

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

N

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-007940			
	Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator	
D E F E N D A N T	Location of Arrest (Including Name of Business) 531 NE 17TH ST, BOCA RATON, FL				Location of Offense (Business Name, Address) 531 NE 17TH ST, BOCA RATON, FL 33432					
	Date of Arrest 06/10/2018	Time of Arrest 18:02	Booking Date 06/10/18	Booking Time 1825	Jail Date	Jail Time	Location of Vehicle N/A			
C O D E D	Name (Last, First, Middle) RAMMEL, BRYAN ANTHONY				Alias (Name, DOB, Soc. Sec #, Etc.) Alias:					
	Race W - White B - Black	Sex W	Date of Birth 12/26/1995	Height 6'03	Weight 185	Eye Color BLUE	Hair Color RED	Complexion LIGHT	Build Medium	
	Local Address (Street, Apt. Number) 531 NE 17TH ST, BOCA RATON, FL 33432				(City)	(State)	(Zip)	Phone (731) 363-7461	Residence Type 1 City 3 Florida 2 County 4 Out of State 1	
	Permanent Address (Street, Apt. Number) 531 NE 17TH ST, BOCA RATON, FL 33432				(City)	(State)	(Zip)	Phone (731) 363-7461	Address Source OFFENDER	
	Business Address (Name, Street) REGAL HOME HEALTH CARE, TAMARAC, FL				(City)	(State)	(Zip)	Phone (954) 714-3333	Occupation Business Rep	
D/L Number, State R5 / FL		Soc. Sec. Number		DNS Number		Place of Birth (City, State) COCOA BEACH, FL,		Citizenship US		
C O D E F	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor		
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor		
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other _____ Name (Last, First, Middle)							Residence Phone		
	<input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip)							Business Phone		
C H A R G E	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			
C H A R G E	The above address was 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's Office (Phone 355-2526) informed of any change of address.							Grade		
	<input type="checkbox"/> Yes, by <input type="checkbox"/> No				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property		Value of Property		
C H A R G E	Drug Activity S Sell N N/A P Possess	R Seizure 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 Description BATTERY				Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Sanction Violation Number 784.03(1A1)	Violation of ORD #	
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond		
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Sanction Violation Number	Violation of ORD #	
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond		
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Sanction Violation Number	Violation of ORD #	
I N T A K E	Health / Apparent Physical Condition of Defendant				Any knowledge of the following Explain <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
	Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> TOT County Jail				PROPERTY - Received By		Released By	Released To		
N O T I C E T O A P P E A R	Transported By				Date Transported	Time Transported	Other			
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> 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 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								No Photo Available		
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed						
A D M I N	HOLD for Other Agency		Signature of Arresting Officer [Signature] 780		Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Susceptible <input type="checkbox"/> Other		Name of Arresting Officer (Print) CLINARD, R. L.		(PRINT) SCANNED					
Issued Deputy		LD #	Pouch #	Transporting Officer [Signature] 780		Agency PRP		Witness here if subject signed with an _____		

SCANNED

JUN 11 2018

AM 6:36

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/10/2018 19:12	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-007940	
	Agency ORI Number FL 0500200				

D E F	Name (Last, First, Middle) RAMMEL, BRYAN ANTHONY	Alias	Race W	Sex M	Date of Birth 12/26/1995

C R I M	Charge Description 784.03(1A1) SIMPLE BATTERY				

V I C T I M	Victim's Name (Last, First, Middle) PAYAN, ARIANNA MARIE	Race W	Sex F	Date of Birth 10/15/1998

L O C A L	Local Address (Street, Apt Number) (City) (State) (Zip) 401 NE MIZNER BLVD 312, BOCA RATON, FL 33432	Phone (954) 994-7379	Address Source

B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation

DEFENDANT'S STATEMENTS	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DISTRAUGHT
VICTIM'S STATEMENTS	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
BOY/GIRL FRIEND

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

On 06/10/18 at 1734hours, I responded to 531 NE 17th St. in reference to a domestic disturbance. Upon arrival, I approached the residence and observed an open front door. I overheard a male and female voice yelling from inside the open door. As I approached the door, and female and male were walking towards the front door. I separated both parties and first spoke with the male, identified as Bryan Rammel.

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] 780
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of June, 2018.

[Signature]
FRENZ, JONATHAN RYAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

SCANNED
JUN 11 2018
CRIME ANALYSIS

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 06/10/2018 19:12	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-007940
	N A R R A T I V E			

Rammel stated that he and his girlfriend, Arianna Payan, had recently returned home after an afternoon of drinking. Rammel stated that he then went into his room and closed the door. Payan followed him and started a verbal argument. Rammel stated that Payan knocked down the door to his room, and that was the end of it. He advised at no time did the argument become physical, and that he did not sustain any injuries. Rammel was vague in his description of what occurred and did not wish to elaborate any further. He did not appear to have any injuries.

I then spoke with Payan. Payan was visibly upset and crying. She was observed holding a torn bathing suit top in her right hand and clump of her hair in her left hand. She had a vertical scratch on the center of her throat approximately one inch in length. Payan declined any medical treatment. Payan stated her and Rammel just recently got back from drinking at a place called Aqua Key Club. She advised that Rammel was supposed to drop her off at her residence on the way home so she could study for a test. Once they got to Rammel's residence, Rammel told her she could take an Uber home and that he was going to sleep. Payan was upset that he would not take her home and they began arguing verbally. Rammel began pushing the bedroom door shut to push her out and Payan was pushing on the door from the other side. This caused the door to break apart from the wood on the hinges and fell to the floor. Rammel then became enraged and grabbed Payan by her bikini top, pulling and dragging her to the front door. Payan stated Rammel told her to "Get the fuck out of my house" and opened the front door. The act of being dragged caused the bikini top to rip off. Payan then went back into the bedroom to retrieve a shirt to cover herself up. Rammel followed her into the bedroom and grabbed her, tossing her onto the bed and wrestling with her. Payan stated Rammel held her down and said "I hope this hurts, I don't love you anymore." During the struggle on the bed, Rammel pulled a clump of hair off of Payan's head. Payan stated that she struck Rammel in self-defense to get him off of her. Payan eventually locked herself in the bathroom and called 911. Some scratches were also observed on the back of Payan's left calf, that she advised must have occurred while being dragged. Payan advised the scratch on her throat might have occurred when dragged by her bikini, but she could not recall.

When confronted with Payan's account of what happened, Rammel stated that her bikini top must have gotten caught on the (round) door handle. He could not advise on the scratches or torn hair.

Based on the statements and evidence of injury consistent with the statements, I found probable cause to arrest Bryan Rammel for Battery (Domestic) in accordance with F.S.S. 784.03(1A1).

Photographs were taken of Payan and her injuries, her torn bikini top, the clump of hair, and the damaged bedroom door. The photographs and video were submitted into evidence. Payan signed a Domestic Violence Victim pamphlet and the receipt was signed and submitted to records. Payan refused to complete a witness statement for the incident. A Victim Notification Form was also completed.

Rammel was transported to Palm Beach County Jail for final disposition.

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] 780
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of June, 2018.

[Signature]
FRENZ, JONATHAN RYAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
JUN 11 2018

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 2018-007940 Agency: BRPD
Offense: Simple Battery (domestic)
Suspect/Offender: Rummel, Bryan
D.O.B. 12/26/95 Race: White Sex: Male

2. Warrant#(s): _____

3.a. Victim's name: Aayan, Arianna D.O.B. 10/15/98 Race: White Sex: Female
Address: 401 NE Mizner Blvd Apt. T312
City: Boca Raton State: FL Zip: 33428
Home#: 954-994-7379 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

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Clived I.D.# 790 Date: 6/16/18
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Photo Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED
JUN 14 2018



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.
	<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"/>			
Other	<input type="checkbox"/>	Other:		
	<input type="checkbox"/>	Other:		

REVIEW COMPLETED BY

Booking Number: 2018019389	Date: 6/11/2018
	Specialist Name/ID: M. Tooks #8557