

16 CF 6967 AX/xd

| ADMINISTRATION | OBTS Number | | | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | | | | | 1 Juvenile 1 N | | | | |
|------------------|---|---|---|---|---|---|--|--|---|--|---|---|---|--------------------------------------|--|
| | Agency ORI Number | | Agency Name | | Agency Report Number | | | | | | | | | | |
| | FL 0 5 0 0 3 0 0 | | BOYNTON BEACH POLICE DEPT. | | 34-16-038321 | | | | | | | | | | |
| | 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 | | Multiple Clearance Indicator | | | | |
| | Location of Arrest (Including Name of Business) 101 N Federal Hwy(Ocean Food Mart)Boynton Beach, FL 33435 | | | | Location of Offense (Business Name, Address) 101 N Federal Hwy(Ocean Food Mart)Boynton Beach, FL | | | | | | | | | | |
| | Date of Arrest 07/11/2015 | | Time of Arrest 10:13 | | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | | | |
| DEFENDANT | Name (Last, First, Middle) CHIAPPISI, NICHOLAS ALLEN | | | | | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc) | | | | |
| | W - White B - Black | I - American Indian O - Oriental / Asian | Race W | Sex M | Date of Birth 12/03/1983 | Height 602 | Weight 210 | Eye Color Blue | Hair Color Brown | Complexion Med | Build Med | | | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) n/a | | | | | | Marital Status | | Religion | | Indication of: Y N Unk. Alcohol Influence Drug Influence | | | | |
| | Local Address (Street, Apt. Number) 700 E Boynton Beach Blvd 1205 | | | | (City) Boynton Beach | (State) FL | (Zip) 33435 | Phone (561)866-7195 | Residence Type 1. City 3. Florida 2. County 4. Out of State | | | 1 | | | |
| | Permanent Address (Street, Apt. Number) 700 E Boynton Beach Blvd 1205 | | | | (City) Boynton Beach | (State) FL | (Zip) 33435 | Phone () | Address Source Defendant | | | | | | |
| | Business Address (Street, Apt. Number) | | | | (City) | (State) | (Zip) | Phone () | Occupation | | | | | | |
| | D/L Number, State C-120-621-83-443-0 | | | | INS Number | | | Place of Birth Nadic Mass | | Citizenship USA | | | | | |
| CO-DEF | 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 | |
| JUVENILE | <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 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 561-355-2526) informed of any change of address: □ Yes, By: (Name) <input type="checkbox"/> No: (Reason) | | | | | | | | | | School Attended | | | Grade | |
| | Property Crime? | | Description of Property | | | | | | | | Value of Property | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| 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. Barbituate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Deriv. | P. Paraphernalia/ Equipment S. Synthetic | U. Unknown Z. Other | | | | |
| CHARGE | Charge Description AGGRAVATED BATTERY | | | | Counts 1 | Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No | | Statute Violation Number 784.045(1)(A)2 | | Violation of ORD# | | | | | |
| | Drug Activity N | Drug Type N | Amount/Unit N/A | Offense # 16-038321 | | | Warrant/Capis Number | | Bond | | | | | | |
| CHARGE | Charge Description | | | | Counts | Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No | | Statute Violation Number | | Violation of ORD# | | | | | |
| | Drug Activity | Drug Type | Amount/Unit | Offense # | | | Warrant/Capis Number | | Bond | | | | | | |
| CHARGE | Charge Description | | | | Counts | Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No | | Statute Violation Number | | Violation of ORD# | | | | | |
| | Drug Activity | Drug Type | Amount/Unit | Offense # | | | Warrant/Capis Number | | Bond | | | | | | |
| CHARGE | Charge Description | | | | Counts | Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No | | Statute Violation Number | | Violation of ORD# | | | | | |
| | Drug Activity | Drug Type | Amount/Unit | Offense # | | | Warrant/Capis Number | | Bond | | | | | | |
| NOTICE TO APPEAR | <input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 <input type="checkbox"/> You need not appear in Court but must Comply with instruction on reverse side. | | | Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444 | | | | | | | | | | | |
| | | | | Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> 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 | | | | | | | | | | | | | | |
| ADMIN | HOLD for other Agency Name: <i>Plenty for 4282</i> | | | | Signature of Arresting Officer <i>867</i> | | | | Name Verification (Printed by Arrestee) (PRINT) | | | | | | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | | | <input type="checkbox"/> Rested Arrest <input type="checkbox"/> Other | | | | Name of Arresting Officer (Print) Ofc. Mastro 863 | | I.D. # BBPD | BU#107018 | | | |
| | Intake Deputy | | Pouch # | Transporting Officer | | I.D. # | Agency | Witness here is subject Signed with an "X". | | Page | | | | | |
| | | | | <i>Mastro 863 BBPD</i> | | | | | | 1 OF 1 | | | | | |

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|--|---|--|--|---|-------------------------------|--|---|---|----------|---|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | | | 1 Arrest 2 NTA | 3 Request for Warrant 4 Request for Capias | 1 | Juvenile | N |
| Agency ORI Number FL0 5 0 0 3 0 0 | Agency Name BOYNTON BEACH POLICE DEPT. | Agency Report Number | | | | 34-16-038321 | | | | |
| Charge Type Check all that 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 | Special Notes | | | | | | |
| Name (Last, First, Middle) CHIAPPISI, NICHOLAS ALLEN | Alias | | | | Race W | Sex M | Date of Birth 12/03/1983 | | | |
| Charge Description AGGRAVATED BATTERY | Charge Description | | | | | | | | | |
| Charge Description | Charge Description | | | | | | | | | |
| Victim's Name (Last, First, Middle) HARB, NIDAL | | | | | Race W | Sex M | Date of Birth 09/17/1980 | | | |
| Local Address (Street, Apt Number) | (City) | (State) | (Zip) | Phone | | Address Source | | | | |
| Business Address (Name, Street) 101 N. Federal Hwy | (City) Boynton Beach | (State) FL | (Zip) 33435 | Phone 561-739-6156 | | Occupation Store Owner | | | | |
| 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.. | | | | | | | | | | |
| <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. | | | | |
| <input type="checkbox"/> Confessed to | <input type="checkbox"/> Admitting the below facts | | | <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation. | | | | | | |
| On The 11 Day of July 2016 At 10:13 | | | | <input type="checkbox"/> A.M. | <input type="checkbox"/> P.M. | | | | | |

On the above date and time at 101 N Federal Hwy/Ocean Food Mart which is located in the City of Boynton Beach, County of Palm Beach and the State of Florida I came in contact with the defendant, identified as w/m Chiappisi, Nicholas dob 12/03/1983, who was in still on scene and pushing the victim, w/m Harb, Nidal dob 09/17/1980 in an attempt to get back into the store. I spoke with the Nidal who advised the Chiappisi entered the store this morning smelling like alcohol. He came to the counter with a can of Miller Light and attempted to purchase it with a credit card that did not belong to him. Nidal asked for identification at which point Chiappisi began yelling obscenities at him. Nidal refused to sell him the alcohol at which time Chiappisi threw the can of beer at Nidal just missing his head but striking him in the upper left shoulder.

When Nidal came outside to tell Chiappisi he was no longer allowed into his store Chiappisi yelled "get away from me you quire Arab". Chiappisi repeated this multiple times while he was in my custody. Chiappisi was aggressive while on scene and while in custody. If Chiappisi was allowed to stay on scene I believe the likelihood that the violence would escalate was very high based on his demeanor.

Subsequently based on the information gathered and witnessed by this officer the defendant was placed under arrest for Aggravated Battery FSS 784.045(1)(A)2.

Chiappisi was taken to Bethesda Medical Center for medical clearance then transported to BBPD for processing.

After the Defendant was processed at the Boynton Beach Police Department he was TOT PBCJ.

The foregoing instrument was sworn to or affirmed and subscribed before me

S. J. 2
Notary Public, Clerk of Court, Officer (F.S.S. 111-10)

07/11/2016

Date

cn 867
(Signature of Arresting / Investigative Officer)

Ofc. Mastro 863

(Print name of Arresting/Investigative Officer)

07/11/2016

Date

SCANNED
JUL 12 2016