

01588/6

## ARREST / NOTICE TO APPEAR

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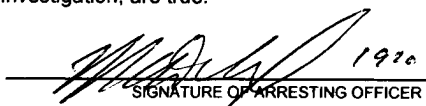
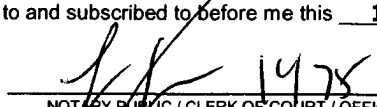
ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9   4   2017-0013311</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE											
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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 <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									
DEFENDANT	Name (Last, First, Middle) <b>GARCIA, NICOLETTE MICHELYN</b>										Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White B - Black <b>W</b>		Sex M - Male F - Female <b>F</b>		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 Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
	Business Address (Name, Street) <b>[REDACTED]</b>										(City) <b>[REDACTED]</b>		(State) <b>[REDACTED]</b>		(Zip) <b>[REDACTED]</b>		Phone <b>(561) 962-5341</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>			
JUVENILE	D/L Number, State <b>G620-633-74-667-0 / FL</b>										Soc. Sec. Number <b>[REDACTED]</b>		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		<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					
	Parent <input type="checkbox"/> Other: <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Address (Street, Apt. Number) <b>[REDACTED]</b>										(City) <b>[REDACTED]</b>		(State) <b>[REDACTED]</b>		(Zip) <b>[REDACTED]</b>		Residence Phone <b>[REDACTED]</b>					
CHARGE	Notified by: (Name) <b>[REDACTED]</b>										Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
	Released To: (Name) <b>[REDACTED]</b>										Relationship		Date		Time		School Attended <b>[REDACTED]</b>		Grade <b>[REDACTED]</b>			
	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.										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
	Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperse/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other										Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin F. Marijuana G. Marijuana H. Marijuana I. Marijuana J. Marijuana K. Marijuana L. Marijuana M. Marijuana N. Marijuana O. Marijuana P. Marijuana Q. Marijuana R. Marijuana S. Marijuana T. Marijuana U. Marijuana V. Marijuana W. Marijuana X. Marijuana Y. Marijuana Z. Marijuana		Statute Violation Number <b>784.03(1) A1</b>		Violation of ORD #							
CHARGE	Charge Description <b>BATTERY - BATTERY (SIMPLE)</b>										Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>2017-0013311</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
	Charge Description										Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
	Charge Description										Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
	Charge Description										Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
IN TAKE	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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By		Released By		Released To							
	Transported By										Date Transported		Time Transported		Other							
	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									
TO APPEAR	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									
	Signature of Arresting Officer <b>[REDACTED]</b>										Name of Arresting Officer (Print) <b>WARD, MATTHEW</b>		I.D. # <b>[REDACTED]</b>		Agency <b>[REDACTED]</b>		PAGE <b>1 OF 1</b>					
	Signature of Juvenile <b>[REDACTED]</b>										Signature of Parent/Guardian <b>[REDACTED]</b>		Signature of Other <b>[REDACTED]</b>		Signature of Other <b>[REDACTED]</b>		Signature of Other <b>[REDACTED]</b>					
	Signature of Other <b>[REDACTED]</b>										Signature of Other <b>[REDACTED]</b>		Signature of Other <b>[REDACTED]</b>		Signature of Other <b>[REDACTED]</b>		Signature of Other <b>[REDACTED]</b>					

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

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

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>	
	Name (Last, First, Middle) <b>GARCIA, NICOLETTE MICHELYN</b>						Race <b>W</b>	Sex <b>F</b>
C H R G	Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>							
	Victim's Name (Last, First, Middle) <b>MASON, GARY D</b>						Race <b>B</b>	Sex <b>M</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) Phone						Address Source	
							Occupation	
A D D I T I O N A L  I N F O R M A T I O N	Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> DEFENDANT'S STATEMENTS:			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
	VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>							
A D D I T I O N A L  I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT							
	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>			
			Victim: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	911 CALL:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:		
	WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE:		
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)		
	INJURIES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:		
Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:			
A D D I T I O N A L  I N F O R M A T I O N	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:		
	H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CASE #:		
	PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
N A R R	On Tuesday, July 11, 2017 at approximately 0104 hours at the request of Sgt Bullard I responded to [REDACTED] in reference to a domestic incident.							
	Upon arrival contact was made with Nicolette Garcia, 5/7/1974, and Gary Mason, [REDACTED], and the initial							
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.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>11</u> day of <u>July</u> , <u>2017</u> .  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

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 I S T R A T I V E	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>			

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 [REDACTED]

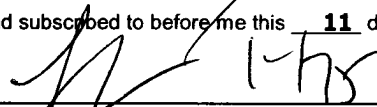
Given the above stated facts, probable cause exist to charge Nicolette Garcia with F.S.S 784.03(1), Simple Battery (Domestic) <sup>Al</sup>

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.

  
\_\_\_\_\_  
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)

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