

J-0528517

02MM 96

P-3481

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N				
OBTS Number		Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-22-000154</b>										
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) <b>2545 SW 14TH ST, Boynton Beach, FL, 33426</b>		Location of Offense (Business Name, Address) <b>2545 SW 14TH ST, Boynton Beach, FL, 33426</b>														
Date of Arrest <b>01/04/2022</b>		Time of Arrest <b>21:51</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle				
Name (Last, First, Middle) <b>Kott, Nicholas John</b>		Alias (Name, DOB, Soc. Sec. #, Etc)														
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>05/29/1983</b>		Height <b>6'00</b>		Weight <b>185 1/2</b>	Eye Color <b>Blue</b>	Hair Color <b>Bik</b>	Complexion <b>Fair</b>	Build <b>Medium</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Married</b>		Religion <b>Unkn</b>		Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Y N Unk.								
Local Address (Street, Apt. Number) <b>2545 SW 14TH ST, Boynton Beach, FL, 33426</b>		(City)		(State)		(Zip)		Phone <b>(34) 474 792</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State		1				
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source <b>FL DL</b>						
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Occupation <b>Unkn.</b>						
DL Number, State <b>K300630831890</b>		INS Number		Place of Birth <b>Staten Island NY</b>		Citizenship <b>USA</b>										
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		Date		Time								
Released To: (Name)		Relationship		Date		Time		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 561-355-2526) 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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>Simple Battery Domestic</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number <b>784.03.1A1</b>		Violation of ORD#								
Drug Activity		Drug Type		Amount/Unit		Offense # <b>22-000154</b>		Warrant/Capias Number		Bond						
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#								
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond						
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#								
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond						
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#								
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond						
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>		Court Date and Time Month <b>February</b> Day <b>2nd</b> Year <b>2022</b> Time <b>09:30</b>		Time <b>09:30</b>		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> 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)		Signature of Arresting Officer <b>Alexis</b>		Date Signed		Name Verification (Printed by Arrestee) (PRINT)										
Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>Alexis</b>		I.D. # <b>1105</b>		BU# <b>BU#</b>		Page <b>1 OF 1</b>						
Notary Deputy <b>CP KENAL 700</b>		Pouch #		Transporting Officer <b>OK DAVIS</b>		I.D. # <b>918 8890</b>		Agency <b>3890</b>		Witness here is subject Signed with an 'X'.						

SCANNED BY [illegible]

VICTIM NOTIFICATION REQUIRED

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY

On the 4<sup>th</sup> day of January 2022 at 21:24  
Subject: Kott, Nicholas John DOB: 05/29/1983 Case #: 22-000154  
Charge Description: Simple Battery Domestic Statute #: 784.03.1A1  
Victim: Andrea Kott DOB: 11/05/1981 Race: W Sex: F  
Local Address: 2545 SW 14TH ST, Boynton Beach, FL, 33426  
Personal Contact: 561-305-0414

Narrative:

On January 4, 2022 at approximately 2124 hours, I responded to 2545 SW 14th St, Boynton Beach, FL in reference to a domestic disturbance. Upon arrival contact was made with the caller/ Victim, Andrea Kott who provided a sworn BWC recorded statement.

The victim stated that her husband, W/M Nicholas Kott got home after a night out, and they got into an altercation about her leaving town for few days. The victim stated that both parties exchanged words towards each other, while her husband was holding her youngest daughter at the time. The victim stated that during the altercation, she reached over and tried to take the daughter from her husband, at which point her husband pushed her down causing her to fall. The victim stated that she fell backward, and sustained injuries to her elbow area. The victim stated that she got up and walked outside and call 911.

The victim was observed with skin scraps and swelling to her elbow area; she declined medical services.

Contact was made with the husband, who provided a statement post Miranda. Nicholas confirmed that both he and the victim were in an altercation, and that the victim reached to grabbed the daughter from him. Nicholas stated that he only pushed the victim's arm away and denied pushing her hard enough to fall.

Based on the evidence of injuries consistence with the victim's statement, Nicholas Kott was arrested and charged with Simple battery (Domestic) pursuant to F.S.S 784.031A1.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

injuries to elbow

Relationship Between Victim and Suspect:

Husband and Wife

SCA  
JAN 6 2022

Photographs: Scene:  Yes  No  
 Victim:  Yes  No  
 911 Call:  Yes  No Caller: The Victim  
 Tape Requested:  Yes  No  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witnesses:  Yes  No  
 Injuries:  Yes  No  
 Medical Treatment:  Yes  No  
 At Scene  Yes  No Paramedics: \_\_\_\_\_  
 At Hospital  Yes  No Physician(s): \_\_\_\_\_  
 Hospital: \_\_\_\_\_


Act Committed In Presence Of Minor(s):  Yes  No  
 Name: [REDACTED] Age: \_\_\_\_\_  
 Name: [REDACTED] Age: \_\_\_\_\_

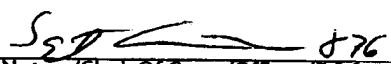
F.D.C.F. Notified:  Yes  No Victim Pregnant:  Yes  No  
 Violation Of Restraining Order:  Yes  No Case #: \_\_\_\_\_  
 Prior History Of Domestic Violence:  Yes  No  
 Alcohol Or Drugs Involved:  Yes  No  Unknown

**Victim Contact Information:**

Phone Home: 561-305-0414 Work: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Relative Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_

State Of Florida  
 County Of Palm Beach  
 Appeared before me, Alexis \_\_\_\_\_, (print name) 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 me before this 4 day of January 2022

  
 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

## VICTIM NOTIFICATION FORM

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

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

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

1. Incident Report #: 22-000154 Agency: Boynton Beach Police Department  
Offense: Simple Battery Domestic  
Suspect/Offender: Kott, Nicholas John  
DOB: 05/29/1983 Race: W Sex: M
  
2. Warrant # (s): \_\_\_\_\_
  
3. Complete one (1) of the following:
  - A. Victim's Name: Andrea Kott  
Address: 2545 SW 14TH ST  
City: Boynton Beach State: FL Zip: 33426  
Home #: 561-305-0414 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 Victim: \_\_\_\_\_

Printed Name of Victim: Andrea Kott

Officer's Name: Alexis I.D.# 1105 Date:  / /

SUSPECT/OFFENDER :

Kott, Nicholas John

COURT CASE/ WARRANT #:  
(FOR WARRANTS USE ONLY)

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  - 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 Victim: \_\_\_\_\_

Printed Name of Victim: Andrea Kott

Officer's Name: Alexis I.D.# 1105 Date:  / /

SUSPECT/OFFENDER:

Kott, Nicholas John

COURT CASE/ WARRANT #:  
(FOR WARRANTS USE ONLY)



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2022000286	<b>Date:</b> 01/05/2022
	<b>Specialist Name/ID:</b> T Howard/7185