21MM3341AMB

ARREST / NOTICE TO APPEAR ARREST / NOTICE TO AP		0523201	211/1/11	5541	HMS		IH	3190	
Charge Type 1. Febry 3. Manufement 5. Ordinary 1. Febry 3. Manufement 1. Febry 1.			Ju			2 M	F.A. 4. Request for C	Capias	Juvenile
Specific	NO		i T	CH POLICE	DEPARTME	ENT	* ' 🌣 '	m58	Ç
Specific	ISTRAT	Charge Type: 1. Felony	3. Misdemeanor		5. Ordinance		eapon Seized/Type		Clearance
Specific	NIMO	Location of Arrest (Including Name of Business)	Am Parh 3	3480	By ()	ense (Business	Name, Address)	4 Rd Polo	n Brach 3318
Page Street Apr Street		Date of Arrest US 108 124 Time of Arrest 23 11	t Booking Date	Booking Time	Jail Date	Jail	Time Loc		
Source And Total States Region Includes of Marging Information of Ma		Oreilly. Uhrstocher	5		Alias (Nar				
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Durines Actives (Singer Apr Number) City City City City Provided City City	NDAN	Scars, Marks, Tattoos, Unique Physical Features (Locat	on, Type, Description)				_ ×		ence 📕 🗌 🗎
Size Size Arc Number Size Size Arc Number City Size Si	DEFE	Local Address (Street, Apt. Number)	(City)		te) (Zip)		one	Residence T 1. City 3. Florida	ype
Districts Actives (Street Apt Number) City Soil To Process Control Contr			(City)	(Sta	te) (Zip)	Pt	one	Address Sou	t of State
Another Sale Soc Sec Number INS Number Space of Birth (ClyState) Openage							one		. ((
Accepted A feeting A fee		D/L Number, State	Soc. Sec. Number	IN	IS Number) Place_of Birth (City	/State) C	
Co-Defendant Name (Last Frist Middle) Co-Defendant Name (Last Frist Middle) Race Sex Date of Britt		Co-Defendant Name (Last, First, Middle)		Race	Sex Date of				US Investo
Parent	O-DE	Co-Defendant Name (Last, First, Middle)					2. At Large	4. Misdemean	or
Special Custodian City C	0		(5)	1,000			I =	4. Misdemean	or
Notified by: (Name) Care Time		Legal Custodian	(First)		(Middle)			()	e i none
Released To: (Name) The above address was provided by defendant and/or de	Е	Address (Street, Apt. Number)	(City)		(State	e)	(Zip)	Business	Phone
Released To: (Name) The above address was provided by defendant and/or de	UVEN	Notified by: (Name)		Date	Time		 Handled/Processed 	l within 2. TOT HRS	
Value of Property Valu	ا دا	Released To: (Name)	W C	Relations	ship	FCIC/NCIC			
Peperty Cime? Description of Property Volue of Property	'	The above address was provided by defendant and/or defendant's Office informed of any change of address:	// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	as fold to keep the Juv	enile Court Clerk's	Sc	hool Attended		Grade
Recovery Information O I/A 1. Voluntary 2. Located Not Returned 3 Hospitalized 4. HRS Custody 5 Law Enforcement Custody 6. Returned to Parent 7. Decased 8. Other Drug Activity S Sel R Smuggle N Despenser M Manufaggin 2. Other Drug Type 8. Barbuare H Hallourogen Equipment 2. Other N NA Recovery Information 1. Drug Type 1. Statute Violation Number 2. Other N NA NA B B. Buy E. Use Properties 2. Other Drug Type 1. Despenser M Manufaggin 2. Other N NA NA B B. Buy E. Use Properties 2. Other N NA NA B B. Buy E. Use Properties 2. Other N NA NA B. Buy E. Use Properties 2. Other N NA NA Drug Type Amount/Unit Drug Type Drug Activity Drug Type Amount/Unit Drug Type Amount/Unit Drug Type Amount/Unit Drug Type Amount/Unit Drug Type Drug Activity Drug Type Amount/Unit Drug Type Amount/Unit Drug Type Drug Activity Drug Type Amount/Unit Drug Type Drug Type Drug Activity Drug Type Drug			□ Not (Reison)			Va	lue of Property	···	
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HOLD for other Agency Signature of Arresting Officer Control of Co	ž	Cigardan of Defeator to	Luvanita and Barration	tion\				· · · · · · · · · · · · · · · · · · ·	Signed
Z INGINE.	_	HOLD for other Agency	Signatu <u>re o</u>		L. 055	77 ¢			Signed
PAGE Dangerous Resisted Arrest Name of Arresting Officer (Print) 1.D. # PAGE	ADMIN	Dangerous Resisted Arrest	Name of Arr		l control				PAGE
Suicidal Other. Intrine Deputy Control D. # Pouch # Transporting Officer D. # Agency Witness here if subject signed with an OF OF	1		Pouch # Transporting	Officer		Agency -	IAY 1 U 202	$I \cap I$	

Δ	OBTS Number	PROBABLE	CAUSE AFFIDAVIT		Arrest 3 Request N.T.A. 4 Reques			JUVENILE	
D	Agency ORI Number Ag	gency Name		Agency Report Num		_			
M 			BEACH POLICE DEPARTMENT 7 6 21-000582						
2	Charge Type Check as many as apply. 1 Felony 2 Traffic Felony	Tharge Type 1 Felony 3 Misdemeanor 5 Ordinance							
D	Name (Last. First, Middle) OREILLY, CHRISTOPHE	R 10HN	Alias		Race	Sex	Date of Birth	9/1989	
r CH	Charge Description		Charge Description				<u> </u>		
A R G	806.13(1B2) CRIMINAL MISCHIEF-OVER \$200 UNDER \$1000 856.011 DISORDERLY INTOXICATION Charge Description Charge Description								
E S	509.151 DEFRAUD INNKEEPER								
٧	Victim's Name (Last, First, Middle) BUCCAN,				Race	Sex	Date of Birtl	n	
- C	Local Address (Street, Apt. Number)	(Zip)				dress Source			
T .	350 SOUTH COUNTY ROAL Business Address (Name. Street)	City) (Slate)	(Zip)	Phone	L) 833-345		ccupation		
Ē						¥			
	The undersigned certifies and swears that The Person taken into custody	he/she has just and resonable grounds to believe	e, and does believe that the a	above named Defe	endant committed t	he follo	wing violation	n of law.	
	committed the below acts in my	presence	was observed by	that he	/she saw the arr	rested	person con	who told nmitt the below acts	
	confessed toadmitting to the below facts.		was found to have comm				-		
	On the 8 day of	May 2021 at23:1	(Specifically inclu	de facts constitu	uting cause for a	rrest.)			
	On Sunday May 0 202	1 at approximately 231	1 hours I re	enonded	to Bucca	n r	estann	rant	
	350-101 South County	Road, Palm Beach in r	eference to	a disturb	bance in	pro	gress.	The	
	350-101 South County Road, Palm Beach in reference to a disturbance in progress. The details are as follows:								
P R	At approximately 2243 hours, Palm Beach communications dispatched a call of a								
О В								shirt	
AB	disturbance in progress, detailing that a subject wearing a blue and white polo shirt had fled Buccan restaurant running westbound on Australian Avenue being chased by								
L	restaurant staff. I arrived on scene at Australian Avenue and observed a subject								
E	matching the description running on the roadway surrounded by restaurant staff. I made								
С	contact with the restaurant staff, whom all stated that the subject on scene had willfully destroyed restaurant property and had acted in a way to cause a public								
A U	disturbance to numerous restaurant patrons. I made contact with the suspect who identified himself via Connecticut Driver's License as Christopher John O'Rielly (W/M								
S									
DOB: 04/19/1989). O Rielly stated he had fled the restaurant after management demanded									
S	he pay his bill, and made other belligerent nonsensical statements. O'Reilly was detained on scene and read his Miranda Warnings to which he replied to have understood.								
A T									
E M	I made contact with Buccan general manager Andrew Boles (W/M DOB: 09/21/1977) who stated that he witnessed O'Reilly damage a restaurant chair after he slammed it onto the ground. Boles approached O'Reilly and asked him to leave the scene. O'Reilly then knocked over the valet stand in front of the restaurant. Boles further stated that								
É									
N T									
		a trash receptacle int							
	belonged to the restaurant. Boles stated that the damage to the planter resulted in 400 USD of damage and that the damage to the chair resulted in 100 USD of damage, with a total of 500 USD of property damage to Buccan restaurant. Boles also stated that O'Reilly had not paid for the food and drink services provided to him by Buccan. Boles								
								Boles	
	-	provided a receipt of services provided to O'Reilly which totaled 72.76 USD. Boles stated that he wished to prosecute.							
_				~ M		···			
∢□Σ-	SWORN AND SUBSCRIBED BEFORE ME	902)		Y					
2-0	NOTARY PUBLIC / CLERK OF COL	URT / OFFICER (E.S.S. 117.10)			G / INVESTIGATI		ICER		
2-0-84-	7		VE	GA, ALEX X	(110007 ER (PLEASE PRIN	73) T)			
	05/09/2 DATE		•	05/09/		.,		PAGE	
V E					ATE			1 OF 2	

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

		DDODADLE CALISE AEEIDAVIT	- —						
	OBTS Number	PROBABLE CAUSE AFFIDAVIT 1. Arrest 3. Request for Warrant SUPPLEMENT 2. N.T.A. 4. Request for Capias 1	JUVENILE						
A :	Agency ORI Number	ency Name Agency Report Number							
M	FL 0500600	PALM BEACH POLICE DEPARTMENT 7 6 21-000582							
N	Charge Type 1 Felony Check as many	3. Misdemeanor 5. Ordinance							
D	as apply. 2 Traffic Felony Name (Last, First, Middle)	Alias Race Sex Date of B							
Ē	OREILLY, CHRISTOPH	R JOHN W M 04/3	19/1989						
ABLE CAUSE STATEME	SWORN AND SUMCRIBED ASFORE ME								
ADMINISTRATI	9019	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER VEGA, ALEX X (1100073) NAME OF OFFICER (PLEASE PRINT)	PAGE						
V		05/09/2021 DATE	_ 2 of 2						