

1544

17CF 8693
ARREST / NOTICE TO APPEAR

OBTS Number 0491004	Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5 4 17-004226	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1	JUVENILE <input checked="" type="checkbox"/>	
Charge Type: Check as many as apply. <input checked="" 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 NONE	Multiple Clearance Indicator		
Date of Arrest 08/30/2017	Time of Arrest 15:38	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) NIN, VICTOR ALBERTO		Alias:				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black W	I - American Indian O - Oriental/Asian M	Sex M	Date of Birth 10/08/1969	Height 5'08	Weight 255	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build HWY	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none						Marital Status M	Religion CHRIST	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) (City) (State) (Zip) 119 GREENWICH CIR, JUPITER, FL 33458						Phone (210) 310-5359				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 119 GREENWICH CIR, JUPITER, FL 33458						Phone (210) 310-5359				
Business Address (Name, Street) (City) (State) (Zip)						Occupation DEF.				
D/L Number, State N500861693680 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PR, Puerto Rico		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	Name (Last, First, Middle)	Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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.		Grade
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. Disperses/ 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
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Charge Description CHILD ABUSE	Statute Violation Number 827.03 2c 11	Violation of ORD #					
Drug Activity <input checked="" type="checkbox"/>	Drug Type N	Amount / Unit /	Offense # 17-004226	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
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	Bond
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	Bond

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
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health
Transported By	Date Transported

<input checked="" 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 Page 2.	Location (Court, Room)	Court Date and Time	No Photo Available
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	Signature of Arresting Officer Brown #376	Name Verification (Printed by Arrestee) SCANNED
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Deputy D/S B. SHATARA #7623	Transporting Officer IMPERIAL 386 190	Witness here if subject signed with a
I.D. #	I.D. # 1108	Agency
Pouch #		

SCANNED
AUG 31 2017
PAGE 1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 08/30/2017 17:48	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 17-004226	
	Agency ORI Number FL 0501700				

D E F	Name (Last, First, Middle) NIN, VICTOR ALBERTO	Alias	Race W	Sex M	Date of Birth 10/08/1969
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C H R G	Charge Description 827.03 CHILD ABUSE z c M
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V I C T I M	Victim's Name (Last, First, Middle)	Race W	Sex M	Date of Birth 06/07/2006
	(State) (Zip)	Phone		Address Source
	(State) (Zip)	Phone		Occupation
	Business Address (Name, Street) (City)			

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

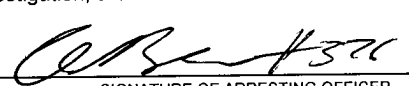
RELATIONSHIP BETWEEN VICTIM & SUSPECT

A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
		Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		911 CALL:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALLER:
		WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:
		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 type="checkbox"/>	PARAMEDICS:
		Hospital:	<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
		ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:
		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 #:
		PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	


On August 30, 2017 at 10:59 hours, I responded to [redacted] regarding a possible child abuse complaint. Upon my arrival, I met with three complainants and Palm Beach School Board Police Officer, Sageny Horace. Upon speaking with the complainants and Officer Horace, I was advised a student named [redacted] (W/M, DOB: 6/7/06) had left class and went to the nurse's office regarding back pain. Upon assessing [redacted] the

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 _____ day of _____, _____.


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

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AUG 31 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 08/30/2017 17:48	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-004226
	N A R R A T I V E complainants observed large red marks and bruising to the upper portion and left side of [REDACTED] back. A red mark (possible hand print) was visible on [REDACTED] left cheek/face. The complainants asked [REDACTED] how he had received the injuries and were advised by [REDACTED] that he had been punched in the back several times and slapped in the face by [REDACTED] Victor Nin (W/M, DOB: 10/08/69) on the evening of August 29, 2017. The complainant then called DCF and the Jupiter Police Department to report the incident.			

Upon meeting with [REDACTED] in the school office, I could clearly see a red mark on the left side of his cheek/face that appeared to be a hand print. I asked [REDACTED] why he came to see the nurse and he stated on August 29, 2017 at approximately 21:00 hours he was with his brother (9yo) on the third floor of the residence. [REDACTED] advised his brother began tickling him while they were in his room. [REDACTED] stated he accidentally hit his brother in the nose while he was being tickled and his brother left the room to tell [REDACTED] (V. Nin). [REDACTED] stated when he heard V. Nin walking up the stairs, he ran into the kitchen where [REDACTED] (W/F, DOB:6/1/77) was located. Once in the kitchen, [REDACTED] stated V. Nin punched him in the back "probably three times" and also slapped him across the face. [REDACTED] advised V. Nin then told him to go to bed. [REDACTED] was asked if he was struck with an open hand on the back or a closed fist and he stated a closed fist. While attending [REDACTED] on August 30, 2017, [REDACTED] advised his back began to hurt, along with his right arm while he was writing in class. The pain in [REDACTED] back and right arm prompted him to go to nurse's office.

Upon further investigation, I observed [REDACTED] back and could clearly see large red marks/bruising on the center of his back and on the left side of his torso. [REDACTED] stated he still felt pain in his back and in his right/left arms. The visible injuries, in my opinion were consistent with [REDACTED] description of events. Photographs of the injuries were taken and remained in my control until they were placed into evidence at the Jupiter Police Department. Upon speaking with V. Nin via phone, he admitted to physically disciplining [REDACTED] because [REDACTED] had hit his brother. I asked V. Nin if he recalled hitting [REDACTED] on the back and he advised he probably did. V. Nin advised [REDACTED] was trying to get away from him during the disciplinary incident. V. Nin also advised he may have went too far regarding the discipline.

Upon speaking with [REDACTED] via phone, she stated [REDACTED] did hit his brother and [REDACTED] was disciplined by V. Nin. [REDACTED] stated V. Nin smacked [REDACTED] across the face and [REDACTED] attempted to run away. [REDACTED] acknowledged [REDACTED] had been struck in the back but could not advise if it was with an open hand or a fist. [REDACTED] also advised she had observed the injuries to [REDACTED] back.

Upon further investigation, I met with V. Nin at his residence on August 30, 2017 at approximately 16:45 hours. I read V. Nin his Miranda warnings from a pre-printed card and he advised he understood each of his rights. I conducted a taped interview regarding the discipline that occurred on August 29, 2017. Post Miranda, V. Nin advised he did physically discipline [REDACTED] and that he did strike V. Nin with his fist on his back. V. Nin advised he was angry at the time of the incident and that he was remorseful. The statements from all witnesses were consistent and the injuries I observed were also consistent with the statements obtained during this investigation.

Based on the above facts, I believe Victor Nin did intentionally inflict physical or mental injury upon [REDACTED], a child, contrary to Florida Statute 827.03(1) (b) and (2) (c).

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 _____ day of _____, _____.


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

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VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch.782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

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

1. Incident Report #: 17004226 Agency: Jupiter Police Department
Offense: Child Abuse
Suspect/Offender: Nin, Victor
D.O.B. 10/8/69 Race: H Sex: M

2. Warrant #(s): _____

3a. Victim's Name: [REDACTED] D.O.B. 6/7/06 Race: H Sex: M
Address: [REDACTED]
City: [REDACTED]
Home #: _____ Work #: _____ Other: _____

3b. Victim's Next of Kin, Friend or Neighbor: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
Home #: [REDACTED]

NOTE: PURSUANT TO F.S.119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: A. Brown I.D. # 376/108 Date: 8/30/17

1 copy = Corrections or State Attorney (Warrant Application)

1 Copy = Warrants Section

1 copy = Central Records

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AUG 31 2017

SUSPECT/OFFENDER: _____

(FOR WARRANT USE ONLY)

COURT CASE/WARRANT #: _____