

0529633

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245

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 22-002396</b>					
D E F E N D A N T	Charge Type: Check as many as apply <input 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: <b>UNARMED</b>		Multiple Clearance Indicator <b>1</b>							
	Location of Arrest (Including Name of Business) <b>4556 HIGHGATE DR DELRAY BEACH FL</b>				Location of Offense (Business Name, Address) <b>4556 HIGHGATE DR, DELRAY BEACH, FL 33445</b>							
	Date of Arrest <b>02/20/2022</b>	Time of Arrest <b>22:45</b>	Booking Date <b>02/20/2022</b>	Booking Time <b>22:55</b>	Jail Date <b>// : :</b>	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) <b>VILLAMARIN, RENEE HUNT</b>											
J U V E N I L E	Alias: _____											
	Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/15/1982</b>	Height <b>5'02</b>	Weight <b>110</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BLACK</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Mental Status <b>S</b>		Religion <b>Catholic</b>				
	Local Address (Street, Apt. Number) <b>4556 HIGHGATE DRIVE, DELRAY BEACH, FL 33445</b>				(City)		(State)		(Zip) <b>(561) 767-5527</b>			
	Permanent Address (Street, Apt. Number) <b>4556 HIGHGATE DRIVE, DELRAY BEACH, FL 33445</b>				(City)		(State)		(Zip) <b>(561) 767-5527</b>			
	Business Address (Name, Street)				(City)		(State)		(Zip) Phone			
	DL Number, State <b>V456728826350 / FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>Syracuse, NY</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			
	Parent <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number)				(City)		(State)		(Zip) Residence Phone Business Phone			
Notified by (Name)				Date	Time	JUVENILE DISPOSITION 1 Handled/Processed within 2 TOT JAC 3 Sent to Detention Center 4 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				
<input type="checkbox"/> Yes, by <input type="checkbox"/> No						Property Crime <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	Value of Property			
C O D E	Drug Activity N N/A P Possess		S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Dispose/ 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/Derm.	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
	Charge Description <b>SIMPLE BATTERY(TOUCH OR STRIKE)</b>						Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #			
	Drug Activity <b>N</b>	Drug Type	Amount / Unit	Offense # <b>22-002396</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
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 type="checkbox"/> N	Warrant / Capias Number		Bond			
	Charge Description						Statute Violation Number		Violation of ORD #			
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 type="checkbox"/> N	Warrant / Capias Number		Bond			
	Charge Description						Statute Violation Number		Violation of ORD #			
I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following Explain		Mental <input type="checkbox"/> Escorted <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 checked="" type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		Released By			
	Transported By						Date Transported <b>// : :</b>	Time Transported	Other			
N O T I C E T O A P P E A R	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		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 CONTEMPT 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 <b>SAINT MARTIN, NORMILE</b>		Name Verification (Printed by Arrestee) <b>FEB 21 AM 1:31</b>		ID # <b>1103</b>		PAGE <b>1 OF 1</b>			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>SAINT MARTIN, NORMILE</b>		ID # <b>1103</b>		Agency <b>DBPD</b>			
	Inmate Deposit <b>CP1 HONORAL 7200</b>		Pouch #		Transporting Officer <b>SAINT-MARTIN</b>		ID # <b>1103</b>		Witness here if subject signed with an "X"			

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

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>02/20/2022 23:03</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4 0 22-002396</b>	
	Agency ORI Number <b>FL 0500400</b>		Alias			
D E F	Name (Last, First, Middle) <b>VILLAMARIN, RENEE HUNT</b>				Race <b>W</b>	Sex <b>F</b>
	Date of Birth <b>04/15/1982</b>					
C H R G	Charge Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>					
V I C T I M	Victim's Name (Last, First, Middle) <b>FITZPATRICK, RYAN GREGORY</b>				Race <b>W</b>	Sex <b>M</b>
	Date of Birth <b>01/10/1980</b>					
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1331 S FEDERAL HWY 107, BOYNTON BEACH, FL 33435</b>				Phone <b>(813) 781-4985</b>	Address Source <b>VERBAL</b>
	Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>CALMED</b>			
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral					
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>GIRLFRIEND/BOYF</b>					
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input 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: <b>WITNESS</b>			
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE:			
	WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(If YES, attach witness list)			
	INJURIES: <input checked="" type="checkbox"/> YES <input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
N A R R	STATE OF FLORIDA COUNTY OF PALM BEACH					
	<p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p>_____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>20</u> day of <u>February</u>, <u>2022</u>.</p> <p>_____ COLLARETTI, ANDREW NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

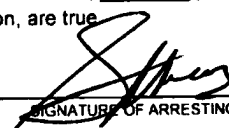
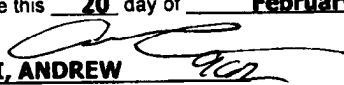
P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>02/20/2022 23:03</b>	Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   22-002396</b>
	<p>The following incident occurred in the City of Delray Beach, Palm Beach County, FL:</p> <p>On Sunday February 20, 2022, at approximately 2139 hours, I responded to 4556 Highgate Dr in reference to a domestic incident. Upon arrival I made contact with W/F Renee Villamarin who provided me with the following sworn statement: She went out with her boyfriend, W/M Ryan Fitzpatrick, and returned to her residence. Upon their return to the residence, she confronted Fitzpatrick about a woman who had texted him. Upon being confronted about the woman, Fitzpatrick became upset and started shoving her inside of the residence. Fitzpatrick grabbed her phone and watch and walked outside of the residence. She followed Fitzpatrick in an attempt to retrieve her phone and watch, but Fitzpatrick refused to return the phone and watch. Fitzpatrick then shoved her, and she fell to the ground on the roadway. Witnesses driving by saw her and called the police. Fitzpatrick walked off with her phone and watch and left the area heading northbound on Barwick Rd. I did not observe any injuries on Villamarin.</p> <p>Officers canvassed the area and made contact with Fitzpatrick at 4460 Coconut Way just inside the City of Boynton Beach. Fitzpatrick had a fresh bite mark on his right forearm, numerous small scratches on both of his arms, and a scratch on the left side of his neck. Fitzpatrick was read Miranda Warning and provided me with the following sworn statement: he and Villamarin have been in a romantic relationship for five years. They went out tonight and returned to Villamarin residence. While at the residence, Villamarin confronted him about a woman who texted him. He reassured Villamarin that the woman was in Iceland and there was nothing going on. However, Villamarin became upset and started to attack him. Villamarin began swinging at him with her hands and nails. He tried to get away from Villamarin, but she continued to come after him. He went outside the residence, but Villamarin continue to come at him. When asked how he sustained the bite mark, Fitzpatrick stated that he did not know if it was a bite mark or a scratch.</p> <p>Villamarin showed officers video of the incident that was captured on a camera that was inside of the residence. Video showed Villamarin and Fitzpatrick involved in a disturbance inside of the residence. The video shows Villamarin coming at Fitzpatrick and him redirecting her to get her away from him. At one point in the video after Fitzpatrick redirects Villamarin away from him, she gets up and punches him the upper portion of his body and continues to punch him.</p> <p>Based on the above stated facts, probable cause exists to charge Renee Villamarin with Domestic Simple Battery pursuant to F.S.S. 784.03(1A1).</p>			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true</p> <p> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>20</u> day of <u>February</u>, <u>2022</u></p> <p> _____ COLLARETTI, ANDREW NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)</p>				

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.**

1. Incident Report #: 22-2396 Agency: DBPD  
Offense: Domestic Battery  
Suspect/Offender: Kellamarcy  
D.O.B. 4/15/82 Race: W Sex: F

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

3. Complete one (1) of the following:

a. Victim's name: Fitzpatrick, Ryan  
Address: 1331 S. Federal Hwy  
City: Baynton Beach State: FL Zip: 33435  
Home #: 813-781-4985 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: Sant Martin I.D.: 1103 Date: 2/20/22

SUSPECT/OFFENDER: \_\_\_\_\_

COURT CASE/WARRANT #: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)



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

**REVIEW COMPLETED BY**

Booking Number: 2022004805

Date: 2/21/2022

Specialist Name/ID: M. Took #8557