

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant		1	Juvenile		M
Agency ORI Number FL0 5 0 0 8 0 0		Agency Name West Palm Beach Police Department			Agency Report Number 9 4 - 20 - 0 0 9 4 1 7				
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:				
DEF. ADMIN. Name (Last, First Middle) <u>G.M. Morgan, Rachel</u> Alias									
VICTIM. Victim's Name (Last, First Middle) <u>Morgan, Rachel, Lee</u> Race <u>W</u> Sex <u>F</u> Date of Birth <u>0.2.0.6.9.6</u>									
Local Address (Street, Apt. Number) <u>255 Evernia St #919</u> (City) <u>WPB</u> (State) <u>FL</u> (ZIP) <u>33401</u> Phone				Address Source					
Business Address (Name, Street) (City) (State) (ZIP) Phone				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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the <u>15th</u> day of <u>June</u> 19__ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
<p><u>On Sunday June 15, 2020, I responded to 255 Evernia St in reference to domestic trouble.</u></p> <p><u>Upon arrival, I made contact with the victim, Rachel Morgan WF, with a date of birth of 02/06/96 who advised her boyfriend Ryan Bertalotto WM, with a date of birth of 12/19/74 had strangled her. Morgan advised the following:</u></p> <p><u>Morgan stated her and Bertalotto have been in a relationship for approx. one-year with no children in common. Morgan stated her and Bertalotto were arguing due to relationship issues. Bertalotto told Morgan to leave their residence, in which Morgan replied, "she will leave and go back with the male who hit on her at work". Bertalotto who was already upset, placed both hands around Morgan's neck. With his hands around Morgan's neck, he then pushed her onto the couch located in their living room. Morgan advised she had been strangled for approx 4 seconds. During the strangulation Morgan advised she couldn't breathe. It should be noted Morgan's friend was on scene who attempted to contact with negative result:</u></p> <p><u>I then made contact with Bertalotto who advised nothing occurred at the residence and that Morgan had been drinking. Bertalotto stated her and Morgan have been together for about a year and a half with no</u></p>									
SWORN AND SUBSCRIBED BEFORE ME <u>[Signature]</u> #2125 NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER <u>06/15/20</u> DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>[Signature]</u> 2141 <u>OFC. Michel</u> NAME OF OFFICER (PLEASE PRINT) <u>06/15/20</u> DATE					
								PAGE <u>1</u> OF <u>2</u>	

cont

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number

FLO 5 0 0 8 0 0

Agency Name WEST PALM BCH. POLICE DEPARTMENT

Agency Report Number 9420009417

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

Special Notes:

Name (Last, First, Middle) Bertalotto, Ryan Alias Race W Sex M Date of Birth 1.2.19.74

Charge Description Domestic battery by strangulation FSS 784.041(3)

Charge Description

Victim's Name (Last, First, Middle) Morgan Rachel, Lee Society Race W Sex F Date of Birth 0.2.0.6.96

Local Address (Street, Apt. Number) c/o west Palm Beach Police Dept (City) State Zip Phone (561) 223-5108

Address Source Known

Business Address (Name, Street) (City) State Zip Phone () 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 ... 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 _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation. On the 15th day of June 20 at 0046 A.M. P.M. (Specifically include facts constituting cause for arrest.)

- issue prior to tonight.

Based upon the above facts, I believe Probable cause exists to charge Ryan Bertalotto with one count of Domestic battery by strangulation contrary to FSS 784.041(3).

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME: [Signature] #2125 NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER 06/15/20 DATE

[Signature] 2141 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER OFC Michel 2141 NAME OF OFFICER (PLEASE PRINT) 06/15/20 DATE

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 #. 2020-0009417 Agency: WPBPD
Offense: DV
Suspect/Offender: RYAN BESTALOTTO
D.O.B. 12/19/74 Race: W Sex: M
2. Warrant #(s) _____
3. Complete one (1) of the following:
 - a. Victim's name: RACHEL MORGAN
Address: 255 EUSUNTA ST. WPB, FL 32419
City: WPB State: FL Zip: 32401
Home #: (813) 223-5102 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: MICHEL I.D.: 2141 Date: 6/15/20

COURT CASE/WARRANT#
(FOR WARRANTS USE ONLY)

SUSPECT/OFFENDER:



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: 2020014847	Date: 6/15/2020
	Specialist Name/ID: Gammage/5660