0403708 18MM7526 2628

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 500000
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number (N.T.A.'s only): 06- 18-070784

Charge Type: Check as many as apply.
- [ ] 1. Felony
- [ ] 2. Traffic Felony
- [x] 3. Misdemeanor
- [ ] 4. Traffic Misdemeanor
- [ ] 5. Ordinance
- [ ] 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No)
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 12074 159th Ct. N., Jupiter, FL, 33478
Location of Offense (Business Name, Address): 12074 159TH CT N , JUPITER, FL., 33478

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/05/2018	0822					NA

DEFENDANT

Name (Last, First, Middle): Powell, Ann, Nicole
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	02/21/1985	5'06	130	Hazel	Brown	Meed	Thin

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):
Marital Status: Single
Religion:
Indication of: Alcohol Influence (Unk.) ; Drug Influence (Unk.)

Local Address (Street, Apt. Number) (City) (State) (Zip): 12074 159TH CT N , Jupiter, FL., 33478
Phone: (561) 252-1036
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,
Phone: ( )
Address Source:

Business Address (Name, Street) (City) (State) (Zip):
Phone: ( )
Occupation:

D/L Number, State: P400054855610, FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): W. Palm Beach, Fl
Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:
Residence Phone: ( )
Address (Street, Apt. Number) (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 provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.
☐ Yes, by: (Name) ☐ No: (Reason)
School Attended | Grade

Property Crime? ☐ Yes ☐ No
Description of Property
Value of Property

CODE

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 O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY/DOMESTIC VIOLENCE	1	☒ Y ☐ N	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		18-070784		

VICTIM NOTIFICATION REQUIRED

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

MAY 5 AM 10:45

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

2018 MAY -6 AM 7:38 GUN CLUB BRANCH

NOTICE TO APPEAR

Location (Court, Room Number, Address):
Court Date and Time: Month Day Year Time AM PM

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: 05/05/2018

ADMIN

HOLD for other Agency Name:
Signature of Arresting Officer: X
Name Verification (Printed by Arrestee): (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Name of Arresting Officer (Print): DS Mark Cain 6880
I.D. #:
PAGE 1 OF 1

Intake Deputy: D/S T. BURNSIDE #5406 I.D. # Pouch #
Transporting Officer: M. CAIN 6880 ID # Agency: PBSO
Witness here if subject signed with an "X"

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #146 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	Juvenile	N
Agency ORI Number: FLO 500000	Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number: 06- 18-070784			

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Powell, Ann, Nicole		W	F	02/21/1985

CHARGES

Charge Description		Charge Description	
SIMPLE BATTERY/DOMESTIC VIOLENCE	784.03(1A1)		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
ALBIN, PETER, L	W	M	09/20/60

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
12074 159TH CT N , JUPITER, FL., 33478	(561) 310-9428	Victim
Business Address (Name, Street) (City) (State) (zip)	Phone ( )	Occupation

PROBABLE CAUSE STATEMENT

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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 5th day of May 2018 at 0822 ☒ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On 05/05/18 at 0739 hours I was dispatched to 12074 159th Court North, Jupiter, Palm Beach County, in reference to a Domestic Disturbance. Upon my arrival, along with backup DS Pierre-Louis, ID 6889, I spoke with the caller/victim Peter L. Albin, W/M, DOB 09/20/60, who was located in the outside garage. He stated he was having a verbal argument with his live in girlfriend, Ann N. Powell, W/F, DOB 12/21/85, when she became aggressive by slapping him on the back, no shirt on. I did observe red spots on his back that appeared to be from a slap upon my arrival. The red marks faded away as time went by. Albin stated Powell came at him physically as he was putting his shoes on to leave. He pushed her away from him. Powell then grabbed him hard by the genital area between his legs, Albin stated it hurt when she did that. Albin got away from her and called 911 and went to the outside garage to wait law enforcement arrival.

I spoke to Powell who was inside the house. She stated they were in an argument and she did grab Albin by the genitals but did not think it was that hard of a grab. She stated Albin pushed her. Powell was acting verbally aggressive towards me as I was conducting my investigation.

Based on my investigation I have Probable Cause for the arrest of Ann Powell for Simple Battery/Domestic Violence related per FSS. I arrested and transported Powell to the PBSO Jail and TOT.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

DS Mark Cain 6880
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of May 2018 by J. BLACK-RYNN D/S

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

VICTIM NOTIFICATION FORM

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

- **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**

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

SUSPECT/OFFENDER: **Powell, Ann, Nicole** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#

1. Incident Report #: **18-070784** Agency: **PBSO**
   Offense: **SIMPLE BATTERY/DOMESTIC VIOLENCE**
   Suspect/Offender: **Powell, Ann, Nicole**
   D.O.B. **02/21/1985** Race: **W** Sex: **F**

2. Warrant # (s):

3.a. Victim's name: **ALBIN, PETER, L** D.O.B. **09/20/60** Race: **W** Sex: **M**
   Address: **12074 159TH CT N**
   City: **JUPITER, FL., 33478**
   Home #- **(561) 310-9428** Work #: **0** Other:

b. Victim's next of kin, friend or neighbor:
   Address:
   City:
   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:** 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: [signature]

Printed name of person waiving notification: **ALBIN, PETER, L**

Deputy's Name: D/J M. CAIN I.D.# [illegible] Date: **05/05/2018**

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00029A REV. 4199

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☐ WITNESS ☒ VICTIM ☐ OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
18070784	5-17	Him N. Powell	5-5-18 0840 hrs
EVENT TYPE:	**DEPUTY:**	**ID#:**	
Domestic Battery	DSN. Pierre-Louis	6889	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Albin	Peter	L	W	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
9-20-1960	5.6	200	bald	green

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
12074 159th Ct. N.	Jupiter	FL	33478

YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
Self employed			

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
(561) 310.9428	( )	( )	Locomotion@bellsouth.net

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I YOUR NAME: Peter ALBIN — DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

After waking this AM (5-5-18) I was asked by Miss Powell to Rub her hands, I Responded "in a minute" she became violent Angry & Aggressive Attacking me while putting on my shoes I pushed her off of me & went to the kitchen to call 911, she came after me again grabbing me and I got away and went to the garage And waited for the Deputies to arrive. She claims I hit her but that is not true she said She would make sure she would make me go to Jail from MARKS on her

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X Peter Albin

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: TIME:

SIGNATURE: ID: 6889

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.08)

WHITE - RECORDS COPY *CANARY* - STATE ATTORNEY COPY *PINK* - OFFICER'S COPY *GOLD* - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Powell, Ann, Nicole **DOB:** 02/21/1985 **Case #:** 18-070784

Victim: ALBIN, PETER, L **DOB:** 09/20/60 **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes × No Victim Yes × No Defendant × Yes No

911 Call: × Yes No **Caller:** P. Albin/Victim

Weapon Used: Yes × No **Type:** _____

Witness: Yes × No **Name:** _____

Victim Pregnant: Yes × No **If yes,** ___ **weeks** _____ **months**

Injuries: × Yes No **Description:** abraisions

Medical Treatment: Yes × No

At Scene: Yes × No **Paramedics:** _____

At Hospital: Yes × No **Hospital:** _____ **Physician:** _____

Are Children Living in 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: he pushed me

Victim's Statements × Yes No **If yes,** × written recorded oral

First words Victim said when you responded to scene: she slapped me

Did the Victim contact anyone other than 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: 12074 159TH CT N , JUPITER, FL., 33478

Phone: **Home** (561) 310-9428 **Work** (___)___ -_____ **Cell** (___)___ -_____

Employer: _____

Name of Relative: Refused **Phone** (___)_____-_____

Address: _____