

2018 mm 1178

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 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 312 2018-001416	
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 Hands, Feet, Fist, Teeth		Multiple Clearance Indicator NO
Location of Arrest (Including Name of Business) 530 NE 47TH ST			Location of Offense (Business Name, Address) 530 NE 47TH ST 208, BOCA RATON, FL 33431			
Date of Arrest 01/29/2018	Time of Arrest 23:55	Booking Date 01/30/2018	Booking Time 00:05	Jail Date 01/29/2018	Jail Time 22:45	Location of Vehicle NONE

Name (Last, First, Middle) WILFORD, NIGEL JONATHAN		Alias:						
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 02/19/1964	Height 6'02	Weight 195	Eye Color BLUE	Hair Color BROWN	Complexion LIGHT	Build Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT BOTH ARM / TRIBAL MARK AND DRAGON			Marital Status M	Religion CATHOLIC	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 530 NE 47TH ST 208, BOCA RATON, FL 33431		(City)	(State)	(Zip)	Phone (561) 866-4668		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 530 NE 47TH ST 208, BOCA RATON, FL 33431		(City)	(State)	(Zip)	Phone (561) 866-4668		Address Source FL DL	
Business Address (Name, Street) JONES LANGLASELL,		(City)	(State)	(Zip)	Phone		Occupation Manager	
D/L Number, State W416630640590 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) LEICESTER, England		Citizenship EN			

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
Name (Last, First, Middle)			Residence Phone			
Address (Street, Apt. Number)			Business Phone			
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
Released To: (Name)	Relationship	Date	School			
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	

VICTIM NOTIFICATION REQUIRED

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	H. Hallucinogen M. Marijuana O. Opioids/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description BATTERY (DOMESTIC)		Statute Violation Number 784.03(1A1)		Violation of ORD #		
Drug Activity	Drug Type N	Amount / Unit	Offense # 2018-001416	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number

SHARON R BOCK
SALM BEACH CLUB BRANCH
JAN 30 2018

Health / Apparent Physical Condition of Defendant GOOD			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Identification <input type="checkbox"/> Informities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By KIRK		Released By KIRK
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Date Transported 01/30/2018	Time Transported 01:00	Other

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/> 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
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HOLD by Other Agency		Signature of Arresting Officer <i>Andrae Kirk</i> 808	Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) KIRK, ANDRAE	ID.# 808	(PRINT) SCANNED
Intake Deputy	ID.#	Pouch #	Transporting Officer <i>Green</i> 735	Agency <i>Bucc</i>

JAN 30 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/29/2018 22:11	Agency Report Number 3 2 2018-001416	
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	
D E F	Name (Last, First, Middle) WILFORD, NIGEL JONATHAN		Date of Birth 02/19/1964
	Race W		Sex M
C H R G	Charge Description 784.03(1A1)		
	Victim's Name (Last, First, Middle) WILFORD, LISA RENE		Date of Birth 06/15/1973
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 530 NE 47TH ST 208, BOCA RATON, FL 33431		Phone (561) 757-9393
	Business Address (Name, Street) (City) (State) (Zip)		Address Source Occupation

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): AFRAID
VICTIM'S STATEMENTS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
MARRIED

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: WILFORD, LISA
WEAPON USED:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:
WITNESSES:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)
INJURIES:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MEDICAL TREATMENT:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
AT: Scene:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:
Hospital:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VICTIM PREGNANT:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

On 1/29/2018, at approximately 2145 hours, I responded to 530 NE 47th St, in reference to a domestic disturbance. Upon arrival, I made contact with W/F Lisa Wilford outside of her apartment. It should be noted that Lisa appeared extremely disheveled. She was crying uncontrollably, her face was extremely red, her hair was unorganized and it appeared to have been pulled on the front left side, and she had stains on her face and

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]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 29 day of January, 2018

PATTERSON, MARC P.
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 01/29/2018 22:11	Agency Report Number 3 2 2018-001416
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT

N
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clothes.

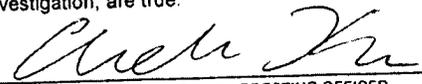
According to Lisa, her husband, Nigel Wilford and her arrived at their apartment today at approximately 2130 hours. While sitting on the couch watching television the couple began to argue. Lisa stated that she said, "You're fucked up just like your daughter." According to Lisa, this infuriated Nigel causing him to become violent. Lisa stated that Nigel grabbed her with his right hand and pulled her hair causing her extreme discomfort. Lisa advised that the couple then began to argue in the kitchen and at which time Nigel then grabbed the food that was on the stove and threw it into Lisa's face actually striking her. Lisa stated that she then called BRPD and waited outside of the apartment for our arrival.

Next I spoke with Nigel, inside of the apartment at which time I observed numerous pieces of chicken scattered across the kitchen floor with sauce (unknown what kind). Nigel stated that he did not touch Lisa. When I asked Nigel why Lisa had food all over her face and clothing he stated that she threw the food up in the air and it must have fell on her. I then asked Nigel why would someone throw food on themselves and he replied that she was drunk.

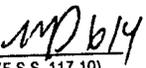
Finally, based on my investigation I placed Nigel Wilford under arrested for Domestic Battery F.S.S 784.03(1A1). Photographs of Lisa were taken and submitted into BRPD as evidence. Lisa was provided me with a witness statement that was submitted into BRPD as evidence. A Domestic Violence Rights and Remedies Pamphlet was completed and provided to Lisa. Nigel was processed at BRPD and transported to Palm Beach County Jail.

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 29 day of January, 2018

PATTERSON, MARC P 
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)