

0197149 2020MM005186 1642
 ARREST / NOTICE TO APPEAR AMB

OBTS Number	Agency ORI Number 0500700		Agency Name Riviera Beach Police Department	Agency Report Number (N.T.A.'s only) 8, 4, 20-04947	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE
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 Hands/fists/feet/teeth	Multiple Clearance Indicator	1	
Location of Arrest (Including Name of Business) 2181 OAKMONT DR				Location of Offense (Business Name, Address) 2182 OAKMONT DR, RIVIERA BEACH, FL 33404			
Date of Arrest 06/27/2020	Time of Arrest 18:21	Booking Date 06/27/2020	Booking Time 18:33	Jail Date // ::	Jail Time	Location of Vehicle	

Name (Last, First, Middle) SAHAGIAN, ARIS D				Alias:				
Race W - White B - Black O - Original/Asian	Sex M	Date of Birth 11/29/1956	Height 5'08	Weight 165	Eye Color BROWN	Hair Color BROWN	Complexion Fair OTHER	Build MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion EPISCOPALI	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) 2182 OAKMONT DR, RIVIERA BEACH, FL 33404				(City)	(State)	(Zip)	Phone (561) 385-3262	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1
Permanent Address (Street, Apt. Number) 2182 OAKMONT DR, RIVIERA BEACH, FL 33404				(City)	(State)	(Zip)	Phone (561) 385-3262	Address Source VERBAL
Business Address (Name, Street) N/A				(City)	(State)	(Zip)	Phone	Occupation Intern
D/L Number, State S250-004-56-429-0 / FL		Sec. Sec. Number	INS Number	Place of Birth (City, State) ENGLEWOOD, NJ,		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	
Name (Last, First, Middle)							Residence Phone
Address (Street, Apt. Number)							Business Phone
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		
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		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property	Value of Property		

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Snuggle D. Deliver E. Use	K. Disperse/ 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 BATTERY-SIMPLE (TOUCH OR STRIKE)						Statute Violation Number 784.03(1)(A)(1)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense # 20-04947	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"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported		Time Transported	
Transported By				Date Transported		Time Transported	

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)	
<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	
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.			
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed

HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) RATE, C. D.		(PRINT) JUN 27 PM 9:25	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transporting Officer OPC. L. WRIGHT		I.D. # 6820	
Intake Deputy 015 Wmme 8033		Pouch #		Agency RBPD	
		I.D. # 6530		Witness here (Print signature)	

SCANNED
 JUN 28 2020

2020 JUN 28 AM 5:21
 No Photo Available

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL FLO500700		Agency Name Riviera Beach Police Department	Agency Report Number 8 4 20-04947
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	Special Notes:

Name (Last, First, Middle) SAHAGIAN, ARIS D	Alias	Race W	Sex M	Date of Birth 11/29/1956
Charge Description BATTERY-SIMPLE (DOMESTIC)	Charge Description			

Victim's Name (Last, First, Middle) SAHAGIAN, JAMIE	Race W	Sex M	Date of Birth 05/10/1987
Local Address (Street, Apt. Number) 2182 OAKMONT DR, RIVIERA BEACH, FL 33404	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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 27 day of June, 2020 at 17:49 (Specifically include facts constituting cause for arrest.)

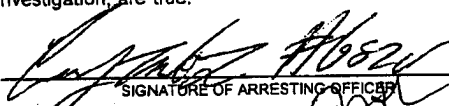
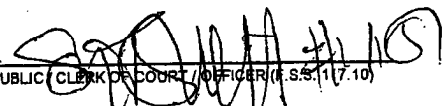
The following incident occurred in the City of Riviera Beach, Palm Beach County, Florida:
 On Saturday June 27th 2020, at approximately 1749 hours, Officer Tate was dispatched to 2182 Oakmont Dr. (Thousand Oaks), in reference to a Domestic Disturbance. I utilized my body worn camera (BWC).
 Upon arrival, Officer Tate spoke with the caller, Jamie Sahagian (05/10/1987 W/M). Jamie agreed to provide the following sworn recorded statement, which is brief summary not to be taken verbatim:
 Jamie advised he and his father, Aris Sahagian (11/29/1956 W/M) were having "Tension" in the residence over previous verbal disputes. Jamie advised he was in the living room and Aris came into the room and began a verbal dispute with him over have the windows to the residence open, him smoking, and playing loud music in the residence. During the dispute, Aris described himself on the couch and his father hitting him approximately (4) times on the head with an open hand. Jamie advised, Aris "Snatched" his pack of cigarettes from his hand tore it up and threw it in the garbage and walked outside as he was notifying police.
 Officer Tate spoke with Aris Sahagian, who confirmed the statement above about the dispute, but denied hitting his son. Aris advised he and Jamie were only in verbal dispute. Aris admitted to throwing the cigarettes away but did not snatch it from him.
 Based on the statement given above, Officer Tate found probable cause for Aris Sahagian's arrest for (1) count of Simple Battery (Domestic). Aris was placed in custody and transported to Riviera Beach police headquarters for processing and later turned over to Palm Beach County Jail.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>Corey Durrell Jr. #6820</i>
SMITH, TABITHA NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 117.10)	TATE, COREY DURRELL JR. (6820) NAME OF OFFICER (PLEASE PRINT)
<u>06/27/2020</u> DATE	<u>06/27/2020</u> DATE

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/27/2020 17:49		Agency ORI Number FL FL0500700		Agency Name Riviera Beach Police Department		Agency Report Number 8 4 20-04947	
	Name (Last, First, Middle) SAHAGIAN, ARIS D						Race W	Sex M
C R I M E	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) SAHAGIAN, JAMIE						Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 2182 OAKMONT DR, RIVIERA BEACH, FL 33404				Phone (561) 635-5484		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM			
	RELATIONSHIP BETWEEN VICTIM & SUSPECT SON							
N A R R	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" 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: VICTIM- JAMIE WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: HANDS WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list) INJURIES: <input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES: H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" 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							
	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>27</u> day of <u>June</u> , 20 <u>20</u>  NOTARY PUBLIC (CLERK OF COURT / OFFICER) (F.S. 117.10)							

NOT A CERTIFIED COPY

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. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- 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.)

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

1. Incident Report 20-04947 Agency Riviera Beach Police Department
 Offense: Simple Battery (Domestic)
 Suspect/Offender: Sahagian Aris D.
 D. O. B.: 11/29/1956 Race: White Sex: Male

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's Name: Sahagian Jamie C.
 Address: 2182 Oakmont Dr
 City: Riviera Beach State: Florida Zip: 33404
 Home #: (561) 303-8045 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

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: _____

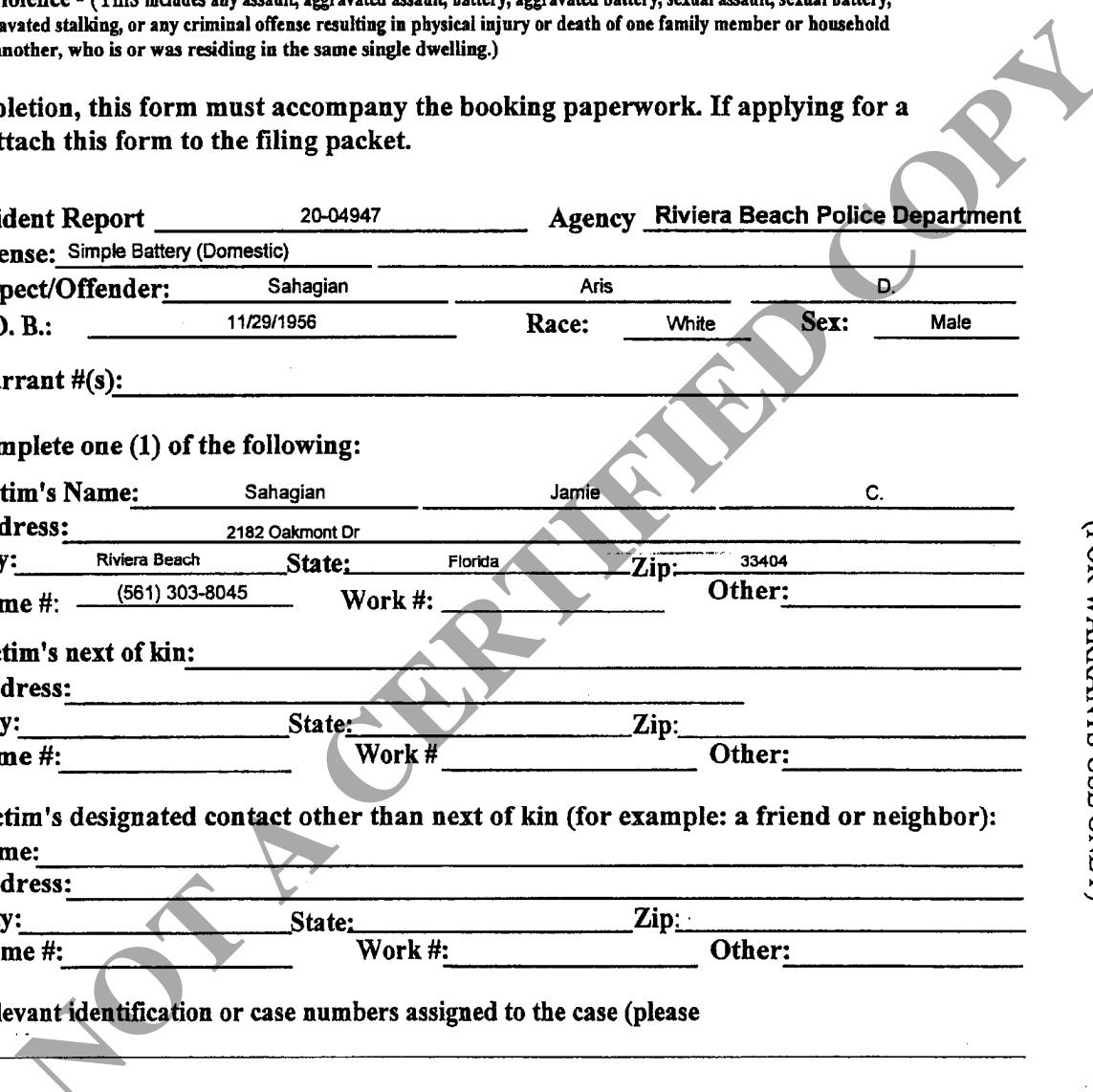
Officer's Name: Ofc. C. Tate (Signature) I.D. # 6820 Date: 06/27/2020

SUSPECT/OFFENDER

Sahagian

Aris

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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020015728	Date: 06/28/2020
	Specialist Name/ID: AM/31562