22MM2975MB

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number: 05309067

Agency ORI Number: 0500400 JM

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 40 22-004857 2157

Charge Type: Check as many as apply — ☑ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 1100 LAKE DR DELRAY BCH FL 33444

Location of Offense (Business Name, Address): 902 SE 2ND AVE, DELRAY BEACH, FL 33483

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/14/2022	1832					

DEFENDANT

Name (Last, First, Middle): CURRAN, MYLES EUGENE — Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	07/09/1984	5'10	180	BLUE	BROWN	LIGHT	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: S — Religion: NOT INDICD

Indication of Alcohol Influence ☐ Yes ☐ No ☒ Unk — Drug Influence ☐ Yes ☐ No ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 905 NE 2ND AVE, DELRAY BEACH, FL 33444 — Phone: (484) 226-7209

Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 4

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 905 NE 2ND AVE, DELRAY BEACH, FL 33444 — Phone: (484) 226-7209

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip) — Phone — Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
31842372 / PA	[redacted]		WASHINGTON DC,	US

CO-DEF

Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian — 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 Department and Released, 2 TOT JAC, 3 Incarcerated)

NONE

Released To (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No.

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, E Use, K Disperses/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

Charge Description	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Statute/Violation Number	Violation of ORD #	Bond
BATTERY CAUSE BODILY HARM		N	/	22-004857	1	☒ Y ☐ N		784.03(1A2)		

CHARGE

Charge Description	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Statute Violation Number	Violation of ORD #	Bond
			/			☐ Y ☐ N				

CHARGE

Charge Description	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Statute Violation Number	Violation of ORD #	Bond
			/			☐ Y ☐ N				

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain

Check which applies: ☐ Released O R ☐ Released to Parent/Guardian ☑ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

Transported By — Date Transported — Time Transported — Other

SCANNED

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

APR 15 2022

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

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

No Photo Available

ADMIN

HOLD for Other Agency: NO DETAINER PAPER

☐ Dangerous ☐ Resisted Arrest ☒ Suicidal ☐ Other

Issuing Deputy — I.D. — Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): WOODS, JOHN J — I.D. #: 1071

Transporting Officer: Monterrey — I.D. #: 1233 — Agency: DDPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☒ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
04/14/2022 16:54	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 22-004857

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CURRAN, MYLES EUGENE		W	M	07/09/1984

CHRG

Charge Description: 784.03(1A2) BATTERY CAUSE BODILY HARM

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
WORKLAN, LISA	W	F	10/27/1985

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
905 NE 2ND AVE B, DELRAY BEACH, FL 33444	(224) 425-0462	

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☐	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **MINOR LACERATION**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **HUSBAND/WIFE**

	YES	NO	
PHOTOGRAPHS: Scene:	☒	☐	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: **VICTIM**
WEAPON USED:	☐	☒	TYPE:
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☒	☐	
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☐	☒	PARAMEDICS:
Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒	
ALCOHOL OR DRUGS INVOLVED:	☒	☐	

NARR

The following incident occurred in the City of Delray Beach, Palm Beach County, FL;

On 4/14/2022 at 1620 hrs, the victim in this case, W/F Lisa Worklan (DOB 10/27/1985), called 911 informing DBPD Dispatch that her husband and the suspect in this case, W/M Myles E. Curran (DOB 07/09/1984), was drunk

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 14 day of April, 2022.

LEON, OSCAR
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN	Date / Time		
	04/14/2022 16:54		
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 22-004857

NARRATIVE

and "Put his hands on her". Upon arrival, I made contact with the victim who advised that her and the suspect are currently going through a divorce. The victim stated that he primarily resides in Washington DC and recently came back to Delray 48 hrs ago. Because the suspect still holds residency at this location, the victim had no choice but to let him inside of her apartment (Located at 902 NE 2nd Ave Apt B).

At approximately 1610 hrs on this date, the suspect became irate when the victim asked him to start packing his belongings and leave as she was uncomfortable with how intoxicated he was. The suspect became verbally aggressive and began taking items off of the walls and throwing them around the house. The victim placed head phones on as to avoid hearing the suspect`s yelling. Upon noticing her wearing the headphones, the suspect walked over to the victim and grabbed her left arm. Once he had a hold of her, the suspect ripped the headphones off of the victim`s head causing a laceration to the left side of her face. I observed nail marks on the victim`s left cheek due to the suspect`s actions. The victim immediately ran outside of the apartment and called 911 for help. The suspect followed her out of the apartment while telling her not to call 911 as involving the police will "Ruin her life". The victim ran back inside of the apartment and locked herself inside at which time the suspect got into his vehicle and fled the area. I determined that the suspect is the primary aggressor in this case. The victim`s injuries were consistent with her account of events.

DBPD Crime Scene was not available at the time of this incident but was requested to photograph her injuries at a later time. The victim provided me with a sworn statement which was recorded on my BWC. My BWC was active during this entirety of this incident.

Based on my investigation, Probable Cause exists to charge W/M Myles E Curran (DOB 7/9/1984) with Battery Cause Bodily Harm per FSS 784.03(1A2).

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 14 day of April , 2022.

LEON, OSCAR
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S 117.10)

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

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **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 single dwelling.)

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

SUSPECT/OFFENDER: _____

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

1. Incident Report #: 22-004857 Agency: DBPD
   Offense: Battery Cause Bodily Harm 784.03(1)(a2)
   Suspect/Offender: Curran, Myles
   D.O.B. 7/9/84 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

   a. Victim's name: Worklan, Lisa
      Address: 905 NE 2nd Ave B
      City: Delray Beach State: FL Zip: 33444
      Home #: (224) 425-0462 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 person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name : Monterrey I.D.: 1233 Date: 4/14/22

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022009829	**Date:** 04/15/2022
	Specialist Name/ID: T Howard/7185