

Scars, Marks, Tattoos

Broward County Sheriff's Office

17-10356 FC Booking Report



CIS#	30170019	6		BCCN	l #	887878	3		Booking Sheet	Control Date and T	ime	
OBTS	608246877		Print Clearance 09/04/17 05:58:36 Prints Ye					Yes	s 09/04/17 08:18:17			
Arrest #	SP 1700196 Offense Report # 2017-03377					Agency SEMINOLE						
Last Name First Middle	t LYN	MURR	AY RO	BERT	 ,				SSN#			
Race	Sex	Height	Weight	Eyes	Hair	Comp.	Age Admitted	DOB	Place of Birth	State	FDLE	
W	М	508	190	BLU	BLN	OLV	38	8/3/1979	CHICAGO	ILLINOIS	8024711	
Permanent Address	1421 S WAB	ASH AV	E #2W C	HICAGO	D IL 606	605		<u> </u>		Residence 0		
Arrest Date	09/04/17 0	1:18:00	P	lace of A	Arrest 1	SEMINOL	LE WAY	Arr	esting Officer 8260	SEWELL, MIKEL		
Inmate Log	ged Date	09/04/	17 04 00:1	3	Inmate	Log Type	FULL INTAKE		Place Admitted	MAIN		
Intake Com	nments SP/C0	D-13320	29/54-133	320 WC-	16400							
Alias Last	name, First, Mi	ddle, DO	B MUF	RAY, R	OBERT,	LYN,08/0	3/1979					
Warrants O	Officer Id. bs164	100										

Release Date/Tir	me	Release Reason		Release Authorized By					
Charge No.	Charge Initiation Date 09/04/17 08:04	Statute 843.01	Warrant/Capias	Level 3F	M.C Y	B. Type HOLD FOR MAG	Bond Amount \$0.00		
Charges RE	SIST OFFICER-OBSTRUCT	Comments							
Booking Off. ID	bs08603	County		Judge	•				
Charge No.	Charge Initiation Date	Statute	Warrant/Capias	Level	M.C	В. Туре	Bond Amount		
2	09/04/17 08:04	784.03-1a1		1M	Υ	BOND	\$1,000 00		
Charges TO	UCH OR STRIKE/BATTERY		Comments						
Booking Off. ID	bs08603	County		Judge	!				

^{*} End of Report *

			SHA	DED FIELD	S MUST BE AI					F IN CUSTODY				🖾 ARRI	EST FOR
BROWARD COUNT ARREST #	Y		L								J OBTS	#		_ /	
Filing Agency SEMINO	1 E DD	Offen	se Report 2017-0	2277	Local ID #		FDLE		-	FBI		SS	S#		
Defendant's Last Name			2017-0.	First	Mic	ddle	SUF	A	lias/Stre	et Name				Citiz	enship
LYN		,			RAY JR ROB										IS
Race Sex	Hgt	Wgt	Hair	Eyes	1 · 1	Age 20	DOB	- 1	Birth Plac	e					
W M Permanent Address	5'08	185	BLON	<u>D BLUE</u>	E LIGHT	38	08/03/19	_	cars, Ma	arks, TT					
1421 S WABA.	SH AVE	APT 2W,	CHICA	GO, IL 6	0605			-							
Residence Type (1)		(2) County	Local	Address 1	421 S WABA	SH A	VE APT 2	W, P	Place of E	Employment				- 1	_ength
``		(4) Out of Sta		,	HICAGO, II		<u>)5</u>	,						l	
How long defendant in Broward County		athalyser By	/CCN	Reading	Place of Arre		V	C		ne Arrested			g Officer(s)		(93(0)
Officer Injured Y	 _	Zone	Beat	Shift	I SEMINOL Trans Unit		Y N X	Tra		04/2017 01:1 ng Officer/CCN	0 1		WELL, MI ip Time		rved/BSO
					1212				•	OFC SEWELL				1	
TYPE / ACTIVITY	Type N-N/A		E-Heroin H-Hallucii		P-Paraphernalia/ Equipment	Activ N-N//		T-Traffi	С	M-Manufacture Produce/C		1	Indication (N UK
, , ,	A-Amp	hetamine	M-Marijua	па	S-Synthetic	P-Po	ssess	A-Smuç D-Deliv		K-Dispense/	Juliivate	ł		uence 🛚	
N	C-Coc	oiturate aine	O-Opium/		U-Unknown Z-Other	S-Se B-Bu		E-Use		Distribute Z-Other			Drug Influe	ince 🗀	
	Defe	ndant's Vel	nicle Mak	e:	т	ype:	Ye	ear:		Color:	VI	IN#			
Attach Defendant's								\neg							
Photo	Ven	icie i owec	110:						rag #:		01	ther ide	ntifiers or	remarks:	
1 11010															
Name of victim(s) (if co	orporation, ex	xact legal nan	ne and stat	e of incorpora	ition)	·									
							,.,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
State Of Florida															
Count #				Offenses Ch	narged				_ w	C# / Citation # (if a	applicab	ile)	FS or C	apias/Wa	rrant #
					H TO ANOTHE		ON')							84.03(1)(A)/
$\frac{1}{RE}$	<u>SIST AKKE</u>	<u>est with v</u>	TOLENCI	E (3KD DEC	<u>REE FELONY)</u>		~	7				<u> </u>		843.01	
			_=			4			<u> </u>						
			00			able C	ause Affid	lavit							
Before me this date p	•	• •				11011	WWOOD F			who being	first duly	•	·	•	
4 day ofSep the above named def	endant con	year) <i>_</i> nmitted the	<u>017 </u>	t <u>I SEM</u> enses charc	ned and the fact	s showi	ng probable o	L 333 cause	to belie	eve the same are	as follow	vs:		(crime loc	ation)
On Monday,													o the		
Seminole H	-				Z		_							d	
County, Fl	orida	in re	eren	ce to a	an assau	lt.									
Upon arriv						-	-			-			DOB:		
01/05/63)	who ac	lvised	a W/I	M late:	r identi	fied	as Mur	rry	Lyn	Jr (DOB:					
Under Chalties of pe	enuny Vden	lare that I h	ave read t	he foregoin	g and that the fa	acts stat	ed therein ar	e Inie	and co	rrect to the hest o			Conti		* * *
	July, 7 dec	33)		SEWELL, MI			Cildo	and co	meet to the best o	i iiiy ikiic	Jincago	Opera		
Office Affiant's Sign	ature				Officer's Name		(0200)				Offi	icer's Di		ittons	
STATE OF FLORIDA	A														
COUNTY OF BROW															
Sworn to (or affirmed	d) and subs	cribed befo	re me this	4	day of		September		,	(year	·),				
byPOLICE	<u>OFFICE</u>	R SEWE	LL, MI	KEL T.	(name and	title), w	ho is personi	ally kn	own to	me or has produc	ed				
									_	as identificat	tion				
ScT Siml		# Z£	<u>, </u>					Ģ	SERG	EANT / 6701					
Notary Public, Deputy C	Clerk of the C		<u>-</u>	Attorney			_			ink and CCN	_				
CHADEDIA E	DIC														
<u>SUNDERLIN, E</u>	N/U														

Print, Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit **Broward County**

FIRST APPEARANCE/ARREST FORM

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION (BSO DB#2a))

BSO DB-#2 (Revised 05/00)

State of Florida

Orig

2nd - State Attorney 3rd - Filing Agency 4th - Arresting Agency

COURT COPY

NC-1400

BROWARD COUNTY			☐ COM PROBABLE CAL	☑ ARREST FORM			
ARREST #						OBTS #	
Filing Agency SEMINOLE PD	Offense Rep 2017	oort 7-03377	Local ID #	FDLE	ı	FBI	SS#
Defendant's Last Name LYN	First MUR	First Middle MURRAY JR ROBERT		Alias/Str	eet Name	Citizenship US	
Name of victim(s) (if corporation	on, exact legal marile and	state of incorpora	ation				
Count #		Offenses Cl	harged		Γω	IC# / Citation # (if applicable)	ES or Canias Marrant #
Count #		Offenses CI	harged ** SEE	PAC	GE 1	/C# / Citation # (if applicable)	FS or Capias/Warrant #

4 day of September, (year) 2017 at 1 SEMINOLE WAY, HOLLYWOOD, FL 33314 the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows on his stomach multiple times. _____ advised he responded to the high limit area in reference to Lyn causing a disturbance and he was highly intoxicated. further advised Lyn told him he had a room at the hotel (room 1016) and he was leaving the casino floor in order to go to his room for the remainder of the night. advised he was escorting Lyn to his room to make sure he arrived safely due to his level of intoxication. At this point in time,, another security officer, and Lyn entered the elevator at the North tower. Inside of the elevator, Lyn started calling "Fat Boy" and stated, "what are you going to do". ********** stated Lyn then touched him 3 times on his stomach using his right hand. refused and attempted to touch him again. The security officer blocked Lyn from touching again. All parties exited the elevator on the 10th floor in which Lyn on his stomach two more times. Stated he was struck hard by Lyn at struck this time. once again told Lyn not to touch him and Lyn refused. Lyn stuck then two more times again on his stomach. We was then forced to protect himself by holding Lyn's arms down by his side which resulted in both individual falling to the ground. then held Lyn to the ground until law enforcement arrived.

Lyn was then placed under arrest for Simple Battery. Lyn did intentional strike Security Supervisory against his will. Lyn was complaining he was feeling pain in his right knee and hip area due to the fall. Seminole Fire Rescue arrived on scene and transported him the Memorial Regional Hospital for further evaluation. While Fire Rescue was in transport to the hospital with Officer Mejia-Diaz (badge #360), Lyn attempted to kick the officer in his face. Due to his action, Lyn was also charged with resisting with violence. Lyn was then cleared from the hospital and transported to

I swear be above statement is correct and true to the best of m		* * * Continue
officer/Attent's Signature	SEWELL, MIKEL T. (8260) Officer's Name/CCN	Operation Officer's Division
STATE OF FLORIDA COUNTY OF BROWARD		
Sworn to (or affirmed) and subscribed before me this	4 day of <u>September</u> , <u>2017</u> (year), (name and title), who is personally known to me or has produced	
Sus Dell # 266	as identification SERGEANT / 6701	1
Notary Public, Deputy Clerk of the Court, or Assistant State Attorney SUNDERLIN, ERIC	Title/Rank and CCN	
Print, Type or Stamp Commissioned Name of Notary Public	(SEAL)	

Seventeenth Judicial Circuit

Broward County

State of Florida

BSO DB-#2a (Revised 05/00)

FIRST APPEARANCE/ARREST FORM

Orig - Court 2nd - State Attorney 3rd - Filing Agency 4th - Arresting Agency

COMPLAINT AFFIDAVIT ARREST FORM PROBABLE CAUSE AFFIDAVIT CONTINUATION **BROWARD COUNTY** ARREST # OBTS # Filing Agency
SEMINOLE PD Offense Report 2017-03377 Local ID # FDLE SS# FBI Defendant's Last Name Middle SUF Citizenship Fırst Alias/Street Name LYNMURRAY JR ROBERT USName of victim(s) (if corporation, exact legal name and state of incorporation) WC# / Citation # (if applicable) FS or Capias/Warrant # Count # Offenses Charged **Probable Cause Affidavit** Before me this date personally appeared <u>SEWELL, MIKEL T.</u> (8260) who being first duly sworn deposes and says that on 4 day of September, (year) 2017 at I SEMINOLE WAY, HOLLYWOOD, FL 33314 (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows be above statement is correct and true to the best of my knowledge and belief SEWELL, MIKEL T. (8260) **Operations** Officer/Affiant's Signature Officer's Name/CCN Officer's Division STATE OF FLORIDA COUNTY OF BROWARD 4 ___ day of ___ 2017 (year), Sworn to (or affirmed) and subscribed before me this _ September POLICE OFFICER SEWELL, MIKEL T. (name and title), who is personally known to me or has produced

Notary Public, Deputy Clerk of the Court, or Assistant State Attorney

SUNDERLIN, ERIC Print, Type or Stamp Commissioned Name of Notary Public

as identification.

SERGEANT / 6701

Title/Rank and CCN

(SEAL)

Seventeenth Judicial Circuit

Broward County

State of Florida

BSO DB-#2a (Revised 05/00)

FIRST APPEARANCE/ARREST FORM

COURT COPY

Court 2nd

State Attorney 3rd Filing Agency

Arresting Agency