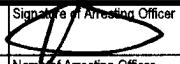


Jk 04123921

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias

1 Juvenile

|  |                                 |   |  |  |  |  |   |   |                                |                        |  |
|--|---------------------------------|---|--|--|--|--|---|---|--------------------------------|------------------------|--|
| OBTS Number  |                                 |   | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report  |  |  |  |   |   |                                |                        |  |
| Agency ORI Number<br><b>FLO 5 0 0 0 0 0</b>  |                                 |   | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>   |  |  | Agency Report Number<br><b>06 17102856</b>                           |   |   |                                |                        |  |
| Charge Type:<br>Check as many as apply   |                                 | <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other _____ |  | If Weapon Seized<br>Enter Type _____                                 |   | Multiple Clearance Indicator                          |                                |                        |  |
| Location of Arrest (Including Name of Business)<br><b>7959 ATLANTIC AVE DELRAY BEACH FL 33446</b>  |                                 |   | Location of Offense (Including Name of Business)<br><b>7959 ATLANTIC AVE DELRAY BEACH FL 33446</b> |  |  |  |   |   |                                |                        |  |
| Date of Arrest<br><b>07/15/2017</b>  | Time of Arrest<br><b>1304</b>   | Booking Date  | Booking Time   | Jail Date  | Jail Time  | Location of Vehicle  |   |   |                                |                        |  |
| Name (Last, First, Middle)<br><b>NICKERSON CHRISTOPHER W</b>   |                                 |   |  |  |  | Alias (Name, DOB, Soc. Sec. #, Etc.)<br><b>MICHAEL BOND 12-22-81</b> |   |   |                                |                        |  |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian  |                                 | Sex<br><b>W M</b>   | Date of Birth<br><b>04/19/1991</b>   | Height<br><b>5'10</b>  | Weight<br><b>230</b>   | Eye Color<br><b>BROWN</b>  | Hair Color<br><b>BLACK</b>  | Complexion<br><b>MED</b>                              | Build<br><b>MEDIUM</b>         |                        |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)  |                                 |   |  |  |  | Marital Status<br><b>SINGLE</b>                                      | Religion<br><b>NONE</b>   | Indication of:<br>Alcohol Influence<br>Drug Influence |                                |                        |  |
| Local Address (Street, Apt. Number)<br><b>108 NW 8TH ST</b>  |                                 |   | City<br><b>DELRAY BEACH</b>  | State<br><b>FL</b>   | Zip<br><b>33444</b>  | Phone  | Residence Type:<br>1. City<br>2. County   |   | 1. Florida<br>3. Out of State  |                        |  |
| Permanent Address (Street, Apt. Number)  |                                 |   | City   | State  | Zip  | Phone  | Address Source<br><b>VERBAL</b>   |   |                                |                        |  |
| Business Address (Street, Apt. Number)   |                                 |   | City   | State  | Zip  | Phone  | Occupation  |   |                                |                        |  |
| D/L Number, State<br><b>N262-119-91-139-0</b>  |                                 | Social Security Number<br>[REDACTED]  |  | INS Number   |  | Place of Birth<br><b>ROCKVILLE, CONN</b>                             | Citizenship<br><b>US</b>  |   |                                |                        |  |
| Co-Defendant Name (Last, First, Middle)  |                                 |   |  | Race   | Sex  | Date of Birth  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |   |                                |                        |  |
| Co-Defendant Name (Last, First, Middle)  |                                 |   |  | Race   | Sex  | Date of Birth  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |   |                                |                        |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> Other   |                                 | Name (Last, First, Middle)  |  |  |  |  |   |   |                                |                        |  |
| Address (Street, Apt. No.)   |                                 |   | City<br><b>1. 3,000</b>  | State<br><b>2. 01K</b>   | Zip  | Business Phone   |   |   |                                |                        |  |
| Notified By (Name)   |                                 |   | Date   | Time   | Juvenile Disposition:<br>1. Handled/Processed within<br>Dept. and Released |  | 2. TOT HRS/DYS<br>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 561 355-2526) informed of any address change<br><input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason) |                                 |   |  |  |  | School Attended  |   |   | Grade                          |                        |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                                 | Description of Property   |  |  |  |  |   | Value of Property                                     |                                |                        |  |
| Drug Activity<br>N. N/A<br>P. Possess  | S. Sell<br>B. Buy<br>T. Traffic | R. Smuggle<br>D. Deliver<br>E. Use  | K. Dispense/<br>Distribute   | M. Manufacture/<br>Produce<br>Cultivate  | Z. Other   | Drug Type<br>N. N/A<br>A. Amphetamine                                | B. Barbiturate<br>C. Cocaine<br>E. Heroin   | H. Hallucinogen<br>M. Marijuana                       | P. Paraphernalia/<br>Equipment | U. Unknown<br>Z. Other |  |
| Charge Description<br><b>UTTERING A FORGED INSTRUMENT</b>  |                                 |   | Counts<br><b>1</b>   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N       | Statute Violation Number<br><b>831.02</b>                                  |  | Violation or ORD. #   |   |                                |                        |  |
| Drug Activity  | Drug Type                       | Amount/Unit   | Offense #<br><b>17102856</b>   | Warrant/Capias Number  |  | Bond   |   |   |                                |                        |  |
| Charge Description<br><b>GIVING A FALSE NAME / IDENTIFICATION</b>  |                                 |   | Counts<br><b>1</b>   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N       | Statute Violation Number<br><b>901.36</b>                                  | Violation or ORD. #  |   |   |                                |                        |  |
| Drug Activity  | Drug Type                       | Amount/Unit   | Offense #  | Warrant/Capias Number  |  | Bond   |   |   |                                |                        |  |
| Charge Description   |                                 |   | Counts   | Domestic Violence<br><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<br><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)   |                                 |   | 15 SEP 2018  |  |  |  |   |   |                                |                        |  |
| Court Date and Time  |                                 |   | Month  | Day  | Year   | Time   | AM <input type="checkbox"/>   | PM <input type="checkbox"/>                           | Date                           |                        |  |
| 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 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  |                                 |   | Signature of Arresting Officer   |  |  |  | Name Verification (Printed by Arrestee)   |   |                                |                        |  |
| Name   |                                 |   |                 |  |  |  | (PRINT)   |   |                                |                        |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other _____  |                                 |   | Name of Arresting Officer<br><b>R.REZA</b>   |  |  |  | ID #<br><b>9167</b>   |   |                                |                        |  |
| Intake Deputy<br><b>URB</b>  |                                 |   | ID #<br><b>928</b>   | Transporting Officer   | ID #<br><b>R.REZA 9167</b>   | Agency   | Page<br><b>1 of 2</b>   |   |                                |                        |  |
| Witness here if subject signed with an "X"   |                                 |   |  |  |  |  |   |   |                                |                        |  |

SCANNED

JUL 16 2018

OBTS Number

## PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

|   |  |   |   |                     |                                    |
|---|--|---|---|---------------------|------------------------------------|
| Agency ORI Number<br><b>FLO 5 0 0 0 0 0</b>   | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> | Agency Report Number<br><b>06</b>                     | <b>17102856</b>   |                     |                                    |
| Charge Type:<br>Check as many as apply<br><input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other _____ |  |   | Special Notes   |                     |                                    |
| Defendant Name (Last, First, Middle)<br><b>NICKERSON CHRISTOPHER</b>  |  |   | Race<br><b>W</b>  | Sex<br><b>M</b>     | Date of Birth<br><b>04/19/1991</b> |
| Charge<br><b>UTTERING A FORGED INSTRUMENT</b>   |  | Charge<br><b>GIVING A FALSE NAME / IDENTIFICATION</b> |   |                     |                                    |
| Charge  |  | Charge  |   |                     |                                    |
| Victim Name (Last, First, Middle)<br><b>(T-MOBILE) LOPEZ ROXANA</b>   |  |   | Race<br><b>W</b>  | Sex<br><b>F</b>     | Date of Birth<br><b>01/27/1992</b> |
| Local Address (Street, Apt. Number)<br><b>7959 ATLANTIC AVE</b>   |  | City<br><b>DELRAY BEACH</b>                           | State<br><b>FL</b>  | Zip<br><b>33446</b> | Phone<br><b>5615636246</b>         |
| Business Address (Street, Apt. Number)<br><b>7959 ATLANTIC AVE</b>  |  | City<br><b>DELRAY BEACH</b>                           | State<br><b>FL</b>  | Zip<br><b>33446</b> | Phone<br><b>5612700066</b>         |
| The undersigned 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.<br>The person taken into custody...  |  |   |   |                     |                                    |
| <input type="checkbox"/> committed the below acts in my presence.<br><input type="checkbox"/> confessed to admitting to the below facts.  |  |   | <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. |                     |                                    |
| On the <u>15</u> day of <u>JULY</u> 20 <u>17</u> at <u>12:41</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM   |  |   |   |                     |                                    |

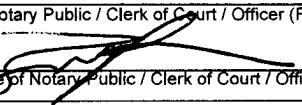
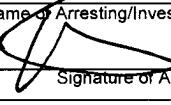
I responded to T-Mobile located at 7959 Atlantic Ave in unincorporated Delray Beach in reference to a report of a male attempting to use a fake ID to buy items. The caller identified himself as Juan Hernandez and advised dispatch he was an employee with the store and the male in question was wearing a blue shirt and gray pants.

Upon my arrival I observed a white male wearing a blue shirt and gray pants exiting the T-Mobile and begin walking East in the plaza. I exited my mark patrol vehicle and made contact with the white male who refused to identify himself, at this time I told the white male he was being temporarily detained. Sgt Theiss and Moreno then arrived on scene and stood by with the male while I made contact with Juan back inside the store.

Juan advised that the white male we had detained walked into the store today and identified himself as Michael Bond via Florida Driver's license(B530-543-81-462-0) in an effort to purchase a \$701.99 I-Phone 7. Juan noticed something was wrong when the system notified him that this ID is tied to a possible fraudulent account. Juan advised other T-Mobile stores have advised to be on the look out as people have been using fake IDs and accounts to finance phones. Juan advised when he went into the back to make a copy of the license he checked it with a blue light pen and found it to be fake and that is when he called 911. Juan provided me with the copy of the ID he scanned.

Juan's manager Roxana Lopez was also on scene and advised they will prosecute.

At this time I went back and made contact with Sgt. Theiss who informed me that the white male provided him with the same fake ID Juan was given when he asked for his identification. Sgt. Theiss advised that the male then did provide his real name and identified himself as Christopher Nickerson. A D.A.V.I.D. check I performed confirmed the white male as Christopher Nickerson born 04/19/1991.

|  |  |  |
|--|--|--|
| The foregoing instrument was sworn to and affirmed before me this <u>15</u> day of <u>JULY</u> 20 <u>17</u> by:  |  |  |
| <u>S. PAVLOV 28994</u> <u>B. REZA</u> <u>9167</u><br>Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)<br>   |  |  |
| Name of Arresting/Investigating Officer<br><br><u>SCANNED</u><br>Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)      Signature of Arresting/Investigating Officer<br><u>JUL 16 2017</u> |  |  |
| Page <u>1</u> of <u>2</u>  |  |  |

OBTS Number

## PROBABLE CAUSE AFFIDAVIT

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

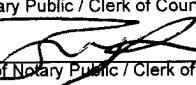
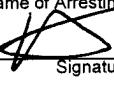
Juvenile

1

|   |   |  |                     |                                    |                                    |
|---|---|--|---------------------|------------------------------------|------------------------------------|
| Agency ORI Number<br><b>FLO 5 0 0 0 0 0</b>   | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>  | Agency Report Number<br><b>06</b>      | <b>17102856</b>     |                                    |                                    |
| Charge Type:<br>Check as many as apply  | <input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other _____ | Special Notes                          |                     |                                    |                                    |
| Defendant Name (Last, First, Middle)<br><b>NICKERSON</b>  | <b>CHRISTOPHER</b>  | <b>W</b>                               | Race<br><b>W</b>    | Sex<br><b>M</b>                    | Date of Birth<br><b>04/19/1991</b> |
| Charge<br><b>UTTERING A FORGED INSTRUMENT</b>   | Charge<br><b>GIVING A FALSE NAME / IDENTIFICATION</b>   |  |                     |                                    |                                    |
| Charge  | Charge  |  |                     |                                    |                                    |
| Victim Name (Last, First, Middle)<br><b>(T-MOBILE) LOPEZ</b>  | <b>ROXANA</b>   | Race<br><b>W</b>                       | Sex<br><b>F</b>     | Date of Birth<br><b>01/27/1992</b> |                                    |
| Local Address (Street, Apt. Number)   | City  | State                                  | Zip                 | Phone<br><b>5615636246</b>         | Address Source                     |
| Business Address (Street, Apt. Number)<br><b>7959 ATLANTIC AVE</b>  | City<br><b>DELRAY BEACH</b>   | State<br><b>FL</b>                     | Zip<br><b>33446</b> | Phone<br><b>5612700066</b>         | Occupation<br><b>MANAGER</b>       |
| The undersigned 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.<br>The person taken into custody...  |   |  |                     |                                    |                                    |
| <input type="checkbox"/> committed the below acts in my presence.<br><input type="checkbox"/> confessed to admitting to the below facts.<br><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. |   |  |                     |                                    |                                    |
| On the <u>15</u> day of <u>JULY</u> 20 <u>17</u> at <u>12:41</u>  | <input type="checkbox"/> AM   | <input checked="" type="checkbox"/> PM |                     |                                    |                                    |

At this time I placed Christopher Nickerson under arrest and placed him in the rear of my patrol car. He was then transported to District 4 without incident at which time Christopher was read his Miranda Warnings. Christopher denied that he was trying to defraud the store but did admit to knowing that the ID he provided was fake.

Based on the above information Probable cause exists to charge Christopher Nickerson with Uttering a Forged Instrument Per F.S.S. 831.02 and Providing a False Name / Identification to Law Enforcement Per F.S.S. 901.36.

|   |
|---|
| The foregoing instrument was sworn to and affirmed before me this <u>15</u> day of <u>JULY</u> 20 <u>17</u> , by: |
| <b>S. PAVLOV 28994</b>  |
| Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)  |
|                                |
| Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)   |
| <b>R. REZA</b>  |
| Name of Arresting/Investigating Officer   |
|                               |
| Signature of Arresting/Investigating Officer  |
| SCANNED<br><b>JUL 16 2017</b>   |
| Page <b>2</b> of <b>2</b>   |