

30-2021-MM-000742-AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

OBT# Number		Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number (N.T.A.'s only) 78- 21-000407	
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 1. Yes 2. No NA		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 2002 Graden Dr Palm Beach Gardens FL				Location of Offense (Business Name, Address) 2002 Graden Dr Palm Beach Gardens FL			
Date of Arrest 1/28/21	Time of Arrest 00:53 am	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle NA	
Name (Last, First, Middle) Hill, Ryan Scott				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 11/13/1975	Height 509	Weight 185	Eye Color BRN	Hair Color GRY	Complexion LIGHT
Build MED				Marital Status SINGLE		Religion CATHOLIC	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>	
Local Address (Street, Apt. Number) 755 BOCCE CT		(City) PALM BEACH GARD FL	(State) FL	(Zip) 33410	Phone (508) 648-5596	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number) Same as Local Address		(City)	(State)	(Zip)	Phone () Same	Address Source	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation Boat Captain	
DL Number, State H400737754130		Soc. Sec. Number		INS Number		Place of Birth (City, State) EUCLID OH	
Citizenship Y		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 <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)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property		
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	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 BATTERY-SIMPLE (TOUCH OR STRIKE)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #	
Drug Activity N	Drug Type NA	Amount / Unit NA	Offense # NA	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410							
Court Date and Time Month JAN Day 28 Year 2021 Time AM							
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 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 ARREST SHALL BE ISSUED.							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee): [Signature]			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. Medina		I.D. # 527	
Intake Deputy [Signature]		Pouch #		Transporting Officer Ofc. Medina		I.D. # 527	
Agency PBGPD		Witness here if subject signed with an -X"		PAGE 1		OF 1	

PB50 0148 REV. 8/97

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

J# 0521043

P#438

VICTIM NOTIFICATION
REQUIRED

PALM BEACH GARDENS POLICE DEPARTMENT
JAN 28 2021
AM 7:10
COUNTY CLERK

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 21-000407
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) HILL, RYAN SCOTT	Alias	Race W	Sex M	Date of Birth 11/13/1975
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Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) VIERSCHILLING, HEIDI CAROLANN	Race W	Sex F	Date of Birth 03/03/1973
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Local Address (Street, Apt. Number) 2002 GRADEN DR, PALM BEACH GARDENS, FL 33410	(City)	(State)	(Zip)	Phone (770) 769-7151	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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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 MYSELF admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 28 day of January, 2021 at 00:24 (Specifically include facts constituting cause for arrest.)

At 00:24 hours on 1/28/21 I was dispatched to 2002 Graden Dr Palm Beach Gardens FL, in response to a domestic battery. My body worn camera was utilized during my investigation.

Upon arrival I met with Ryan Scott Hill, who was identified by his FL Driver's license, who informed me he had an argument with his girlfriend of six years. Hill stated he got upset because he could not find a phone charger that was supposed to be behind his nightstand next to the bed. Hill went downstairs to gather his things to leave but advised me, Vierschilling took his keys to his motorcycle so he could not leave. Hill then stated he got upset and threw a remote to the television toward Vierschilling's feet and it bounced from the floor up and struck her in the wrist. Due to Vierschilling refusing to return Hill's keys to his vehicle, Hill called the police.

I then spoke to Vierschilling who informed me they returned from a trip from Stuart, FL that day. Once home they grilled out and made a fire, went in the pool and were drinking alcohol. After watching a movie, all parties went upstairs where Hill could not find his charger that was supposed to be located behind the nightstand next to the bed. Vierschilling tried to show Hill that the charger was in fact there, but Hill refused to listen. Vierschilling stated Hill became angry and stated, "this isn't my house" and began screaming at the top of his lungs. This yelling gained the attention of Vierschilling's daughter, Mia Debany. Vierschilling walked her daughter back to her room and continued downstairs. Hill was in the kitchen packing his things with duct tape because he wanted to get on the motorcycle to drive home. Vierschilling took the keys and hid the helmet due to Hill drinking recently. Vierschilling said "you should be ashamed of yourself to what you did to my daughter and what you did to us". Shortly after this, Hill picked up the remote and threw it at Vierschilling striking her in the right wrist. Debany heard the commotion and came downstairs to see what was going on. Vierschilling stated Debany saw Hill throw the remote and Vierschilling quickly took her

SWORN AND SUBSCRIBED BEFORE ME  CESARK, KIM NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/28/2021 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MEDINA, CHRISTIAN (527) NAME OF OFFICER (PLEASE PRINT) 01/28/2021 DATE	PAGE 1 of 2
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 21-000407
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	



Name (Last, First, Middle) HILL, RYAN SCOTT	Alias	Race W	Sex M	Date of Birth 11/13/1975
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daughter and escorted her back upstairs. When returning downstairs, Vierschilling stated Hill held a dining room chair in the air and stated, "I am going to ransack the house". Vierschilling retreated to her room and informed me Hill started to sing outside of her bedroom to annoy her enough to force her to return his keys. On Vierschilling's right wrist, I observed an abrasion with a small laceration that had fresh blood on it. Vierschilling declined medical attention. An observation of the remote showed what appeared to be a fresh crack showing Hill did throw the remote that struck Vierschilling in the wrist.

Based on the totality of the circumstances to include the sworn statement of both Vierschilling and Hill along with my observation of the injury on Vierschilling's wrist coinciding with her story, I find probable cause to arrest Hill for Battery-simple (Touch or Strike) in violation of FSS 784.03(1) (A) (1).

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  CESARK, KIM NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/28/2021 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MEDINA, CHRISTIAN (527) NAME OF OFFICER (PLEASE PRINT) 01/28/2021 DATE	PAGE 2 OF 2
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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)
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

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

1. Incident Report #: 21-000407 Agency: Palm Beach Gardens
 Offense: Domestic Violence
 Suspect/Offender: Hill, Ryan
 D.O.B. 11-13-75 Race: W Sex: M
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Hadi Vierschilling
 Address: 2002 Graden Dr
 City: Palm Beach Gardens State: FL Zip: 33418
 Home #: 770-769-7151 Work #: _____ Other: _____
 - b. Victim's next of kin: No 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: No designated contact
 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 : C. Nelson I.D.: 516 Date: 1/28/21

White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

SUSPECT/OFFENDER: Hill, Ryan
COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021002303	Date: 1/28/2021
	Specialist Name/ID: J. Beck/9007