

0458321

20CF2080AMB

1154

OBTS Number		<b>ARREST/NOTICE TO APPEAR</b>		1. Arrest		3. Request for Warrant		Jvenile			
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number : <b>06-20-044798</b>		2. N.T.A.		4. Request for Capias			
Charge Type: Check as many as apply.		1. Felony <input checked="" 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 <input type="checkbox"/>		Weapon Seized / Type 2. 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> N/A			
Location of Arrest (Including Name of Business) <b>9900 Sandalfoot Blvd.</b>		Boca Raton, FL, 33428		Location of Offense (Business Name, Address) <b>9900 Sandalfoot Blvd.</b>		Boca Raton, FL, 33428		Multiple Clearance Indicator 1			
Date of Arrest <b>03/03/20</b>	Time of Arrest <b>0341</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last) <b>RYAN</b>		First <b>WALTER</b>		Middle <b>M</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>W</b>	M <b>M</b>	Date of Birth <b>01/15/1997</b>	Height <b>5'09</b>	Weight <b>155</b>	Eye Color <b>Blue</b>	Hair Color <b>Brown</b>	Complexion <b>Light</b>	Build <b>Small</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>None</b>	Religion <b>None</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>12223 ROCKLEDGE CIR</b>		(City) <b>BOCA RATON FL 33428</b>		(State) <b>FL</b>		(Zip) <b>33428</b>		Phone <b>561 613 9916</b>	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>		
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone	Address Source <b>Walter Ryan</b>		
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone	Occupation <b>Jet Charter</b>		
DL Number, State <b>RS00913970150, FL</b>		Soc. Sec Number		INS Number		Place of Birth (City, State) <b>Buffalo, New York</b>		Citizenship <b>U.S.</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 <input type="checkbox"/> Other <input type="checkbox"/>		(Last)		(First)		(Middle)		Residence Phone			
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone			
Notified by: (Name)		Date		Time		Juv. Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		1			
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.				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. Amphetamina	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>Poss. of Cocaine</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>893.13(6a)</b>		Violation of ORD #					
Drug Activity <b>P</b>	Drug Type <b>C</b>	Amount / Unit <b>8.1 Grams</b>	Offense # <b>20-044798</b>	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense # <b>20-044798</b>	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense # <b>20-044798</b>	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense # <b>20-044798</b>	Warrant / Capias Number		Bond					
Location (Court, Room Number, Address)											
Court Date and Time Month <b>03</b> Day <b>03</b> Year <b>20</b> Time <b>AM</b>											
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 FULLY 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)						Date Signed <b>03/03/20</b>					
HOLD for other Agency Name:		Signature of Arresting Officer <b>D/S J. Colon</b>			Name Verification (Printed by Arrestee) <b>D/S J. Colon</b>			PAGE 1 OF 1			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Arresting Officer (Print) <b>D/S J. Colon</b>			I.D. # <b>33101</b>			Witness here if subject signed with an "X"			
Initials Deputy <b>J. Colon</b>		I.D. # <b>33101</b>		Pouch #		Agency <b>PBSO</b>					

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile
Agency ORI Number	Agency Name	Agency Report Number					
<b>FLO 500000</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	<b>06- 20-044798</b>					
Charge Type: Check as many as apply.	<input checked="" 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	Special Notes:					
Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth			
<b>RYAN</b>	<b>WALTER M</b>	<b>W</b>	<b>M</b>	<b>01/15/1997</b>			
CHARGES	<b>Poss. of Cocaine</b>		<b>893.13(6a)</b>				
VICTIM	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth		
	<b>State of FL</b>						
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	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 checked="" 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>3rd</u> day of <u>March</u> , 20 <u>20</u> at <u>0341</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)							
<p>On March 3rd, 2020 at approximately 0341 hours, D/S M. Morgado and I were conducting a foot patrol of the parking lot for O' Conner's Pub, located at 9900 Sandalfoot Blvd. in unincorporated Boca Raton.</p> <p>During this time I observed a white Volvo sedan (FL Tag: L8BSH), parked, running with the running lights on, and occupied by two males. The vehicle was sitting in this condition for 1-2 minutes where none of the occupants got into or out of the vehicle. D/S M. Morgado and I made consensual contact with the vehicle, where I approached on the driver side. As D/S M. Morgado and I got next to the vehicle he shined his flashlight into the vehicle, and immediately stated aloud to me that he observed felony narcotics in plain view.</p> <p>The occupants were removed from the vehicle at this time, and due to the plain view narcotics inside of the vehicle both were detained pending a narcotics investigation (Handcuffs double locked and checked for fit). D/S M. Morgado recovered the baggie at this time, verbally confirmed to me that he had located cocaine, and showed me a small translucent baggie containing a white powder substance which I also recognized as powder cocaine through my training and experience (6 1/2 years Law Enforcement - 3 Years Narcotics Unit). I identified the driver as, Walter M. Ryan (W/M DOB: 01/151997), by his Florida Driver's License and advised him that I was going to be conducting a search of his person due to the narcotics located in the vehicle. While conducting this search I located a glass vial with black cap, containing a white powder substance in his front right pocket. I recognized this substance as suspect cocaine through my training and experience, and also recognized the vial as a personal cocaine use container, with a "spoon" attached to the interior of the lid. This "spoon" makes it easy for the user to inhale small amounts of cocaine from the container. I conducted a field test of the white powder substance which provided positive results for the presence of cocaine base with a cobalt test kit (Approx. 8.1 grams).</p> <p>Walter Ryan was arrested at this time and charged with F.S.S. 893.13-6A possession of cocaine before being transported to the Palm Beach County Jail.</p> <p>The narcotics that was recovered was packaged and submitted as evidence. It should be noted that the other occupant of the vehicle was also arrested by D/S M. Morgado on separate narcotics charges (Ref. Case#: 20-044799)</p>							
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>D/S J. Colon</b> (ID # <b>33101</b> ) (Signature of Arresting/Investigative Officer)						
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>3rd</u> day of <u>March</u> , 20 <u>20</u> by <u>D/S J. Colon 33101</u> (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> <u>LEO</u> ) <u>D/S H. Budish</u> <u>34271</u> Notary Public, Clerk of Court, Offices (F.S.S. 117.10)						
							PAGE <b>1</b> OF <b>1</b>



**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"/>	539.001(B)(1), 539.003	Other: Pawn Broker Information	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020007122	Date: 3/3/2020
	Specialist Name/ID: M. Tooks #8557