

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
2. N.T.A. 4. Request for Capias
5. Juvenile Referral

3 JUVENILE

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2022-001150		Charge Type: <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		Multiple Clearance Indicator									
	Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address) REQUEST FOR WARRANT															
D E F E N D A N T	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) AMATRONE, NICHOLAS JAMES										Alias (Name, DOB, Soc. Sec. #, Etc.)											
C O D E F	Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build					
	W - White B - Black O - Oriental/Asian		M		03/08/1994		5'08		160		BLUE		BROWN		MEDIUM		Thin					
J U V E N I L E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
	Local Address (Street, Apt. Number) 1132 NE 3RD AVE, BOCA RATON, FL 33432				(City)		(State)		(Zip)		Phone (702) 588-3664		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1									
Permanent Address (Street, Apt. Number) 1132 NE 3RD AVE, BOCA RATON, FL 33432				(City)		(State)		(Zip)		Phone (702) 588-3664		Address Source										
Business Address (Name, Street) UNEMPLOYED,				(City)		(State)		(Zip)		Phone		Occupation										
D/L Number, State 2104565326 / NV				INS Number		Place of Birth (City, State) WALNUT CREEK, CA,				Citizenship US												
C O D E F	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							
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)										Residence Phone									
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)										(City) (State) (Zip)		Business Phone							
C H A R G E	Notified by: (Name)				Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated													
	Released To: (Name)				Relationship		Date		Time													
C H A R G E	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.								School Attended		Grade											
	<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No		Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property													
C O D E F	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		X. 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 CAUSE CRUEL DEATH, PAIN AND SUFFERING OF AN ANIMAL										Statute Violation Number 828.12(2)		Violation of ORD #									
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant - Capias Number		Bond							
	N		N		/		/		1													
C H A R G E	Charge Description TORMENT/DEPRIVE/MUTILATE/KILL ANIMAL										Statute Violation Number 828.12(1)		Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant - Capias Number		Bond							
N		N		/		/		1														
C H A R G E	Charge Description										Statute Violation Number		Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant - Capias Number		Bond							
I N T A K E	Health - Apparent Physical Condition of Defendant										Any knowledge of the following: Explain: <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				<input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By		Released To					
Transported By				Date Transported		Time Transported		Other														
N O T I C E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court										Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444											
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Court Date and Time											
T O A P P E A R	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										No Photo Available											
	Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed											
A D M I N	HOLD for Other Agency				Signature of Arresting Officer <i>K. R. Bennett</i>				Name Verification (Printed by Arrestee)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) BENNETT, K. R.													
Intake Deputy		I.D. #		Pouch #		Transporting Officer		I.D. #		Agency		PAGE 1 OF 1										
Witness here if subject signed with an "X".																						

SCANNED

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Copies

3

JUVENILE

OBTS Number	Agency GRI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2022-001150	
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

Name (Last, First, Middle) AMATRONE, NICHOLAS JAMES	Alias	Race W	Sex M	Date of Birth 03/08/1994
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Charge Description 828.12(2) CAUSE CRUEL DEATH, PAIN AND SUFFERING OF AN	Charge Description 828.12(1) TORMENT/DEPRIVE/MUTILATE/KILL ANIMAL
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Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law

The Person taken into custody ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **28** day of **January**, **2022** at **11:51** (Specifically include facts constituting cause for arrest.)

On 01/27/22 at approximately 1343 hours I was dispatched to 1132 NE 3rd Avenue in reference to an animal complaint call. I observed a St. Bernard laying on the front lawn and walkway area of the residence. The dog was laying down and overheated. Ice was used from my cooler in order to lower the dog's temperature. It seemed to respond well to the ice after some time and lifted its head from the ground. Ofc. Perez (ID#2133) from Animal Control was called to the scene and seized the dog.

On 01/28/22, I was informed by Ofc. Perez that the dog had to be euthanized by Dr. Sayre at the veterinary hospital due to massive fluid buildup in its stomach and to end suffering. I made contact with Marla Sharlow, the registered owner on the dog's microchip, who stated the dog was given to Nicholas Amatrone as a puppy and Amatrone was the sole owner of the dog. Sharlow left the residence after living with Amatrone's father for many years. She moved away approximately two and a half years ago and stated the dog was in very good health when she left. Dr. Sayre stated in his report that there was no doubt that the dog had been suffering and had been for days to weeks. He added that the dog was in lateral recumbency, breathing heavy, very distended abdomen due to ascites, not interested in food, emaciated, legs and face had severe edema, skin was jaundiced, blood serum was yellow, heart sounds were arrhythmic, R/O liver disease, cancer, heart disease. Contact was made with Amatrone to interview him, but he was very uncooperative. Due to the above listed information, I am seeking a warrant charging Amatrone with Cruelty to Animals Florida State Statute 828.12(1) and 828.12 (2). Amatrone deprived the dog of necessary sustenance in an inhumane manner by failing to provide the dog with medical care. He allowed the dog to overheat outside in the sun with no shade or shelter. In addition, Amatrone had custody and control of the dog. He committed aggravated animal cruelty by failed to act which resulted in the cruel death and infliction of unnecessary pain and suffering. Photos of the scene were submitted into evidence. Sgt. Batchelor #2110 from the Animal Cruelty/Special Investigations Unit (Palm Beach County Animal Care and Control) provided medical history for the dog. Animal

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
SOMMER, LEE S NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	BENNETT, KEITH ROBERT (655) NAME OF OFFICER (PLEASE PRINT)
01/28/2022 DATE	01/28/2022 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A.
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JUVENILE

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Agency ORI Number FL FLO500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2022-001150
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	Special Notes:

Name (Last, First, Middle) AMATRONE, NICHOLAS JAMES	Alias	Race W	Sex M	Date of Birth 03/08/1994
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Control took photos of the scene as well. The documents were submitted into evidence and copies were included with the filing packet.

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SWORN AND SUBSCRIBED BEFORE ME <u>SOMMER, LEE S</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>01/28/2022</u> DATE	<u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BENNETT, KEITH ROBERT (655) NAME OF OFFICER (PLEASE PRINT) <u>01/28/2022</u> DATE	PAGE 2 OF 2
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