

0439298

HMM768 494

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report							1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	
ADMINISTRATIVE	Agency ORI Number		Agency Name		PALM BEACH GARDENS POLICE DEPT.			Agency Report Number (N.T.A.'s only)				7 8 1 1 7 1 0 0 3 7 4 2 1 1 1			
	FLO 5 0 2 6 0 0														
Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		If Weapon Seized		Multiple Clearance Indicator					
		<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		Enter Type							
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)													
3231 Meridian Way S Palm Beach Gardens		Same													
Date of arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle							
06/22/17															
Name (Last, First, Middle)												Alias (Name, DOB, Soc. Sec. #, Etc.)			
Nelli, Stark R															
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth 1/1/27 7:8		Height 5'06	Weight 175	Eye Color BRN		Hair Color BLK		Complexion Med	Build Med		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status S	Religion N/A		Indication of: Alcohol Influence Drug Influence				
Local Address (Street, Apt. Number)								(City) PBG	(State) FL	(Zip) 33410	Phone (561)506-8531	Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number)								(City)	(State)	(Zip)	Phone ()	Address Source On Scene			
Business Address (Name, Street)								(City)	(State)	(Zip)	Phone ()	Occupation			
D/L Number, State N 400 796 78 4270			Soc. Sec. Number		INS Number			Place of Birth (City, State) Pittsfield, MA			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	
Parent Legal Custodian Other: Name (Last) No Boys (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							
CODE	Drug Activity N. N/A B. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Product/ Cultivate	Z. Other	Drug Type N. N/A C. Cocaine A. Amphetamine	B. Barbiturate C. Marijuana E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other				
CHARGE	Charge Description Battery (Simple) Domestic				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7 1 8 4 1 0 3 1 1 (1) (A) (1) 1 1				Violation of ORD #				
CHARGE	Drug Activity N N	Drug Type N/A	Amount / Unit N/A	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 #				
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						
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court		Location (Court, Room Number, Address)						5.						
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time						3						
	Month	Day	Year	Time		9 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:			Signature of Arresting Officer X <i>Jules Theres</i>			Name Verification (Print Name) JUN 22 2017								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) J. Nieves			(PRINT) JUN 22 2017								
	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			I.D. # 329											
	Intake Deputy Sgt. John Bao		I.D. # 329	Pouch # J. Nieves	Transporting Officer I.D. # 329	Agency PBGPD	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 06/22/2017 00:22	Agency Name PALM BEACH GARDENS POLICE			Agency Report Number 7 8 17-003742		
D E F C H R G	Name (Last, First, Middle) NOLLI, STARK RYAN	Alias	Race W	Sex M	Date of Birth 11/27/1978		
Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							

A D D I T I O N A L I N F O R M A T I O N R E R	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BRUISED EYE			
	DEFENDANT'S STATEMENTS: <input type="checkbox"/>	VICTIM'S STATEMENTS: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
RELATIONSHIP BETWEEN VICTIM & SUSPECT BROTHERS							
A D D I T I O N A L I N F O R M A T I O N R E R	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"/>	CALLED [REDACTED]			
	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS			
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)			
	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	MEDICAL TREATMENT:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	AT:	Scene: <input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS: PALM BEACH GARDENS FD			
	Hospital:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL: PBG MEDICAL CENTER			
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:			
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:				
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
On Thursday June 22, 2017 at approximately 0025 hours I was dispatched to 3231 Meridian Way S Apartment B in reference to a complaint of battery. I was advised by dispatch that the caller claimed to have sustained an eye injury from his brother. Prior to my arrival I activated my department issued body worn camera. I then met, spoke with and swore in							
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>22</u> day of <u>June</u> , <u>2017</u> .							
LEBLANC, GARY 				NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			
				SCANNED			
				JUN 22 2017			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

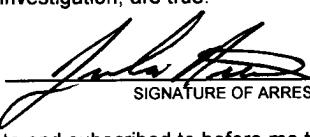
AFFIDAVIT.

A D M I N	Date / Time 06/22/2017 00:22	Palm Beach County Narrative Continuation
	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE
		Agency Report Number 7 8 17-003742

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████████ who stated that he and his brother had gotten into a fight and his brother (Stark Nolli) had caused some bruising and swelling on his eye. I was able to observe some swelling on the left eye of █████ as he spoke to me. █████ went on to say that he was in the area of his brother's residence and had intended on catching the public bus back to his residence but he had missed the last bus. █████ said he went to Stark's residence and spoke to his mother (who resides with Stark and his partner). █████ asked for a pillow and a blanket so that he could sleep outside on the grass until morning. █████'s mother gave him a pillow and a blanket. █████ then laid down on the grass outside of the fence to Stark's property. Stark then came outside and told █████ that he was not allowed to be on the property and wanted him to leave. The two began yelling at each other and Stark punched █████ in the face causing his eye to swell. █████ stated that he did wish to prosecute his brother on the complaint of battery. I then spoke with Stark who stated a similar account except that he claimed that his brother pushed him first thereby making him the aggressor. I explained to Stark that his brother was outside the gated area to his property laying on the grass. When Stark exited his property to confront █████, that made him the aggressor and anything that occurred after that was caused by Stark leaving the property and confronting his brother. Stark understood and surrendered himself without any incident.

████████ was transported to the Palm Beach Gardens Medical Center for treatment and observation of his injured eye. █████ was given a victim's notification form and domestic violence packet by Officer Colletti. Stark Nolli was arrested and transported to the Palm Beach Gardens Police Department then to the Palm Beach County Jail for booking.

I believe the above to be true and factual based on my observations and the statements from both █████ and Stark Nolli. Furthermore; I believe that probable cause does exist for the arrest of Stark Nolli on the complaint of simple battery (domestic)

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>22</u> day of <u>June</u> , <u>2017</u> .
LEBLANC, GARY _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 
SCANNED JUN 22 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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.)

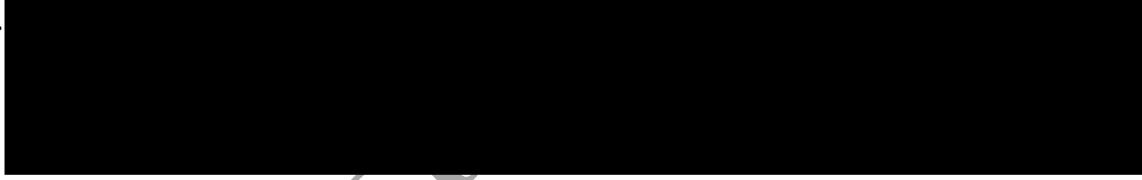
Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-003742 Agency: Palm Beach Gardens PD
Offense: Domestic Battery
Suspect/Offender: Stark Noll
D.O.B. 11/27/78 Race: white Sex: Male

2. Warrant #(s): _____

3. Complete one (1) of the following:

a.



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: _____ SCAN
Printed name of person waiving notification: _____

Officer's Name: Colletti I.D.: 358 Date: 6/22/2017 JUN 23 2017