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ARREST / NOTICE TO APPEAR

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

1

JUVENILE

N

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2019-016161		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral		1	JUVENILE	N
D E F E N D A N T	Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) 1230 NW 13TH ST 109B				Location of Offense (Business Name, Address) 1230 NW 13TH ST 109B, BOCA RATON, FL 33486							
	Date of Arrest 11/25/2019	Time of Arrest 22:25	Booking Date 11/25/2019	Booking Time 22:35	Jail Date 11/25/2019	Jail Time 23:38	Location of Vehicle 1230 NW 13TH ST					
	Name (Last, First, Middle) PEDEN, NICHOLE LEEANN											
D E F E N D A N T	Alias: _____											
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W	Date of Birth 07/10/2000	Height 5'05	Weight 130	Eye Color GREEN	Hair Color BROWN	Complexion LIGHT	Build Medium		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion CHRISTIAN	Indication of: Alcohol Influence Drug Influence Yes ☐ No ☒ Unk. ☐			
	Local Address (Street, Apt. Number) 1230 NW 13TH ST 109B, BOCA RATON, FL 33486						Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 11			
	Permanent Address (Street, Apt. Number) 1230 NW 13TH ST 109B, BOCA RATON, FL 33486						Phone		Address Source SELF			
	Business Address (Name, Street) FAU,						Phone		Occupation Student			
	DL Number, State P350632007500 / FL		Social Security Number [REDACTED]		INS Number		Place of Birth (City, State) WELLINGTON, FL		Citizenship US			
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile		
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile		
	J U V E N I L E	☐ Parent ☐ Legal Custodian Name (Last, First, Middle) _____ Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Notified by: (Name) _____ Date _____ Released To: (Name) _____ Relationship _____ Date _____ Time _____ The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. ☐ Yes, by: _____ ☐ No: _____ Property Crime? ☐ Yes ☒ No Description of Property _____ Value of Property _____ Drug Activity: N/A, P. Possess, S. Sell, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other Drug Type: N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other										
Charge Description DOMESTIC BATTERY Drug Activity: N Drug Type: N Amount / Unit: / Offense #: / Counts: 1 Domestic Violence: ☒ Y ☐ N Warrant / Capias Number: 784.03(1A1) Statute Violation Number: 784.03(1A1) Violation of ORD #: DD Bond												
Charge Description Drug Activity: / Drug Type: / Amount / Unit: / Offense #: / Counts: / Domestic Violence: ☐ Y ☐ N Warrant / Capias Number: / Statute Violation Number: / Violation of ORD #: /												
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Health / Apparent Physical Condition of Defendant GOOD Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health Transported By: LIMA Date Transported: 11/26/2019 Time Transported: 00:00 Other: / PROPERTY - Received By: LIMA Released By: LIMA Released To: CJ INSTRUCTION NO. 1 - Mandatory appearance in court ☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. 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: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other ☒ NO Name of Arresting Officer (Print): LIMA ID #: 795 Name of Arresting Officer (Sign): LIMA ID #: 795 Agency: BOCA Transporting Officer: LIMA ID #: 795 Agency: BOCA Witness here if subject signed with an "X".												
Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed _____ HOLD for Other Agency: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other ☒ NO Name of Arresting Officer (Print): LIMA ID #: 795 Name of Arresting Officer (Sign): LIMA ID #: 795 Agency: BOCA Transporting Officer: LIMA ID #: 795 Agency: BOCA Witness here if subject signed with an "X".												
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☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.T.O. ☐ DEFENDANT


PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
OBTS Number					
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-016161			
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) PEDEN, NICHOLE LEEANN	Alias	Race W	Sex F	Date of Birth 07/10/2000	
Charge Description 784.03(1A1) DOMESTIC BATTERY	Charge Description				
Charge Description	Charge Description				
Victim's Name (Last, First, Middle) DENNISON, JOHN SPENCER	Race W	Sex M	Date of Birth 10/22/1995		
Local Address (Street, Apt. Number) 9910 WARNER LN, WELLINGTON, FL 33414	(City)	(State)	(Zip)	Phone (561) 777-4272	Address Source
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. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ confessed to OFC LIMA admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the 25 day of November, 2019 at 22:25 (Specifically include facts constituting cause for arrest.)					
On 11/25/2019, at approximately 2135 hours, I responded to 1230 NW 13th St Apt 109B in reference to a domestic disturbance. Upon my arrival I met with John Dennison, who was outside speaking to a neighbor about an altercation that occurred between him and his girlfriend of three years, Nichole Peden. Upon seeing Dennison I observed a large red mark to his chest. According to Dennison, he and Peden got into an argument while shopping at Publix. The two left Publix and returned to the apartment complex in Peden's vehicle, a 2011 black BMW 328i bearing FL Tag GVEY38. Once back at the complex, Peden continued to yell at Dennison and then began hitting him. Dennison claimed she struck him multiple times and advised that the red mark to his chest was a result of the altercation. I photographed the mark on Dennison's chest. Dennison also stated that Peden made statements about killing herself and cutting her wrists I then met with Nichole Peden. Peden corroborated that Dennison is her boyfriend and that she was at Publix with Dennison and that she got upset with him while in the store. Peden left the store to get her vehicle and then picked up Dennison in the parking lot and then returned to the apartment. Once in the parking lot, Peden told Dennison to get out of the car. When Dennison attempted to exit the vehicle, Peden then grabbed him to pull him back inside. When asked about the red marks, Peden claimed they were a result of her grabbing Dennison. Peden claimed she did not remember everything and that it was possible she may have hit Dennison. When asked about the suicidal statements, Peden admitting she said she wanted to kill herself and cut her wrists, but only as a way to get Dennison's attention. Peden denied actually wanting to kill or hurt herself. Based on the information obtained during my investigation, I placed Nichole Peden under arrest for domestic battery. Peden was transported to BRPD for booking and then turned over to Palm Beach County Jail.					
SWORN AND SUBSCRIBED BEFORE ME HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 11/26/2019 DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  LIMA ALFREDO (795) NAME OF OFFICER (PLEASE PRINT) 11/25/2019 DATE			
SCANNED NOV 26 2019		PAGE 1 OF 1			

COURT

STATE ATTORNEY
NOV 26 2019

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

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#: 2019-016161 Agency: Boca Raton Police
Offense: Domestic (Dating) Battery
Suspect/Offender: Nicole Peden
D.O.B. 7/10/2000 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: John Dennison D.O.B. 10/22/95 Race: W Sex: M
Address: 9910 Warner Ln
City: Wellington State: FL Zip: 33414
Home#: 561-777-4272 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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Ofc Lima I.D.# 795 Date: 11/25/19
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
Other	☐	782.04 (FS)	Other: Witness	
	☐	539.001(b)-(l) FSS, 539.003 FSS	Other: Pawn Broker Information	

REVIEW COMPLETED BY

Booking Number: 2019038009	Date: 11/26/2019
	Specialist Name/ID: M. Tooks #8557

SCANNED

NOV 26 2019