

0411089


942

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency ORI Number FL0502600		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 78117100192111					
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		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) 10177 N Military Trl Palm Beach Gardens, FL				Location of Offense (Business Name, Address) 10177 N Military Trl Palm Beach Gardens, FL					
Date of arrest 0.3.3.0.1.7		Time of Arrest 1.5.3.9		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle							
Name (Last, First, Middle) Albino, Nikki				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black		Sex F		Date of Birth 0.3.1.1.7.6		Height 501		Weight 145	
Eye Color GMN		Hair Color Blonde		Complexion Med		Build Short			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S		Religion Cath		Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) 10177 N Military Trl		(City) Palm Beach Gardens FL		(State) FL		(Zip) 33410		Phone (561) 801 5881	
Permanent Address (Street, Apt. Number) 10177 N Military Trl		(City) Palm Beach Gardens FL		(State) FL		(Zip) 33410		Phone ( )	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ( )	
DL Number, State A415620765910 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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)		(Middle)		Residence Phone ( )	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ( )	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 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					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ 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. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic	
U. Unknown Z. Other		Charge Description Simple Battery (Domestic)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 78110.3.111A.1	
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
<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)							
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month Day Year Time 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					
HOLD for other Agency Name:		Signature of Arresting Officer X				Name Verification (Printed by Arrestee) SCANNED			
<input type="checkbox"/> Denial <input type="checkbox"/> Surrender <input type="checkbox"/> Inmate		D/S. C. GILYARD #31392 ARRESTING OFFICER Pouch # Transporting Officer I.D. # 466 Agency PDGPD				(PRINT) MAR 31 2017 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

ADMIN	Date / Time <b>03/30/2017 16:45</b>		AFFIDAVIT Palm Beach County	
	Agency ORI Number <b>FL 0502600</b>	Agency Name <b>PALM BEACH GARDENS POLICE</b>	Agency Report Number <b>7   8   17-001921</b>	
DEF	Name (Last, First, Middle) <b>ALBINO, NIKKI</b>			Alias
	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/11/1976</b>	
CHRG	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>			
	Victim Name (Last, First, Middle) [REDACTED]			Race <b>W</b>
VICTIM	Local Address (Street, Apt. Number) [REDACTED]			Sex <b>M</b>
	Phone [REDACTED]			Address Source
	Business Address (Name, Street) [REDACTED]			Occupation
ADDITIONAL INFORMATION	Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> DEFENDANT'S STATEMENTS:		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):	
	VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
ADDITIONAL INFORMATION	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>COMMON LAW</b>			
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: [REDACTED]	
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE:	
	WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(If YES, attach witness list)	
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS:	
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL:	
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAMES/AGES: [REDACTED]	
	H. R. S. NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #:	
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
NARRATIVE	On 03/30/2017 at 1445 hours I responded to [REDACTED] Palm Beach County, FL 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.			
	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>30</u> day of <u>March</u> , <u>2017</u> .  <b>GARCIA, JAVIER</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				

SCANNED  
MAR 31 2017

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>03/30/2017 16:45</b>	Agency ORI Number <b>FL 0502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>	Agency Report Number <b>7   8   17-001921</b>
	<p>N A R R A T I V E</p> <p>██████ advised his live-in girlfriend of 8-9 years (Nikki) has a severe drug problem. ██████ advised Nikki continues to ask him for money. ██████ advised on today's date, he refused to provide Nikki with money. ██████ advised Nikki became irate and a verbal argument ensued. ██████ advised Nikki entered the garage and retrieved a golf club. ██████ advised at that time, Nikki broke the rear window out of his vehicle with the golf club. ██████ advised Nikki then turned towards him and began to approach him with the golf club in hand. ██████ advised he began to flee inside the residence. ██████ advised Nikki continued to swing the golf club and possibly hit him in the back area. ██████ advised Nikki dropped the club and began to "punch, scratch, and bite" him. ██████ advised he was attempting to restrain Nikki during the altercation. ██████ advised he was able to "push" Nikki away and at that time, Nikki "threw" a cordless phone at him. ██████ advised the cordless phone struck him in the forehead. ██████ advised he then called the police.</p> <p>I made contact with Nikki, who advised the altercation was over money. Nikki advised ██████ became irate and grabbed her by the head. Nikki advised ██████ 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 ██████. Nikki advised the club missed ██████ and struck the vehicle resulting in the rear window breaking. Nikki advised she then retreated to an upstairs bedroom.</p> <p>I made contact with ██████ Mother, identified as Mavis Rende who was present during the altercation. Mavis advised she observed Nikki attacking ██████. Mavis advised ██████ was attempting to defend himself. Mavis advised she observed Nikki "punching" and "slapping" ██████.</p> <p>I made contact with both party's child ██████ who were present during the altercation. ██████ advised he observed "mommy hurting Daddy".</p> <p>I observed multiple small laceration's on ██████ 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. ██████ 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 consistant with a golf club strike located on the victim.</p> <p>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.</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>_____ 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><u>GARCIA, JAVIER</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: right;">SCANNED MAR 31 2017</p>					

## 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 #: 17001921 Agency: Palm Beach Gardens PD  
Offense: Simple Battery  
Suspect/Offender: Nikki 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