

ARREST / NOTICE TO APPEAR

Check if Supplement is Attached

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

Juvenile

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 94 2026-0013130	
Charge Type: Check as many as apply	☒ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other	
Location of Arrest (Including Name of Business) 901 45TH ST, WPB, FL, 33407			Location of Offense (Business Name, Address) 901 45TH ST, WEST PALM BEACH, FL 33407			
Date of Arrest 09/11/2026	Time of Arrest 20:34	Booking Date 09/11/2026	Booking Time 20:44	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) OKANE, ARYN R						
Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White	I - American Indian O - Oriental/Asian	Sex W	Date of Birth 01/21/1998	Height 5'07	Weight 123	Eye Color HAZEL
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Mental Status U		Religion	Complexion BROWN
Local Address (Street, Apt. Number) AT LARGE, WEST PALM BEACH, FL			(City) West Palm Beach		(State) FL	(Zip) 33407
Permanent Address (Street, Apt. Number) AT LARGE, WEST PALM BEACH, FL			(City) West Palm Beach		(State) FL	(Zip) 33407
Business Address (Name, Street)			(City) West Palm Beach		(State) FL	(Zip) 33407
D/L Number, State 1			Soc. Sec. Number None		INS Number	
Co-Defendant Name (Last, First, Middle)			Race		Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)			Race		Sex	Date of Birth
Name (Last)			(First)		(Middle)	
Address (Street, Apt. Number)			(City)		(State)	(Zip)
Notified by: (Name)			Date		Time	Juvenile Disposition
Released To: (Name)			Relationship		1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated	
The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.			School Attended		Grade	
Property Crime? ☐ Yes ☒ No			Description of Property		Value of Property	
Drug Activity ☐ N/A ☐ Possess			S. Sell ☐ Buy ☐ Traffic		R. Smuggle ☐ Deliver ☐ Use	
K. Disperse/Distribute			M. Manufacture/Produce/Cultivate		Z. Other	
Drug Type			N/A		A. Amphetamine	
B. Barbiturate			C. Cocaine		E. Heroin	
H. Hallucinogen			M. Marijuana		O. Opium/Deriv.	
P. Paraphernalia/Equipment			S. Synthetic		U. Unknown	
Z. Other			Counts		Domestic Violence ☐ Y ☒ N	
Charge Description BATTERY - OFFICER, FIREFIGHTER, MEDICAL CARE			1		Statute Violation Number 784.07(2B)	
Drug Activity			Drug Type		Amount / Unit	
Offense #			Warrant / Capias Number		Bond	
Charge Description			Counts		Domestic Violence ☐ Y ☒ N	
Drug Activity			Drug Type		Amount / Unit	
Offense #			Warrant / Capias Number		Bond	
Charge Description			Counts		Domestic Violence ☐ Y ☒ N	
Drug Activity			Drug Type		Amount / Unit	
Offense #			Warrant / Capias Number		Bond	
Charge Description			Counts		Domestic Violence ☐ Y ☒ N	
Drug Activity			Drug Type		Amount / Unit	
Offense #			Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)						
Court Date and Time						
Month Day Year Time A.M. P.M.						
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.						
Signature of Defendant (or Juvenile and Parent/Custodian)						
Date Signed						
I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.						
Signature						
HOLD for Other Agency			Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other			Name of Arresting Officer (Print) COOPER, BRANDON		(PRINT)	
Intake Deputy			Transporting Officer		PAGE	
ID#			ID#		1 OF 1	
Pouch #			Agency		Witness here if subject signed with an "X".	
			COOPER, BRANDON 2442 WPBP			

FILED PBC - GUN CLUB--
26 SEP 12 AM 7:08

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		0	JUVENILE	N	
ADMINISTRATIVE	Agency ORI Number FL FL0500800		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2026-0013130						
	Charge Type: Check as many as apply. ☒ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes:								
DEFENDANT	Name (Last, First, Middle) OKANE, ARYN R				Alias		Race W	Sex M	Date of Birth 01/21/1998		
	Charge Description 784.07(2B) BATTERY BATTERY ON OFFICER, FIREFIGHTER, EMT,				Charge Description						
CHARGES	Charge Description				Charge Description						
	Charge Description				Charge Description						
VICTIM	Local Address (Street, Apt. Number) 901 45TH ST, WEST PALM BEACH, FL 33407				(City)		(State)	(Zip)	Phone		
	Business Address (Name, Street) ST MARYS HOSPITAL				(City)		(State)	(Zip)	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. ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>11</u> day of <u>September</u>, <u>2026</u> at <u>22:16</u> (Specifically include facts constituting cause for arrest.) On September 11, 2026, at approximately 2034 hours, FTO Taveras and I responded to 901 45th Street, West Palm Beach, Florida 33407, in reference to a Battery to a Medical Provider. Upon arrival, I made contact with Officer Pizarro #2246, who advised that a patient, identified as Aryn Okane (W/F, DOB 01-21-1998), struck _____ on the left side of his face. Ofc. Pizarro observed the trauma _____ attempting to get the to sit on the bed, but while placing Okane onto the bed, she became aggressive and struck _____ once in the face with a closed fist before getting restrained with department issued handcuffs. At the time of the incident, _____ was wearing blue medical scrubs and a badge identifying him as a _____. I then made contact with _____, who provided the following sworn statement: _____ stated that Okane was brought into the emergency room by Riviera 87 from C-Side Wellness, a rehabilitation center located in Riviera Beach. _____ stated that Okane was intoxicated and was not free to leave the facility due to their level of intoxication, which was consistent with hospital policy. _____ stated that Okane was observed running away from the designated stretcher in an attempt to leave the facility. _____ intervened by standing in Okane's path. _____ and _____ then escorted Okane back to their assigned emergency room bed. _____ stated that Okane became hostile and began cursing at hospital staff. Okane then became physically combative and struck _____ on the left side of his face with an open hand. I then made contact with _____, who provided the following sworn statement: _____ stated that Okane was uncooperative and was attempting to exit the medical facility. _____ intervened along with _____. _____ observed Okane											
SWORN AND SUBSCRIBED BEFORE ME TAVERAS, JOSE <i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/11/2026 DATE <i>[Signature]</i> #2442 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER COOPER, BRANDON (02442) NAME OF OFFICER (PLEASE PRINT) 09/11/2026 DATE											

OBTS Number Agency ORI Number FL FL0500800		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2026-0013130		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 0 JUVENILE	
Charge Type: Check as many as apply.		☒ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other	
Name (Last, First, Middle) OKANE, ARYN R		Alias		Race W	Sex M	Date of Birth 01/21/1998	
become physically combative and strike [REDACTED] on the left side of his face with an closed fist, causing injury. Due to the above, probable cause exists to charge Aryn Okane with one (1) count of BATTERY - OFFICER, FIREFIGHTER, MEDICAL CARE PROVIDER, in violation of FSS 784.07(2)(b).							
NOT A CERTIFIED COPY							
SWORN AND SUBSCRIBED BEFORE ME TAVERAS, JOSUE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 09/11/2026 DATE #2442 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER COOPER, BRANDON (02442) NAME OF OFFICER (PLEASE PRINT) 09/11/2026 DATE							