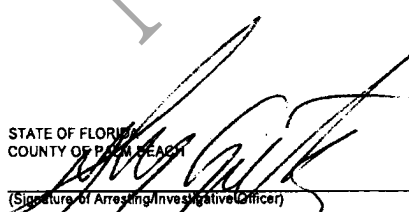


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P# 793

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N																		
ADMINISTRATIVE	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number (N.T.A.'s only) <b>06- 21-124340</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		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator <b>01</b>																							
	Location of Arrest (Including Name of Business) <b>11155 Sandpoint Ter #/, Boca Raton FL 33428</b>				Location of Offense (Business Name, Address) <b>11155 Sandpoint Ter #/, Boca Raton FL 33428</b>																							
	Date of Arrest <b>11/04/2021</b>	Time of Arrest <b>0840</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle																					
DEFENDANT	Name (Last, First, Middle) <b>Ayriyan, Levon,</b>										Alias (Name, DOB, Soc. Sec. #, Etc.)																	
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>	Date of Birth <b>2/29/1972</b>		Height <b>6'03</b>	Weight <b>280</b>	Eye Color <b>green</b>	Hair Color <b>gray</b>	Complexion <b>light</b>	Build <b>large</b>																	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>					Marital Status <b>Married</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>																		
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>11155 Sandpoint Ter, Boca Raton, FL 33428</b>					Phone <b>(305) 834-9499</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>2</b>																				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)					Phone ( )		Address Source <b>FL DL</b>																				
	Business Address (Name, Street) (City) (State) (Zip)					Phone ( )		Occupation <b>self-employed</b>																				
	DL Number, State <b>A650520720690, FL</b>		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) <b>Azerbaijan, [REDACTED]</b>		Citizenship <b>US</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																		
	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	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated																								
Released To: (Name)		Relationship		Date	Time																							
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										Grade																		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property																								
Drug Activity S. Sell N. N/A P. Possess										R. Smuggle D. Deliver E. Use		K. 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. Synthetics		U. Unknown Z. Other		
Charge Description <b>Simple battery- Domestic</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1a1)</b>		Warrant / Capias Number		Violation of ORD #																		
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>21-124340</b>		Warrant / Capias Number		Violation of ORD #																		
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Violation of ORD #																		
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Violation of ORD #																		
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Violation of ORD #																		
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Violation of ORD #																		
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Violation of ORD #																		
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Violation of ORD #																		
Location (Court, Room Number, Address)																												
Court Date and Time Month Day Year Time AM PM																												
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) <b>[Signature]</b>																												
Date Signed <b>11/04/2021</b>																												
HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>				Name Verification (Printed by Arrestee) <b>[Signature]</b>																						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S Gutierrez</b>		ID # <b>8839</b>		(PRINT) <b>NOV 4 11:32</b>		PAGE <b>1 OF 1</b>																		
Initiated Deputy <b>[Signature]</b>		ID # <b>[Signature]</b>		Pouch #		Transporting Officer <b>D/S Gutierrez</b>		ID # <b>8839</b>		Agency <b>PBSO</b>																		

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	N	
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-124340</b>					
	Charge Type: <input type="checkbox"/> Check as many as apply.		<input checked="" 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:	
DEL	Name (Last, First, Middle) <b>Avrivan, Levon.</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>2/29/1972</b>	
	Charge Description <b>Simple battery- Domestic</b>				784.03(1s1)					
CHARGES	Charge Description				Charge Description					
	Charge Description				Charge Description					
VICTIM	Victim's Name (Last, First, Middle) <b>Ayriyan, Elena,</b>				Race <b>W</b>		Sex <b>F</b>	Date of Birth <b>12/31/1987</b>		
	Local Address (Street, Apt. Number) <b>11155 Sandpoint Ter, Boca Raton, FL 33428</b>				(City)	(State)	(zip)	Phone <b>(954) 993-7561</b>		
	Business Address (Name, Street)				(City)	(State)	(zip)	Phone <b>( )</b>		
					(City)	(State)	(zip)	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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.										
On the <b>4th</b> day of <b>November</b> , 20 <b>21</b> at <b>0840</b> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)										
<p><b>On the date and time above, I was dispatched to 11155 Sandpoint Ter in unincorporated Boca Raton FL; 33428 (Palm Beach County) in reference to a domestic incident in progress between husband and wife.</b></p> <p><b>This incident was reported by the victim, Elena Ayriyan, who stated her husband "tried to shoke her" during an argument. Upon arrival, backup deputies and I met with Elena outside of the residence. Elena appeared to be upset, she was crying and had a red mark on the right side of her neck.</b></p> <p><b>Elena stated in a sworn written statement that her husband (Levon Ayriyan) walked into the house and started arguing with her because he was not able to see their children's teacher at school due to their marital issues and the bad divorce they are going through. Elena told me that during the argument her husband grabbed her by the neck with one hand for about 5 seconds and she called 911 right after. Elena said that even though Levon applied pressure on her neck she was able to breathe normally.</b></p> <p><b>Upon interviewing Levon, he said they went to their children's school because he wanted to meet the teacher but he denied grabbing Elena by her neck or touching her. Levon thinks Elena is being coached by her lawyer and she made the marks herself on her neck to get him arrested. Levon did not have any injuries and he was cooperative.</b></p> <p><b>Based on the sworn written statement provided by Elena, her injuries, and the result of my investigation; it was determined that her husband, Levon Ayriyan, intentionally grabbed Elena by her neck against her will and caused discoloration on her skin. Therefore; probable cause exists to arrest the defendant, Levon Ayriyan, for simple battery- domestic.</b></p>										
PROBABLE CAUSE STATEMENT	STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer)				<b>D/S Gutierrez #8359</b>					
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>4th</b> day of <b>November</b> , 20 <b>21</b> by <b>D/S Gutierrez</b> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>Known</b>									
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
<div style="text-align: right;">         PAGE  <b>1</b> OF <b>1</b> </div>										

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause affidavit)

Suspect: Ayriyan, Levon, DOB: 2/29/1972 Case #: 21-124340

Victim: Ayriyan, Elena, DOB: 12/31/1987 Race: W Sex: F

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene ☐ Yes ☒ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No Caller: Ayriyan, Elena,

Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_

Witness: ☐ Yes ☒ No Name: \_\_\_\_\_

Victim Pregnant: ☐ Yes ☒ No If yes, \_\_\_\_\_ weeks \_\_\_\_\_ months

Injuries: ☒ Yes ☐ No Description: discoloration on victim's neck

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: \_\_\_\_\_

At Hospital: ☐ Yes ☐ No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are Children Living in Home? ☒ Yes ☐ No DCF Notified? ☐ Yes ☐ No

Name: [REDACTED] DOB: [REDACTED]

Name: [REDACTED] DOB: [REDACTED]

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Injunction ☐ Yes ☐ No Case #: \_\_\_\_\_

No Contact Order ☐ Yes ☒ No Case #: \_\_\_\_\_

Alcohol or Drugs ☐ Yes ☒ No ☐ Unknown

Prior History of Domestic/Dating Violence ☐ Yes ☒ No

Defendant's Statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☒ oral

First words Defendant said when you responded to scene: \_\_\_\_\_

Denied touching the victim \_\_\_\_\_

Victim's Statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: stated the defendant grabbed her by the neck

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☐ No If yes, name: \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Observations of Victim (Physical & Emotional): \_\_\_\_\_

☒ Upset ☒ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☐ Other \_\_\_\_\_

Victim Contact Information:

Local Address: 11155 Sandpoint Ter, Boca Raton, FL 33428

Phone: Home (954) 993-7561 Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

## 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 #: 21-124340 Agency: PBSO  
Offense: Simple Btch. - Domestic  
Suspect/Offender: Ayriyan, Levan  
D.O.B. 2/29/72 Race: CJ Sex: M

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: Ayriyan, Elena D.O.B. 12/31/87 Race: W Sex: F  
Address: 11155 Seagrant Ter  
City: BOCA RATON State: FL Zip: 33428  
Home #: \_\_\_\_\_ Work #: 954-993-756 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

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: \_\_\_\_\_

Deputy's Name: \_\_\_\_\_ I.D. # \_\_\_\_\_ Date: \_\_\_\_\_

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**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: 2021027775	Date: 11/5/21
	Specialist Name/ID: A. Pinkney/7796