Agency ORI Number FLO. 5.0.0.0.0.0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 20-054751
Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	Special Notes

Name (Last, First, Middle) NELSON, PETER	Alias	Race W	Sex M	Date of Birth 8/22/1961
Charge Description AGGRAVATED BATTERY ON A LEO	Charge Description RESISTING ARREST WITH VIOLENCE			
Charge Description BATTERY ON A LEO	Charge Description			

Victim's Name (Last, First, Middle) STATE OF FLORIDA				Race	Sex	Date of Birth
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 31ST day of MARCH 20 20 at 6:51 A.M. P.M. (Specifically include facts constituting cause for arrest.)

D/S BORUT #5645 AND I RESPONDED TO 9549 ISLAMORADA TERRACE LOCATED IN UNINCORPORATED BOCA RATON, FL. 33496 IN REFERENCE TO A DOMESTIC DISPUTE. UPON ARRIVAL, D/S BORUT AND I MADE CONTACT WITH W/M PETER NELSON OUTSIDE HIS RESIDENCE AT WHICH POINT HE TOLD US THAT HE AND HIS FATHER WERE JUST INVOLVED IN A PHYSICAL ALTERCATION. PETER SAID THAT THE ALTERCATION STARTED WHEN HIS FATHER ARRIVED HOME AND APPEARD HIGHLY INTOXICATED FROM DRINKING ALL DAY. PETER SAID THAT HIS FATHER STARTED AN ARGUMENT WITH HIM OVER THE FRONT DOOR BEING LOCKED WHICH PREVENTED HIM FROM GETTING INSIDE. PETER SAID THAT DURING THE ARGUMENT HIS FATHER WAS OUT OF CONTROL AS HE BROKE SEVERAL PIECES OF FURNITURE THROUGHOUT THE KITCHEN AND LIVING ROOM AREA. PETER SAID THAT HIS FATHER ALSO THREW A CHAIR AT HIM ALONG WITH HOT FOOD THAT HE HAD JUST PREPARED. PETER SAID THAT AT ONE POINT HE TRIED TO PHYSICALLY RESTAIN HIS FATHER IN AN ATTEMPT TO STOP HIM FROM BREAKING ANYMORE FURNITURE BUT WAS UNSUCCESSFUL IN DOING SO AS HIS FATHER BECAME PHYSICALLY AGRRESSIVE WITH HIM CAUSING HIM TO HAVE TO "WRESTLE" WITH HIM.

I THEN ALONG WITH D/S BORUT ENTERED THE RESIDENCE WHICH APPEARED TO BE IN DISSARAY WITH BROKEN FURNITURE AND OTHER HOUSEHOLD ITEMS SCATTERED THROUGHOUT THE LIVING ROOM AREA. D/S BORUT MADE CONTACT WITH THE PETER'S FATHER, PETER SR. INSIDE THE BEDROOM HALLWAY AND ATTEMPTED TO SPEAK WITH HIM TO GET HIS SIDE OF STORY. PETER SR. WAS VERY UNCOOPERATIVE AND ARGUMENTATIVE TOWARDS US TELLING D/S BORUT AND I TO ARREST HIM OR GET FUCK OUT OF HIS RESIDENCE. D/S BORUT ATTEMPTED SEVERAL TIMES TO CALM HIM DOWN WHICH HE REFUSED TO DO AS HE CONTINUOUSLY CURSED AT US CHALLENGING US TO ARREST HIM.

WHILE INSIDE THE RESIDENCE, I ONCE AGAIN SPOKE WITH PETER JR AS TO HIS ACCOUNT AND TO CONFIRM WHAT OCCURRED WHICH WAS CONSISTENT WITH HIS INITIAL STATEMENT. BASED UPON PETER'S STATMENT ALONG WITH WHAT I HAD OBSERVED SO FAR, I BELIEVED PROBABLE CAUSE EXISTED TO CHARGE PETER NELSON SENIOR WITH DOMESTIC BATTERY

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of MARCH 20 20 by D/S M. JOSE
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced LEO)

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S.) 1177.10

APR 01 2020

ADMIN Agency ORI Number FLO 5 0 0 0 0 0 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 20-054751

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

DEF Name (Last, First, Middle) NELSON, PETER Alias _____ Race W Sex M Date of Birth 8/22/1961

CHARGES Charge Description: AGGRAVATED BATTERY ON A LEO, BATTERY ON A LEO, RESISTING ARREST WITH VIOLENCE

VICTIM Victim Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____
 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 _____
 confessed to _____ that he/she saw the arrested person commit the below acts.
 admitting to the below facts. _____ was found to have committed the below acts, resulting from my (described) investigation.

On the 31 day of MARCH 20 20 at 6:51 A.M P.M (Specifically include facts constituting cause for arrest.)

PURSUANT TO F.S.S. 784.03(1A1). I THEN ADVISED PETER SR. THAT HE WAS UNDER ARREST FOR DOMESTIC BATTERY AT WHICH POINT I TOLD HIM TO PUT HIS HANDS BEHIND HIS BACK SO I CAN PLACE HANDCUFFS ON. AS I WAS PLACING THE RIGHT HANDCUFF ON PETER SR., HE ACTIVELY RESISTED BY PULLING BOTH HIS HANDS AWAY FROM ME AND TOWARDS THE FRONT OF HIS BODY. I IMMEDIATELY ADVISED PETER SR. TO STOP RESISTING BUT HE REFUSED TO DO SO AS HE ATTEMPTED TO WALK OUT OF THE HALLWAY AND TOWARDS THE LIVING ROOM AREA. IN AN ATTEMPT TO STOP PETER SR. FROM MOVING ANY FURTHER, D/S BORUT AND I GOT CONTROL OF HIS LEGS AND GUIDED HIM DOWN TO THE FLOOR WHERE HE CONTINUED TO ACTIVELY RESIST. WHILE ON THE GROUND, PETER WAS ABLE TO USE HIS LEGS WHICH HE PLACED AROUND D/S BORUT'S NECK IN AN ATTEMPT TO CHOKE HIM. PETER ALSO STRUCK ME WITH HIS HANDS AS WELL IN AN ATTEMPT TO GET UP AND FLEE. AT THAT TIME, I UTILIZED KNEE STRIKES AS WELL AS CLOSED FIST STRIKES TO HIS LEGS AND THE SIDE OF HIS MIDSECTION IN AN ATTEMPT TO SUBDUED HIM IN WHICH WAS SUCCESSFUL IN GAINING CONTROL. I WAS ABLE TO PLACE THE OTHER HANDCUFF ON PETER SR. AT WHICH POINT HE BECAME COMPLIANT. D/S BORUT ALONG WITH PETER SR. WERE BOTH TRANSPORTED TO WEST BOCA MEDICAL FOR FURTHER EVALUATION.

PROBABLE CAUSE ALSO EXISTS TO CHARGE PETER NELSON SR. WITH AGGREVATED BATTERY ON A LEO (F.S.S 784.07 (2d), BATTERY ON AN LEO (F.S.S 784.07), RESISTING ARREST WITH VIOLENCE (F.S.S. F.S.S. 843.01)

PETER NELSON WAS LATER TRANSPORTED TO THE PALM BEACH COUNTY JAIL FOR BOOKING AND PROCESSING.

ADMINISTRATIVE STATE OF FLORIDA COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) _____

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of MARCH 20 20 by D/S M. JOHNSON #7655

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced LEO

Notary Public, Clerk of Court, Officer (F.S.S.) 11 7. 1 0

SCANNED APR 01 2020

PAGE 2 OF 2

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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06 20054751				
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		N/A		Multiple Clearance Indicator 0 4				
Location of Arrest (Including Name of Business) 9549 Islamorada Lane Boca Raton, FL 33496				Location of Offense (Including Name of Business) 9549 Islamorada Lane Boca Raton, Florida 33496						
Date of Arrest 3/31/2020	Time of Arrest 1930	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) Nelson Peter				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black O - Oriental/Asian	Sex m	Date of Birth 8/22/61	Height 5'11	Weight 210	Eye Color blue	Hair Color gray	Complexion light	Build medium		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none				Marital Status Widowed		Religion NP		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) 9549 Islamorada Lane		City Boca Raton		State Zip FL 33496		Phone 561703-7814		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2		
Permanent Address (Street, Apt. Number) 9549 Islamorada Lane		City Boca Raton		State Zip FL 33496		Phone		Address Source FL DL		
Business Address (Street, Apt. Number)		City		State Zip		Phone		Occupation business		
D/L Number, State N-425-673-61-302-0		Social Security Number		INS Number		Place of Birth Boca Raton, FL		Citizenship U.S		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)						Phone			
Address (Street, Apt. No.)				City	State	Zip	Business Phone			
Notified By (Name)				Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 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 361 355-2526) 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 N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description Simple Battery (domestic)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense # 20054751	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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 checked="" 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 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 Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			Signature of Arresting Officer D/S M. Johnson			Name Verification (Printed by Arrestee) SCANNED APR 01 2020				
Intake Deputy SPAWN Bici			Transporting Officer J. Borja			ID # 7655 17624 Agency PBSO				
Witness here if subject signed with an "X"						Page 1 of 1				

NOT A CERTIFIED COPY

No Bond

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

Juvenile

ADMIN	OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 20-054751			
	Charge Type Check as many as apply	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 <input type="checkbox"/>

DEF	Name (Last, First, Middle) NELSON, PETER	Alias	Race W	Sex M	Date of Birth 8/22/1961
	Charge Description DOMESTIC BATTERY	Charge Description	Charge Description	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle) NELSON, PETER	Race W	Sex M	Date of Birth 5/12/1989		
	Local Address (Street, Apt Number) 9549 ISLAMORADA TERR. BOCA RATON	(City) BOCA RATON	(State) FL	(Zip) 33496	Phone ()	Address Source LICENSE
	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 _____

confessed to _____ admitting to the below facts. that he/she saw the arrested person commit the below acts. _____ was found to have committed the below acts, resulting from my (described) investigation.

On the 31ST day of MARCH 20 20 at 6:51 A.M P.M (Specifically include facts constituting cause for arrest.)

D/S BORUT #5645 AND I RESPONDED TO 9549 ISLAMORADA TERRACE LOCATED IN UNINCORPORATED BOCA RATON, FL. 33496 IN REFERENCE TO A DOMESTIC DISPUTE. UPON ARRIVAL, D/S BORUT AND I MADE CONTACT WITH W/M PETER NELSON JR. OUTSIDE HIS RESIDENCE AT WHICH POINT HE TOLD US THAT HE AND HIS FATHER WERE JUST INVOLVED IN A PHYSICAL ALTERCATION. PETER SAID THAT THE ALTERCATION STARTED WHEN HIS FATHER ARRIVED HOME AND APPEARED HIGHLY INTOXICATED FROM DRINKING ALL DAY. PETER SAID THAT HIS FATHER STARTED AN ARGUMENT WITH HIM OVER THE FRONT DOOR BEING LOCKED WHICH PREVENTED HIM FROM GETTING INSIDE. PETER SAID THAT DURING THE ARGUMENT HIS FATHER WAS OUT OF CONTROL AS HE BROKE SEVERAL PIECES OF FURNITURE THROUGHOUT THE KITCHEN AND LIVING ROOM AREA. PETER SAID THAT HIS FATHER ALSO THREW A CHAIR AT HIM ALONG WITH HOT FOOD THAT HE HAD JUST PREPARED. PETER SAID THAT AT ONE POINT HE TRIED TO PHYSICALLY RESTRAIN HIS FATHER IN AN ATTEMPT TO STOP HIM FROM BREAKING ANYMORE FURNITURE BUT WAS UNSUCCESSFUL IN DOING SO AS HIS FATHER BECAME PHYSICALLY AGGRESSIVE WITH HIM CAUSING HIM TO HAVE TO "WRESTLE" WITH HIM.

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STATE OF FLORIDA
COUNTY OF PALM BEACH
7655 JOHNSON 7655
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of MARCH 20 20 by D/S M. JOHNSON #7655
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced LEO)

SCANNED
APR 01 2020
1 OF 2

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

1

Juvenile

ADMIN	OBTS Number	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 20-054751
	Agency ORI Number FLO 5 0 0 0 0 0			

CHARGES	Name (Last, First, Middle) NELSON, PETER	Alias	Race W	Sex M	Date of Birth 8/22/1961
	Charge Description DOMESTIC BATTERY	Charge Description			

VICTIM	Victim's Name (Last, First, Middle) NELSON, PETER	Race W	Sex M	Date of Birth 5/12/1989
	Local Address (Street, Apt Number) 9549 ISLAMORADA TERR. BOCA RATON FL. 33496	Address Source LICENSE		

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 _____
 confessed to _____ that he/she saw the arrested person commit the below acts.
 admitting to the below facts. _____ was found to have committed the below acts, resulting from my (described) investigation.
 On the 31 day of MARCH 2020 at 6:51 A.M. P.M. (Specifically include facts constituting cause for arrest.)

PURSUANT TO F.S.S. 784.03(1A1). I THEN ADVISED PETER SR. THAT HE WAS UNDER ARREST FOR DOMESTIC BATTERY AT WHICH POINT I TOLD HIM TO PUT HIS HANDS BEHIND HIS BACK SO I CAN PLACE HANDCUFFS ON. AS I WAS PLACING THE RIGHT HANDCUFF ON PETER SR., HE ACTIVELY RESISTED BY PULLING BOTH HIS HANDS AWAY FROM ME AND TOWARDS THE FRONT OF HIS BODY. I IMMEDIATELY ADVISED PETER SR. TO STOP RESISTING BUT HE REFUSED TO DO SO AS HE ATTEMPTED TO WALK OUT OF THE HALLWAY AND TOWARDS THE LIVING ROOM AREA. IN AN ATTEMPT TO STOP PETER SR. FROM MOVING ANY FURTHER, D/S BORUT AND I GOT CONTROL OF HIS LEGS AND GUIDED HIM DOWN TO THE FLOOR WHERE HE CONTINUED TO ACTIVELY RESIST. WHILE ON THE GROUND, PETER WAS ABLE TO USE HIS LEGS WHICH HE PLACED AROUND D/S BORUT'S NECK IN AN ATTEMPT TO CHOKE HIM. PETER ALSO STRUCK ME WITH HIS HANDS AS WELL IN AN ATTEMPT TO GET UP AND FLEE. AT THAT TIME, I UTILIZED KNEE STRIKES AS WELL AS CLOSED FIST STRIKES TO HIS LEGS AND THE SIDE OF HIS MIDSECTION IN AN ATTEMPT TO SUBDUED HIM IN WHICH WAS SUCCESSFUL IN GAINING CONTROL. I WAS ABLE TO PLACE THE OTHER HANDCUFF ON PETER SR. AT WHICH POINT HE BECAME COMPLIANT. D/S BORUT ALONG WITH PETER SR. WERE BOTH TRANSPORTED TO WEST BOCA MEDICAL FOR FURTHER EVALUATION.

PROBABLE CAUSE ALSO EXISTS TO CHARGE PETER NELSON SR. WITH AGGREGATED BATTERY ON A LEO (F.S.S 784.07 (2d), BATTERY ON AN LEO (F.S.S 784.07), RESISTING ARREST WITH VIOLENCE (F.S.S. F.S.S. 843.01)

PETER NELSON WAS LATER TRANSPORTED TO THE PALM BEACH COUNTY JAIL FOR BOOKING AND PROCESSING.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 Signature of Arresting/Investigative Officer: [Signature] **2635 Johnson**

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of MARCH 2020 by D/S M. JOHNSON #7655
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
[Signature]
Sgt A. Brzansk 6547

SCANNED
 APR 01 2020

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

Defendant: Nelson Peter DOB: 8/22/61 Case #: 20054751

Victim: Nelson Peter DOB: 5/12/89 Race: w Sex: m

Relationship between Victim and Defendant: father and son

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: neighbor

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: n/a

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

First words Victim said when you responded to scene: n/a

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: _____

Phone: Home: _____ Work: _____ Cell: _____

Employer: NOT PROVIDED

Name of Relative: NOT PROVIDED Phone: _____

SCANNED
APR 01 2020

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 #: 20054751 Agency: Palm Beach County Sheriff's Office
Offense: Simple Battery (domestic)
Suspect/Offender: Nelson Peter
DOB: 8/22/61 Race: w Sex: m

2. Warrant #(s): _____

3.a. Victim's Name: Nelson Peter DOB: 5/12/89 Race: w Sex: m
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: _____
Address: Did not provide
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 M. Johnson ID #: 7655 Date: _____

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SCANNED
APR 01 2020

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #



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 & 5
	<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: 2020009743	Date: 04/01/2020
	Specialist Name/ID: T Howard/7185

SCANNED
 APR 01 2020