

0498048

2158

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile

JRTS Number		Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 - 1 8 - 0 0 2 8 4 8	
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 <u>Key</u>	
Location of Arrest (Including Name of Business) 4005 Pinella Cir. Apt 312 PBG, FL 33410		Location of Offense (Business Name, Address) 4005 Pinella Cir. PBG, FL 33410					
Date of arrest 0 5 0 6 1 8	Time of Arrest 1 8 3 8	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Rakaczky, Casey, Lynn				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	I - American Indian O - Oriental	Sex M F	Date of Birth 1 2 1 4 9 3	Height 5'00	Weight 130	Eye Color Brown	Hair Color Brown/Blk
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion Cath	Indication of Alcohol Influence Drug Influence		Y <input type="checkbox"/>	N <input type="checkbox"/>
Local Address (Street, Apt. Number) 173 Wandering Ter		(City) Jupiter	(State) FL	(Zip) 33458	Phone (561) 714-0127	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 173 Wandering Ter		(City) Jupiter	(State) FL	(Zip) 33458	Phone ( )	Address Source DAVID	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ( )	Occupation Nurse	
D/L Number, State R220112939540		Soc. Sec. Number		INS Number		Place of Birth (City, State) Jupiter, FL	Citizenship US
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		
Parent Legal Custodian Other: Name (Last) (First) (Middle)		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 DCF 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 parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <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 F. Heroin
H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description Simple Battery		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7 8 4 1 0 3 (1)(A)(1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 18-002848	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of 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 of 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 of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)					
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month Day Year		Time		P.M.	
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 Name:		Signature of Arresting Officer X [Signature] #478		Name Verification (Printed by Arrestee) MAY 6 PM 8:50			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) A. Luciano #478		I.D. #		PAGE	
DAS B. SHATARA #7623		Transporting Officer SAME		I.D. #		Agency	
Witness here if subject signed with an "X"						PAGE 1 OF 1	

VICTIM NOTIFIED  
REQUIRED

(None)

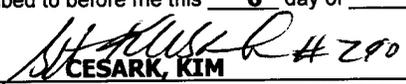
NOTICE TO APPEAR  
MAY 6 2018  
7 AM

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>05/06/2018 18:01</b>	
	Agency ORI Number <b>FL 0502600</b>	Agency Name <b>PALM BEACH GARDENS POLICE</b>
D E F	Name (Last, First, Middle) <b>RAKACZKY, CASEY LYNN</b>	
	Race <b>W</b>	Sex <b>F</b>
C H A R G E	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>	
	Victim's Name (Last, First, Middle) <b>NICHOLS, SHAN LEE</b>	Date of Birth <b>05/25/1990</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>4005 PINELLA CIR 392, PALM BEACH GARDENS, FL 33410</b>	Phone <b>(561) 222-7407</b>
	Business Address (Name, Street) (City) (State) (Zip)	Occupation
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>LACERATIONS</b>
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>	
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>DATING</b>		
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CALLER: <b>ANONYMOUS</b> TYPE: <b>CAR KEY</b> (If YES, attach witness list) PARAMEDICS: <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: <input checked="" type="checkbox"/> NAMES/AGES: <input checked="" type="checkbox"/> CASE #: <input checked="" type="checkbox"/> VIOLENCE: <input checked="" type="checkbox"/> CASE #:
	Victim: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	VIOLETION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
N A R R On 5/6/2018 at 6:01pm, I responded to 4005 Pinella Cir Apt 392, Palm Beach Gardens, FL 33410 in response to a report of a domestic disturbance. On my arrival, Officers Ray and Machado were already on scene speaking with the female half, Casey Rakaczky. I		
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  #478 SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>6</u> day of <u>May</u> , <u>2018</u> .  #290 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>05/06/2018 18:01</b>	Agency ORI Number <b>FL 0502600</b>	Agency Name <b>PALM BEACH GARDENS POLICE</b>	Agency Report Number <b>7   8   18-002848</b>
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made contact with the male involved, Shan Nichols, who provided a sworn oral statement of his account. Nichols advised he was at home while his girlfriend of one and a half years, Rakaczky, was at Sunfest. He advised Rakaczky returned home intoxicated and upset because she saw a text message on his phone from his ex-girlfriend Louisa. Nichols advised the text message from Louisa was approximately two months old, however Rakaczky noticed it this morning. An argument ensued between Nichols and Rakaczky over the text message on his phone. Nichols advised he was trying to get Rakaczky to gather her belongings and leave the residence. Nichols stated Rakaczky began hitting and scratching him in his face. Nichols advised as he was trying to get Rakaczky away from him, she began to stab him repeatedly with her car key. Nichols advised Rakaczky ultimately walked out of the residence prior to police arrival. Nichols also stated that although Rakaczky does not reside with him, they share a relationship that is intimate in nature.

Nichols had a small laceration on his upper lip which appeared to be consistent with him being slapped and scratched. Nichols also had several lacerations on the top of his left shoulder and on his back. The lacerations on Nichols' shoulder and back appear to be consistent with being stabbed and scratched by a car key. Palm Beach Gardens Fire Rescue responded to treat Nichols for his injuries, however he declined treatment.

Officer Ray read Rakaczky her Miranda rights from a pre-printed card with her indicating that she understood. Officer Ray asked Rakaczky how Nichols received his injuries and she replied, "I guess my scratch marks." Rakaczky stated Nichols was mad at her for being intoxicated and she was mad at him for talking to his ex-girlfriend Louisa. Rakaczky then advised she wanted to wait for a lawyer to be present and she was not questioned any further.

A bent car key was retrieved from Rakaczky's possession. Nichols advised that the key obtained from Rakaczky is the one she used to stab him. The key was placed into evidence at the Palm Beach Gardens Police Department.

Based on the totality of circumstances, physical evidence, and as a result of my investigation, I find probable cause to charge Casey Rakaczky with Simple Battery (Touch or Strike) per F.S.S. 784.03(1) (A) (1). I used a body worn camera during this investigation.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

*Ang L #478*  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 6 day of May, 2018.

*Kim #290*  
**CESARK, KIM**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
MAY 07 2018

**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 #: 18-002848 Agency: PBGPD  
 Offense: Simple Battery (Domestic)  
 Suspect/Offender: Casey L Rakaczky  
 D.O.B. 12/14/93 Race: White Sex: Female

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

3. Complete one (1) of the following:

a. Victim's name: Shan Lee Nichols  
 Address: 4005 Pinella Cir Apt. 392  
 City: PBG State: FL Zip: 33410  
 Home #: 561-222-7407 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

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):  
 \_\_\_\_\_

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

**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. **SCANNED**

MAY 07 2018

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

Officer's Name : A. Luciano I.D.: 478 Date: 5/6/18