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7mm 8490

3745

## ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number			Agency ORI Number 0500800 Agency Name West Palm Beach Police Department						Agency Report Number (N.T.A.'s only) 9 4 2017-0013311				
Check as many as apply.			<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type <b>Hands/feet/teeth</b> Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) <b>414 27TH ST</b>						Location of Offense (Business Name, Address) <b>414 27TH ST, WEST PALM BEACH, FL 33401</b>							
Date of Arrest <b>07/11/2017</b>		Time of Arrest <b>01:04</b>		Booking Date		Booking Time		Jail Date		Jail Time			
Location of Vehicle													
Name (Last, First, Middle) <b>GARCIA, NICOLETTE MICHELYN</b>													
Alias: <b>Alias:</b>													
Race W - White      B - Black		Sex W - Female      F - Female		Date of Birth <b>05/07/1974</b>		Height <b>5'05</b>		Weight <b>160</b>		Eye Color <b>GREEN</b>		Hair Color <b>BROWN</b>	
Complexion <b>LIGHT</b>													
Build <b>Medium</b>													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)													
						Marital Status <b>S</b>		Religion					
Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>													
						Phone <b>(561) 962-5341</b>			Residence Type: 1. City      3. Florida 2. County      4. Out of State				
						Phone <b>(561) 962-5341</b>			Address Source <b>VERBAL</b>				
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone	
												Occupation	
D/L Number, State <b>G620-633-74-667-0 / FL</b>			Soc. Sec. Number			INS Number			Place of Birth (City, State) <b>PALM BEACH FL</b>			Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth			
Indication of: Arrested Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Felony <input type="checkbox"/> M. Juvenile At Large Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> M. Misdemeanor													
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Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)													
Legal Custodian													
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone													
Notified by: (Name) <b>NO BOND</b> Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JA 3. Incremental													
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 355-2526) informed of any change of address.													
School Attended Grade													
Property Crime? Yes <input type="checkbox"/> No Description of Property Value of Property													
Yes, by: <input type="checkbox"/> No													
Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other Drug Type B. Barbiturate I. Hallucinogen P. Hallucinoma/ U. Unknown N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate C. Cocaine M. Marijuana Equipment Z. Other P. Possess T. Traffic E. Use A. Amphetamine E. Heroin S. Opium/Deriv. S. Synthetic													
Charge Description <b>BATTERY - BATTERY (SIMPLE)</b> Statute Violation Number <b>784.03(1) A1</b> Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
N		/		2017-0013311				1				Bond	
Charge Description Statute Violation Number Violation of ORD #													
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/		/		/		/		/				Bond	
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Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
/		/		/		/		/				Bond	
Health / Apparent Physical Condition of Defendant Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:													
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail PROPERTY Received By Released By Released <input type="checkbox"/> Bond													
Posted Bond <input type="checkbox"/> South County Mental Health													
Transported By Date Transported Time Transported Other													
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) Court Date and Time							
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 COMTEMPT 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 <b>WARD, MATTHEW</b> I.D. # <b>JUL 09 2017</b> Name/Signature (Printed by Arrestee) <b>JUL 11 AM 3:51</b>							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) <b>WARD, MATTHEW</b> I.D. # <b>JUL 09 2017</b> Agency <b>JUL 11 AM 3:51</b>							
Initials <b>THOMAS</b> Pouch # <b>3 am</b>						Transporting Officer I.D. # <b>3 am</b> Agency <b>JUL 11 AM 3:51</b>							
Witness here if subject signed with an "X".													

COURT     STATE ATTORNEY     AGENCY     CENTRAL RECORDS     JAIL     CRIME ANALYSIS     P. I. O.     DEFENDANT

No  
Photo  
Available

#31

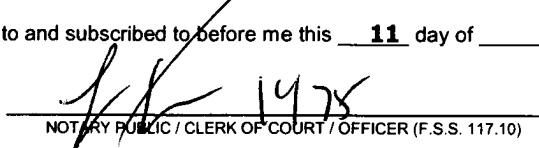
PAGE

1 OF 1

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Date / Time <b>07/11/2017 01:04</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>			Agency Report Number <b>9   4   2017-0013311</b>																													
Agency ORI Number <b>FL 0500800</b>		Alias		Race		Sex	Date of Birth																											
Name (Last, First, Middle) <b>GARCIA, NICOLETTE MICHELYN</b>				<b>W</b>		<b>F</b>	<b>05/07/1974</b>																											
Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>																																		
Victim's Name (Last, First, Middle) <b>MASON, GARY D</b>				Race		Sex																												
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source																												
						Occupation																												
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):																																
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RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]																																		
<table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td></td> <td>Victim: <input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>911 CALL:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> CALLER:</td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> TYPE:</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>AT:</td> <td>Scene: <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> PARAMEDICS:</td> </tr> <tr> <td></td> <td>Hospital: <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</td> </tr> </table>								PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		Victim: <input checked="" type="checkbox"/>	<input type="checkbox"/>	911 CALL:	<input type="checkbox"/>	<input checked="" type="checkbox"/> CALLER:	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/> TYPE:	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/> (If YES, attach witness list)	INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AT:	Scene: <input type="checkbox"/>	<input checked="" type="checkbox"/> PARAMEDICS:		Hospital: <input type="checkbox"/>	<input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:
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<p>N On Tuesday, July 11, 2017 at approximately 0104 hours at the request of Sgt Bullard I responded to [REDACTED] A in reference to a domestic incident.</p>																																		
<p>R Upon arrival contact was made with Nicolette Garcia, 5/7/1974, and Gary Mason, [REDACTED], and the initial</p>																																		
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> 1910 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>11</u> day of <u>July</u>, <u>2017</u>.</p> <p> 1978 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>07/11/2017 01:04</b>	Agency ORI Number <b>FL 0500800</b>	Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>9   4   2017-0013311</b>
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responding Officers. I first spoke with Mason who advised he entered into a verbal argument with Garcia earlier in the day in reference to her moving out of the home. Mason placed Garcia's personal belongings in bags and placing them on the floor by the front door. At approximately 0015 hours Garcia returned to the home observed her belongings packed in bags, and entered into a verbal argument with Mason. During the argument Garcia kicked a picture frame with her right foot breaking the glass. Garcia began to pick up some of the items on the floor and accidentally cut the top of her right hand on the broken glass. Mason stated that at no point did it become physical between him and Garcia.

While speaking with Garcia she provided the same account of the incident, and additionally advised that she had hugged Mason which is why he had a small amount of blood on his shirt. After speaking with Garcia she became upset and left the area on foot. While still on scene she returned and was in the back yard of the property. While Mason was speaking with Sgt Colombino he walked away and went to the back yard. Sgt Colombino later observed Garcia with both hands forcefully push Mason on his back.

Mason and Garcia

Given the above stated facts, probable cause exist to charge Nicolette Garcia with F.S.S 784.03(1), Simple Battery (Domestic) *AI*

**NOT A CERTIFIED COPY**

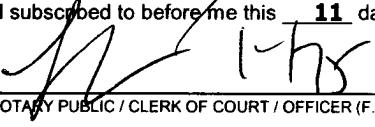
STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

  
\_\_\_\_\_  
1970

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 11 day of July, 2017.

  
\_\_\_\_\_  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)