

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

1

Juvenile

OBTS Number Agency ORI Number Agency Name Agency Report Number

Charge Type Check as many as apply 1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other Special Notes

Name (Last, First, Middle) RASCATI, NICHOLAS J. Alias Race W Sex m Date of Birth 5/15/70

Charge Description Simple Battery - Domestic Charge Description

VICTIM Race W Sex f Date of Birth 10/16/70 Address Source Victim Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

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 committed the below acts, resulting from my (described) investigation. On the 31 day of October 20 17 at 6:39 [] A.M [x] P.M (Specifically include facts constituting cause for arrest.)

On the above date and time I was dispatched to in reference to a Domestic Call. The caller, 16 year old had called 911 stating that he had received a text message from stating that she was being hit by her of 25 years NICHOLAS J. RASCATI.

Upon my arrival I made contact with Nicholas at the front door. Nicholas had a strong odor of an unknown intoxicating beverage coming from his person and his white t-shirt was ripped. When I asked him had had occurred he stated that was crazy and that she needed to get out I then spoke to who visibly upset and had a minor bruise on her upper lip. stated that started to yell at her since one of had put a hole in the screen. stated that she walked away, but came back after 20 minutes to put laundry in the laundry room when Nicholas started to yell at her again. stated that she then went upstairs and was being followed by Once upstairs stated that Nicholas turned off the A/C and tried to take her purse from her that she was holding since he wanted to take her money, that he eventually took out of the purse. stated that as she was holding her purse she was also holding t-shirt and that is how his t-shirt got ripped. stated that they then went downstairs and that is when pushed and hit her in the mouth. stated that had been arrested in the past for Domestic Battery in Connecticut and she further stated that does do illegal drugs and that is why he wanted her money.

Based on the above facts Nicholas was placed under arrest, handcuffs were double locked and checked for fit, and is being charged with Domestic Simple Battery.

SCANNED
NOV 01 2017

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting /Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of October 20 17 by D/S Peitz ID 6432 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known Notary Public, Clerk of Court, Officer (F.S.S.): 11 7. 10

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: _____

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 #: 17-146700 Agency: PBS
Offense: Simple Battery
Suspect/Offender: Nicholas Nascoti
D.O.B. 5/11/70 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: _____ D.O.B. 10/16/70 Race: W Sex: F
Address: _____
City: _____
Home #: _____ 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: 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: _____

Printed name of person waiving notification: _____

Deputy's Name: Nascoti Perh I.D.# 6432 Date: 10/31/17

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/99

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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NOV 1 2017

PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER: 17-146990

DEFENDANT'S NAME: Nicholas Ruscatti

DEFENDANT'S STATEMENT: YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: Stated that she was crazy and that she needed to get out of [redacted]

VICTIM'S NAME: [redacted]

VICTIM'S STATEMENTS: YES NO (IF YES: WRITTEN TAPED ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL)
Was visibly upset.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: [redacted]

PHOTOGRAPHS: SCENE: YES NO [redacted]

911 CALL: YES NO WHO CALLED: [redacted]

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: Dady Community Hospital PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: [redacted] DOB: 11/11/01
NAME: [redacted] DOB: 12/14/02
NAME: [redacted] DOB: 6/14/04

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____
NAME: _____ DOB: _____
NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

VICTIM PREGNANT: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: _____ PHONE: _____

RELATIVE/FRIEND ADDRESS: _____

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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 #:	17-1116	ZONE:	111	SUSPECT:	Michael...	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	11/1/17
EVENT TYPE:	...		DEPUTY:	...		ID#:	...

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	[REDACTED]	FIRST NAME:	[REDACTED]	MIDDLE INITIAL:	P	RACE:	W	SEX:	F
DATE OF BIRTH:	10/16/1970	YOUR HEIGHT:	5'3	YOUR WEIGHT:	212	YOUR HAIR COLOR:	Brown	YOUR EYE COLOR:	Brown
YOUR HOME ADDRESS:	[REDACTED]	CHECK IF HOMELESS:	[REDACTED]	[REDACTED]					
WORK PHONE:	[REDACTED]	CHECK IF NONE:	[REDACTED]	HOME PHONE:	[REDACTED]	CHECK IF NONE:	[REDACTED]	EMAIL:	[REDACTED]

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

I, [REDACTED] DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

[REDACTED] put a hole in screen on porch he was mad and he started yelling so I walked away I came back after 20 min to put laundry in laundry room he started yelling because I went in there then he threw out my food that was cooked after he ate it. yelled some more followed me upstairs I tried to walk away again all stuff he threw out of my purse took modem out of bed room shot off all the PC and fans took my cash and in purse came back downstairs and fished me out me in room

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC	FSS: 11/1/2017
YOUR SIGNATURE: X [REDACTED]	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:	DATE: 11/1/17 TIME: 1:30
	SIGNATURE: [REDACTED]	ID: 197

IF YOU DO NOT WISH TO PROSECUTE THIS IS A DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLO... I RATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH CO... 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 _____)