Marsy's Law CVI FL. Const. Art.1 § 16(b)

0484729

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

25MM9778MB

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

Juvenile: N

1777

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO: 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06-25114059

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

If Weapon Seized: Enter Type: N/A

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 13505 77th Place North West Palm Beach, FL 33412

Location of Offense (Business Name, Address): 13505 77th Place North West Palm Beach, FL 33412

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/07/25	1449					

DEFENDANT

Name (Last, First, Middle): Siegal Justin Ryan

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eyes Color	Hair Color	Complexion	Build
W	M	11/15/1990	5'09	200	BROWN	BLACK	MEDIUM	LARGE

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Single | Religion: None | Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 13505 77th Place North West Palm Beach, FL 33412

Mobile Phone

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip)

Phone

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip)

Phone

Occupation

D/L Number, State: S220363515000, FL

Soc. Sec. Number: [redacted]

INS Number

Place of Birth (City, State): WEST PALM BEACH, FL

Citizenship: USA

CO-DEF

Co-Defendant (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 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.
☐ Yes, by: (Name) ☐ No (Reason)

School Attended Grade

Property Crime? ☐ Yes ☐ No

Description of Property

Value of Property

CODE

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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
Simple Battery (Domestic)	1	☒ Y ☐ N	784.03(1a1)		N/A	N/A		25114059		N/A
		☐ Y ☐ N								
		☐ Y ☐ N								
		☐ Y ☐ N								

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406

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: 11/07/25

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D/S C. TAMAYO I.D. #: 47112

Transporting Officer: D/S C. TAMAYO I.D. #: 47112 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 0 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

SCANNED NOV 08 2025

FILED PBC - GUN CLUB 25 NOV 8 AM 5:31

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | Juvenile: N

ADMIN

Agency ORI Number: FLO 500000
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number: 06- 25114059
Special Notes:
Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Siegal Justin Ryan		W	M	11/15/1990

CHARGES

Simple Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle): Siegal Warren
[redacted]
(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
- [x] 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
- [x] was found to have commited the below acts, resulting from my (described) investigation

On the _____ day of _____ 20____ at _____ [ ] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

[ ] Marsy's Law CVI
FL. Const. Art.1 § 16(b)

On November 7, 2025, at approximately 1430 hours, I responded to [redacted], in reference to a domestic disturbance in progress. Upon arrival, I made contact with the victim, later identified as Warren Siegel, by his Florida driver's license.

Warren provided the following recorded sworn statement: He stated that Justin arrived at the residence appearing angered for an unknown reason and began engaging in a verbal altercation with him. During the altercation, an object was reportedly thrown inside the residence. Warren further stated that Justin confronted him, which escalated into a physical altercation during which Justin struck Warren in the face an unknown number of times. Warren sustained minor bruising to his facial area as a result. He was medically evaluated on scene but refused transport for further treatment.

I then made contact with Justin, who was read his Miranda rights on scene. Initially, Justin refused to provide a statement but later stated he had "a lot of personal trauma" and was unsure how to address the issues he was facing. Justin stated that he did not recall any events related to the incident. Due to minor injuries, Justin was transported to Palms West Medical Center for medical clearance (Reference Run Number 25133657).

Based on the investigation, it was determined that Justin committed the offense of Simple Battery (Domestic Related) in violation of Florida State Statute 784.03(1)(A1). Justin was subsequently placed under arrest. Handcuffs were applied, double-locked, and checked for proper fit. He was transported to the Palm Beach County West Detention Center without further incident.

Photographs of the victim were taken on scene and uploaded to Evidence.com. Warren was provided with a Domestic Violence Case Information Form. A Domestic Violence Lethality Assessment and a Level Two Domestic Violence Notification were completed and uploaded to Evidence.com.

My issued body-worn camera was active during the entirety of this incident. Refer to the uploaded video on Evidence.com for further detail.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S C. TAMAYO (ID #) 47112
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of NOV 20 25 by D/S C. TAMAYO 47112
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced FLDVR Leo

D. Hope 57249
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

PBSO 80004 REV. 01/23 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

NOT A CERTIFIED COPY

SCANNED
NOV 08 2025

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Siegal Justin Ryan **DOB:** 11/15/1990 **Case #:** 25114059

Name (Last, First)

Victim: Siegal Warren **DOB:** 2/10/1962 **Race:** W **Sex:** M

Relationship between Victim and Defendant: FATHER & SON

Photographs: Scene × Yes No Victim × Yes No Defendant × Yes No

911 Call: × Yes No **Caller:**

Weapon Used: Yes × No **Type:**

Witness: Yes × No **Name:** (Last) (First) (Middle)

Victim Pregnant: Yes × No **If yes,** weeks months

Injuries: × Yes No **Description:** Minor bruising

Medical Treatment: × Yes No

At Scene: × Yes No **Paramedics:** Palm Beach Gardens Fire Rescue

At Hospital: × Yes No **Hospital:** PALMS WEST HOSPITAL **Doctor:**

Are Children Living in Home? Yes × No **DCF Notified?** Yes × No

Name: **DOB:**

Name: **DOB:**

Name: **DOB:**

Injunction Yes × No **Case #:**

No Contact Order Yes × No **Case #:**

Alcohol or Drugs Yes No × Unknown

Prior History of Domestic/Dating Violence Yes × No

Defendant's Statements Yes No **If yes,** written × recorded oral

First words Defendant said when you responded to scene:

Victim's Statements × Yes No **If yes,** written × recorded oral

First words Victim said when you responded to scene:

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes × No **If yes, name:** **phone:**

Observations of Victim (Physical & Emotional)

Upset Crying Fearful Hysterical Afraid × Calm Nervous

Complained of pain Other

Victim Contact Information: (Last) [redacted]

Local Address:

Phone: 561-275-8705

Employer: (Name)

Name of Relative: (Last) (First) **Phone:**

Address:

PBSO #0004A REV. 05/11

NOT A CERTIFIED COPY

SCANNED

NOV 0 8 2025

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Domestic Violence** - **(This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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**
- **Dating Violence**

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

1. Incident Report #: **25114059** Agency: **PBSO**
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: Name (Last) **Siegal** (First) **Justin** (Middle) **Ryan**
   D.O.B. **11/15/1990** Race: **W** Sex: **M**

2. Warrant #(s): _____
   Name (Last, First)

3.a. Victim's name: **Siegal** **Warren** D.O.B. [redacted] Race: [redacted] Sex: [redacted]
   Addr[redacted]
   City: [redacted] State [redacted] Zip [redacted]
   Hom[redacted] Work #: _____ Other: _____

   b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ **Waiver:** **I choose not to be notified when the arrestee is released from custody.**

☐ **Confidential:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification: _____
Printed name of person waiving notification: Name (Last, First) **Siegal** **Warren**
Deputy's Name: **D/S C. TAMAYO** I.D. # **47112** Date: **11/07/25**

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **Siegal** **Justin** **Ryan**

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #: _____

NOT A CERTIFIED COPY

SCANNED
NOV 0 8 2025

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 110 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2025029939 WDC	**Date:** 11/8/2025
	Specialist Name/ID#: Angela Pinkney/7796

SCANNED
NOV 08 2025