

0411089

942

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for CapiasJuvenile
N

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------|---|------------------------------|--|--|--|--|---|--|--|--|------------------------|--|
| OBTS Number | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | | | | | | | | | | | | | | |
| Agency ORI Number | | Agency Name | | Agency Report Number (N.T.A.'s only) | | | | | | | | | | | | | |
| FLO 5 0 2 6 0 0 | | PALM BEACH GARDENS POLICE DEPT. | | 7 8 1-1 7-10P 192 111 111 | | | | | | | | | | | | | |
| Charge Type: Check as many as apply: | | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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 | | Multiple Clearance Indicator | | | | | | | | | | |
| Location of Arrest (Including Name of Business) | | Location of Offense (Business Name, Address) | | | | | | | | | | | | | | | |
| 10177 N Military Trl Palm Beach Gardens, FL | | 10177 N Military Trl Palm Beach Gardens, FL | | | | | | | | | | | | | | | |
| Date of arrest | | Time of Arrest | | Booking Date | | Booking Time | | Jail Date | | Jail Time | | Location of Vehicle | | | | | |
| 03.30.17 | | 15.39 | | | | | | | | | | | | | | | |
| Name (Last, First, Middle) | | | | | | | | | | | | | | | | | |
| Albino, Nikki | | | | | | | | | | | | | | | | | |
| Race W - White B - Black | | Sex I - American Indian O - Oriental/Asian | | Date of Birth 03.11.76 | | Height 501 | | Weight 145 | | Eye Color CMY | | Hair Color Blonde | | Complexion Med | | Build Short | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | | | | | | | | | | | | |
| Local Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Phone (561)8015881 | | Marital Status S | | Religion Cath | | Indication of: Alcohol Influence Drug Influence | | | |
| 10177 N Military Trl | | Palm Beach Gardens | | FL | | 33410 | | | | | | | | Residence Type: 1. City 2. County | | | |
| Permanent Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Phone () | | Address Source Verbal | | | | | | | |
| 10177 N Military Trl | | Palm Beach Gardens | | FL | | 33410 | | | | | | | | | | | |
| Business Address (Name, Street) | | (City) | | (State) | | (Zip) | | Phone () | | Occupation homemaker | | | | | | | |
| DL Number, State A415C20765910 FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) | | Baton Rouge, LA | | Citizenship US | | | | | | | |
| 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 | | | | | |
| JUVENILE | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: | | Name (Last) | | (First) | | (Middle) | | | | | | Residence Phone () | | | | | |
| | | | | | | | | | | | | Business Phone () | | | | | |
| Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | | | | | | | | | | |
| Notified by: (Name) | | | | Date | | Time | | Juvenile Disposition | | 2. TOT HRS/DYS | | | | | | | |
| | | | | | | | | 1. Handled/Processed within Dept. and Released. | | 3. Incarcerated | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes, by: (Name) | | | | <input type="checkbox"/> No: (Reason) | | | | School Attended | | | | Grade | | | | | |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | | | | | Value of Property | | | | | | | | | |
| CODE | | Drug Activity S. Sell R. Smuggle N. N/A B. Buy D. Deliver P. Possess T. Traffic E. Use | | K. Dispense/ Distribute | | M. Manufacture/ Produce/ Cultivate | | Z. Other | | Drug Type N. N/A A. Amphetamine E. Heroin | | B. Barbiturate C. Cocaine D. Marijuana O. Opium/Deriv. | | H. Hallucinogen I. Heroin P. Paraphernalia/ Equipment S. Synthetic | | U. Unknown Z. Other | |
| CHARGE | | Charge Description Simple Battery (Domestic) | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number 78.41.03.111A.1.1 | | | | | | Violation of ORD # NOVA | | | |
| CHARGE | | Drug Activity Drug Type Amount / Unit | | Offense # | | | | Warrant / Capias Number | | | | Bond | | | | | |
| CHARGE | | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | | | | | Violation of ORD # | | | |
| CHARGE | | Drug Activity Drug Type Amount / Unit | | Offense # | | | | Warrant / Capias Number | | | | Bond | | | | | |
| CHARGE | | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | | | | | Violation of ORD # REDACTED | | | |
| CHARGE | | Drug Activity Drug Type Amount / Unit | | Offense # | | | | Warrant / Capias Number | | | | Bond | | | | | |
| CHARGE | | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | | | | | Violation of ORD # REDACTED | | | |
| CHARGE | | Drug Activity Drug Type Amount / Unit | | Offense # | | | | Warrant / Capias Number | | | | Bond | | | | | |
| NOTICE TO APPEAR | | <input 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 Reverse Side. | | Location (Court, Room Number, Address) | | | | | | | | | | | | | |
| | | | | Court Date and Time | | | | | | | | | | | | | |
| | | | | Month | | Day | | Year | | Time | | 15:30 | | A.M. P.M. | | | |
| 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 | | | | |
| ADMIN. | | HOLD for other Agency Name: <i>D/S. C. GILYARD</i> | | Signature of Arresting Officer X <i>466</i> | | | | | | | | Name Verification (Printed by Arrestee) | | | | | |
| | | <input type="checkbox"/> Dared to do <input type="checkbox"/> Suicidal <input type="checkbox"/> Inebriated | | Name of Arresting Officer (Print) <i>Debra G. Gilyard</i> | | I.D. # <i>466</i> | | | | | | (PRINT) SCANNED | | | | | |
| | | Pouch # <i>1392</i> | | Transporting Officer <i>Debra G. Gilyard</i> | | I.D. # <i>466</i> | | Agency <i>PGPD</i> | | | | MAR 31 2017 | | | | | |
| | | | | | | | | | | | | PAGE | | | | | |
| | | | | | | | | | | | | | Witness here if subject signed with an "X" | | | | |

DISTRIBUTION:

WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - JAIL

GOLD - DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--|------------------------------------|--------------|--|------------------------------|-----------------------------|---------|-------------------------------------|--------------------------|--|-----------|-------------------------------------|--------------------------|--------------------|--------------|--------------------------|-------------------------------------|------------------|------------|-------------------------------------|--------------------------|-------------------------------|-----------|-------------------------------------|--------------------------|--|--------------------|--------------------------|-------------------------------------|--|------------|--------------------------|-------------------------------------|-------------|-----------|--------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|--------------------------|------------------------|--------------------|-------------------------------------|--------------------------|--|------------------|--------------------------|-------------------------------------|--|---------------------------------|--------------------------|-------------------------------------|--------------------|-------------------------------------|--------------------------|-------------------------------------|--|----------------------------|--------------------------|-------------------------------------|--|
| A D M I N | Date / Time 03/30/2017 16:45 | Agency ORI Number FL 0502600 | Agency Name PALM BEACH GARDENS POLICE | Agency Report Number 7 8 17-001921 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D E F | Name (Last, First, Middle) ALBINO, NIKKI | Alias | Race W | Sex F | Date of Birth 03/11/1976 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C H R G | Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V I C T I M | Legal Address (Street, Apt. Number) (City) (State) (Zip) | | | Race W | Sex M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Address (Name, Street) (City) (State) (Zip) | | | Phone | Address Source | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Written Taped Oral VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP BETWEEN VICTIM & SUSPECT COMMON LAW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input checked="" type="checkbox"/></td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER: [REDACTED]</td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>TYPE: [REDACTED]</td> </tr> <tr> <td>WITNESSES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PARAMEDICS:</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL: [REDACTED]</td> </tr> <tr> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NAMES/AGES: [REDACTED]</td> </tr> <tr> <td>H. R. S. NOTIFIED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #: [REDACTED]</td> </tr> <tr> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </table> | | | | | | PHOTOGRAPHS: | Scene: <input checked="" type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Victim: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 911 CALL: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CALLER: [REDACTED] | WEAPON USED: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TYPE: [REDACTED] | WITNESSES: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (If YES, attach witness list) | INJURIES: | <input checked="" type="checkbox"/> | <input 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: [REDACTED] | ACT COMMITTED IN PRESENCE OF MINOR(S): | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NAMES/AGES: [REDACTED] | H. R. S. NOTIFIED: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | VICTIM PREGNANT: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | VIOLATION OF RESTRAINING ORDER: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | CASE #: [REDACTED] | PRIOR HISTORY OF DOMESTIC VIOLENCE: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | ALCOHOL OR DRUGS INVOLVED: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| PHOTOGRAPHS: | Scene: <input checked="" type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Victim: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 911 CALL: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CALLER: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WEAPON USED: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TYPE: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WITNESSES: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (If YES, attach witness list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES: | <input checked="" type="checkbox"/> | <input 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: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACT COMMITTED IN PRESENCE OF MINOR(S): | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NAMES/AGES: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H. R. S. NOTIFIED: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM PREGNANT: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIOLATION OF RESTRAINING ORDER: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | CASE #: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIOR HISTORY OF DOMESTIC VIOLENCE: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALCOHOL OR DRUGS INVOLVED: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N A R R | On 03/30/2017 at 1445 hours I responded to [REDACTED] in reference to a domestic battery. Upon arrival, I made contact with the victim, [REDACTED] who advised the suspect, Nikki Albino, battered him. My body worn camera was used on this call. | | | Palm Beach County, [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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>_____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>30</u> day of <u>March</u>, <u>2017</u></p> <p><i>GARCIA, JAVIER</i> _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCANNED MAR 31 2017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

| | |
|---|------------------|
| A | Date / Time |
| D | 03/30/2017 16:45 |
| M | |
| I | |
| N | |

Agency ORI Number
FL 0502600Agency Name
PALM BEACH GARDENS POLICEAgency Report Number
7 | 8 | 17-001921

N [redacted] advised his live-in girlfriend of 8-9 years (Nikki) has a severe drug problem. [redacted] advised Nikki A continues to ask him for money. [redacted] advised on today's date, he refused to provide Nikki with money. R [redacted] advised Nikki became irate and a verbal argument ensued. [redacted] advised Nikki entered the garage and R retrieved a golf club. [redacted] advised at that time, Nikki broke the rear window out of his vehicle with the A golf club. [redacted] advised Nikki then turned towards him and began to approach him with the golf club in hand. T [redacted] advised he began to flee inside the residence. [redacted] advised Nikki continued to swing the golf club I and possibly hit him in the back area. [redacted] advised Nikki dropped the club and began to "punch, scratch, V and bite" him. [redacted] advised he was attempting to restrain Nikki during the altercation. [redacted] advised he E was able to "push" Nikki away and at that time, Nikki "threw" a cordless phone at him. [redacted] advised the cordless phone struck him in the forehead. [redacted] advised he then called the police.

I made contact with Nikki, who advised the altercation was over money. Nikki advised [redacted] became irate and grabbed her by the head. Nikki advised [redacted] then "slammed" her head against the wall chipping her front teeth and causing an abrasion on the top of her head near her hair line. She said he got in her face at which time she bit him in the nose. Nikki advised she then grabbed a golf club and threw it at [redacted]. Nikki advised the club missed [redacted] and struck the vehicle resulting in the rear window breaking. Nikki advised she then retreated to an upstairs bedroom.

I made contact with [redacted] Mother, identified as Mavis Rende who was present during the altercation. Mavis advised she observed Nikki attacking [redacted]. Mavis advised [redacted] was attempting to defend himself. Mavis advised she observed Nikki "punching" and "slapping" [redacted].

I made contact with both party's child [redacted] who were present during the altercation. [redacted] advised he observed "mommy hurting Daddy".

I observed multiple small laceration's on [redacted] nose. He also had a small laceration to his left temple. I observed a small abrasion on Nikki's head and a chip to her front two teeth. Due to Mavis's statement, Nikki was identified as the primary aggressor. Both parties refused medical attention. [redacted] signed a receipt that he received a copy of the domestic violence rights and remedies. It should be noted that I did not observe marks that were consistent with a golf club strike located on the victim.

As a result of my investigation I find probable cause to charge Nikki Albino with one count of Simple Battery a violation of F.S.S. 784.03(1)(A)(1). Nikki was transported to the Palm Beach County Jail without incident.

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 30 day of March, 2017.

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

SCANNED

MAR 31 2017

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 17001421 Agency: Palm Beach Gardens PD
Offense: Simple Battery
Suspect/Offender: Vikki Albino
D.O.B. 3/11/76 Race: W Sex: F
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: _____
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____
 - b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: V. Redding I.D.: 466 Date: 3/30/17

SUSPECT/OFFENDER: Albino, Nikki
COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)

SCANNED

MAR 31 2017