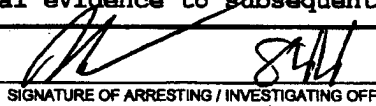


J# 6527653

50-2021-MM-008952-AMB

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ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Copies 2. N.T.A. 5. Juvenile Referral		1 JUVENILE	
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2021-014202			
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" 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		If Weapon Seized UNARMED		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 2433 N FEDERAL HWY, BOCA RATON, FL, 2433 N FEDERAL		Location of Offense (Business Name, Address) 2433 N FEDERAL HWY, BOCA RATON, FL 33431					
Date of Arrest 11/28/2021	Time of Arrest 21:39	Booking Date 11/28/2021	Booking Time 21:49	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) NAGLE, ROBIN RAPHAEL		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White	I - American Indian W	Sex F	Date of Birth 06/12/1951	Height 5'09	Weight 150	Eye Color BROWN	Hair Color BLONDE
Complexion LIGHT		Build Medium		Marital Status M		Religion JEWISH	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>			
Local Address (Street, Apt. Number) 7378 FLORANADA WAY, DELRAY BEACH, FL 33446		(City) DELRAY BEACH		(State) FL		(Zip) 33446	
Permanent Address (Street, Apt. Number) 7378 FLORANADA WAY, DELRAY BEACH, FL 33446		(City) DELRAY BEACH		(State) FL		(Zip) 33446	
Business Address (Name, Street) 		(City) 		(State) 		(Zip) 	
D/I Number, State N240736517120 / FL		Soc. Sec. Number 		INS Number 		Place of Birth (City, State) BROOKLYN, NY	
Co-Defendant Name (Last, First, Middle) 		Race 		Sex 		Date of Birth 	
Co-Defendant Name (Last, First, Middle) 		Race 		Sex 		Date of Birth 	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: 		Name (Last, First, Middle) 		Residence Phone 		Business Phone 	
Address (Street, Apt. Number) 		(City) 		(State) 		(Zip) 	
Notified by: (Name) 		Date 		Time 		JUVENILE DISPOSITION 1. Released/Processed within Department and Released 2. TOT IAC 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 		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 	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		K. 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/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other 			
Charge Description BATTERY - BATTERY (SIMPLE)		Statute Violation Number 784.03(1A1)		Violation of ORD # 			
Drug Activity N		Drug Type 		Amount / Unit 		Offense # 	
Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Copies Number 		Bond 	
Charge Description 		Statute Violation Number 		Violation of ORD # 			
Drug Activity 		Drug Type 		Amount / Unit 		Offense # 	
Counts 		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Copies Number 		Bond 	
Charge Description 		Statute Violation Number 		Violation of ORD # 			
Drug Activity 		Drug Type 		Amount / Unit 		Offense # 	
Counts 		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Copies Number 		Bond 	
Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Identification <input type="checkbox"/> Dehydration <input type="checkbox"/> Injury		Explain: 			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By OFC. VRABEL		Released By OFC. VRABEL		Released To SOUTH COUNTY	
Transported By OFC. VRABEL		Date Transported 11/28/2021		Time Transported 22:37		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) South County 200 W Atlantic Ave Delray Beach, FL 33446		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 			
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer 		Name Verification (Printed by Arrestee) 			
Intake Deputy 		Name of Arresting Officer (Print) VRABEL, R. E.		ID # 844			
ID # 		Transporting Officer OFC. VRABEL		ID # 844		Agency BRPD	
Pouch # 		Witness here if subject signed with an "X". 		PAGE 1 OF 1			

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capture		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-014202				
	Charge Type: <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:						
DEFENSE	Name (Last, First, Middle) NAGLE, ROBIN RAPHAN		Alias		Race W	Sex F	Date of Birth 06/12/1951		
	Charge Description 784.03(1A1) BATTERY- BATTERY (SIMPLE)		Charge Description						
CHARGES	Charge Description		Charge Description						
	Charge Description		Charge Description						
VICTIM	Victim's Name (Last, First, Middle) NAGLE, HEATHER MOLLY		Race W		Sex F	Date of Birth 12/07/1988			
	Local Address (Street, Apt. Number) 1747 NE 4TH AVE, FT LAUDERDALE, FL 33305		(City)	(State)	(Zip)	Phone (561) 699-7517		Address Source	
BUSINESS	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
<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 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>28</u> day of <u>November</u>, <u>2021</u> at <u>21:39</u> (Specifically include facts constituting cause for arrest.)</p>									
PROBABLE CAUSE	<p>On Sunday, November 28th, 2021, at approximately 2139 hours, I responded to 2433 N Federal Hwy, Boca Raton FL, 33431, (Sunset Sushi), in reference to reports of a physical domestic disturbance. Upon my arrival, I made contact with Victim #1. According to Victim #1, she was out to dinner with her mother, Robin Nagle and father, Laurence Nagle. After dinner, the three subjects exited the restaurant and began to argue outside about money. Victim #1 explained that her parents both had consumed several alcoholic beverages, (sake) and were unfit to drive. Robin began to walk towards the vehicle to leave when Victim #1 attempted to stop her by standing in her way. According to Victim #1, Robin then shoved her several times and then struck her in the face/lip area. Victim#1 described the strike to be a slap/claw at her face area. Victim #1 pointed to her injury and this Officer observed bleeding from Victim #1 bottom lip. Victim #1 stated that she then ran inside of the above restaurant and told the manager to call 911.</p>								
	<p>I then made contact with the manager of the restaurant, Matheus Oliveira. He explained that he observed both Robin and Victim #1 push/shove each other outside of the restaurant. Matheus did not see exactly how the incident started but did hear shouting from both Robin and Victim #1. Matheus then saw Victim #1 run inside of the restaurant and he proceeded to call 911.</p>								
	<p>I made contact with Robin in front of the restaurant. Robin stated that she and her husband were celebrating their daughter's birthday at the above restaurant. After dinner, Victim #1 mentioned using her money to paint a house that was against her mother's wishes. According to Robin, she and Victim #1 began to argue which escalated to pushing and shoving. Robin explained that she accidentally hit Victim #1 in the face while walking away.</p>								
Based on the above information there is substantial evidence to subsequent that Robin									
ADMINISTRATIVE	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CARUSO, MARK RICHARD</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p><u>11/28/2021</u></p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>VRABEL RYAN ERWIN (844)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>11/28/2021</u></p> <p>DATE</p> </div> </div>								
	<div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px;"> PAGE 1 OF 2 </div> </div>								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-014202		
	Charge Type: Check as many as apply. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony </div> <div> <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor </div> <div> <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other </div> </div>		Special Notes:				
	Name (Last, First, Middle) NAGLE, ROBIN RAPHAN				Race W	Sex F	Date of Birth 06/12/1951
Nagle intentionally struck her daughter causing bodily harm, pursuant to F.S.S 784.03(1A1). Robin was transported to Palm Beach County Jail without incident.							
<div style="font-size: 4em; opacity: 0.1; transform: rotate(-30deg); pointer-events: none;">NOT A CERTIFIED COPY</div>							
PROBABLE CAUSE STATEMENT	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CARUSO, MARK RICHARD </p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>11/28/2021</u> DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>VRABEL, RYAN ERWIN (844) NAME OF OFFICER (PLEASE PRINT)</p> <p><u>11/28/2021</u> DATE</p> </div> </div>						
ADMINISTRATIVE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CARUSO, MARK RICHARD </p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>11/28/2021</u> DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>VRABEL, RYAN ERWIN (844) NAME OF OFFICER (PLEASE PRINT)</p> <p><u>11/28/2021</u> DATE</p> </div> </div>						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 21-14202 Agency: Boca Raton Police Department
Offense: Domestic Battery
Suspect/Offender: Nagle, Robin
D.O.B. 06/12/51 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: Heather M Nagle D.O.B. 12/7/88 Race: W Sex: F
Address: 1747 NE 4th Ave Fort Lauderdale, FL 33375
City: Fort Lauderdale State: FL Zip: 33375
Home#: 561-699-7517 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 BE 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:

Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).

Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Vinbel I.D.# 844 Date: 11/28/21
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____



**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: 2021029868	Date: 11/29/2021
	Specialist Name/ID: A. Pinkney/7796