0547665 2024mm-001994 AMB74

ARREST / NOTICE TO APPEAR

1 Arrest (No Warrant) 3 Request for Warrant
2 Arrest (Warrant) 4 Request for Capias
2 N.T.A. 5 Juvenile Referral

1 JUVENILE N

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.s only): 3 2 2024-002875

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:
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 455 E PALMETTO PARK RD 2W, BOCA RATON, FL 33432
Location of Offense (Business Name, Address): 455 E PALMETTO PARK RD 2W, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/09/2024	10:29	03/09/2024	10:39			N/A

DEFENDANT

Name (Last, First, Middle): SQUYRES, SARA ELLEN
Alias:
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, I - American Indian, B - Black, O - Oriental Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	10/20/1994	5'04	111	BROWN	BROWN	LIGHT	SLIM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion:
Indication of Alcohol Influence: Yes ☐ No ☐ Unk ☒
Drug Influence: ☒

Local Address (Street, Apt. Number): 455 E PALMETTO PARK RD 2W, BOCA RATON, FL 33432
Phone: (310) 686-2419
Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 1

Permanent Address (Street, Apt. Number): 455 E PALMETTO PARK RD 2W, BOCA RATON, FL 33432
Phone: (310) 686-2419
Address Source: SUBJECT

Business Address (Name, Street): UNEMPLOYED,
Phone:
Occupation: Necklace Design

D.L. Number, State: S620785948800 / FL
S.S.#: [redacted]
INS Number:
Place of Birth (City, State): Burbank, CA
Citizenship: US

CODE

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

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

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian
Name (Last, First, Middle): NO BOND
Residence Phone:
Address (Street, Apt. Number): (City) (State) (Zip)
Business Phone:
Notified by (Name): Date: Time:
JUVENILE DISPOSITION: 1 Handled/Processed within Department and Released; 2 TOT JAC; 3 Incarcerated
Released To (Name): Relationship: Date: Time:

Marsy's Law

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 355-2526) informed of any change of address.
School Attended: Grade:
☐ Yes, by: ☐ No
Property Taken: ☐ Yes ☒ No Description of Property: Value of Property:

VICTIM NOTIFICATION REQUIRED

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, E Use, K Disperses, 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	Statute Violation Number	Violation of ORD #
BATTERY / DOMESTIC BATTERY	784.03(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	2024-002875	1	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: CRYING
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.J. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To
MCHUGH	MCHUGH	CJ

Transported By	Date Transported	Time Transported	Other
MCHUGH	03/09/2024	10:32	

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time:

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

No Photo Available

ADMIN

HOLD for Other Agency:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy: Hanks 6760 I.D. #: Pouch #:

Signature of Arresting Officer: [signature] 1053
Name of Arresting Officer (Print): MCHUGH, L. D. I.D. #: 653
Transporting Officer: MCHUGH I.D. #: 653 Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT):
Witness here if subject refused to sign "X":
SIGNED MAR 10 2024

PAGE 1 OF 1

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
03/09/2024 10:05	FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2024-002875

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SQUYRES, SARA ELLEN		W	F	10/20/1994

CHRG

Charge Description: 784.03(1) BATTERY / DOMESTIC BATTERY

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
JOYAL, STEFAN FRANCIS	W	M	01/13/1994

L [redacted] [redacted] Address Source: SUBJECT

B [redacted] Occupation: MOBILE CAR CLEA

SELF, WASHE AP

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☒	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):

RELATIONSHIP BETWEEN VICTIM & SUSPECT: BOYFRIEND

ADDITIONAL INFORMATION

	YES	NO	
PHOTOGRAPHS: Scene:	☒	☐	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: ANON
WEAPON USED:	☒	☐	TYPE: HANDS
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☒	☐	
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☐	☐	PARAMEDICS:
Hospital:	☐	☐	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒	
ALCOHOL OR DRUGS INVOLVED:	☒	☐	

NARR

On 03/09/2024 I was dispatched to [redacted] the county of Palm Beach, in reference to a domestic disturbance. Upon arrival, stepping off the elevator, I could hear a female voice yelling "let me in".

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

AM 653
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 7 day of March, 2024

Jeffrey Steff AM 624
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
MAR 10 2024

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
03/09/2024 10:05	FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2024-002875

NARRATIVE

I approached the front door and continued to hear a female voice yelling loudly "let me in." I knocked and a W/M later identified by DAVID as Stefan Joyal answered the door. I observed him to be flustered in nature and somewhat non compliant. He wanted to know why I was there and I explained we were called about loud yelling coming from your aparment. I explained also that when I arrived I also heard a female yelling "let me in". He explained that his live in girlfriend, later identified as Sara Squyres by DAVID, saw on his phone a random female had shared her location with him. This made her upset and she hit his face and threw items around the apartment.

I then spoke to Squyres who stated she closed fist punched him in the face after finding the share location on his phone. She stated "I just flipped out".

I then advised Squyres that she was being placed under arrest for simple battery/ domestic battery per Florida State Statute 784.03(1). I placed her in handcuffs, double locked and walked her to my marked patrol vehicle without incident. I then transported her to the Boca Raton Police Department jail for booking purposes. She was then transported to the Palm Beach County Jail to their custody.

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STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 9 day of March, 2024.

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
MAR 10 2024

COURT | STATE ATTORNEY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | P. I. O.

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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- 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.)

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

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

1. Incident Report#: 2024-002875 Agency: Boca Raton Police Dept.
   Offense: AAB/ODM
   Suspect/Offender: Sara Squyres
   D.O.B. 10.20.94 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: Stefan Joyal D.O.B. 1.13.94 Race: W Sex: M
   Address: [redacted] Palmetto Park # 2W
   City: [redacted] State: [redacted] Zip: [redacted]
   Home#: [redacted] Work#: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
   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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

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[illegible]ED
10 2024

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: McHugh, L. I.D.# 653 Date: 3/9/2024

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

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 99 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	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2024006493	**Date:** 3/10/2024
	Specialist Name/ID#: T.HOWARD/7185

NOT A CERTIFIED COPY

SCANNED
MAR 10 2024