

18CF-6354

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2 N.T.A 4 Request for Capias		1	Juvenile	N				
OBT Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-034543								
Charge Type: Check as many as Apply.		<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input 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		Multiple Clearance Indicator				
Date of Arrest 07/04/2018		Time of Arrest 0209		Booking Date		Booking Time		Jail Date		Jail Time	Location of Vehicle			
Name (Last, First, Middle) Rakyla, Cameron														
Aliases (Name, DOB, Soc Sec #, Etc)														
W - White B - Black		I - American Indian O - Oriental / Asian		Race W	Sex M	Date of Birth 05/31/2000		Height 5'10"	Weight 165	Eye Color Brn	Hair Color Brn	Complexion Fair	Build Thin	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None observed								Mental Status Single		Religion N/A	Indication of Alcohol Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Indication of Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 101 S. Federal Hwy. #517 Boynton Beach, FL 33435				(City)		(State)		(Zip)		Phone (561) 303-5636		Residence Type 1. City 3. Florida 2. County 4. Out of State 1		
Permanent Address (Street, Apt. Number) 101 S. Federal Hwy. #517 Boynton Beach, FL 33435				(City)		(State)		(Zip)		Phone (561) 303-5636		Address Source Mother		
Business Address (Street, Apt. Number) Unemployed				(City)		(State)		(Zip)		Phone ()		Occupation Student		
D/L Number, State None				INS Number		Place of Birth Orlando, Florida		Citizenship US						
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 <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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By (Name) <input type="checkbox"/> No (Reason)								School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property						
Drug Activity		S Sell N N/A P Possess		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/Derv P Paraphernalia/Equipment S Synthetic U Unknown Z Other		
Charge Description Child Abuse		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 827.03(1)(2)		Violation of ORD# N/A						
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 18-034543		Warrant/Capias Number N/A		Bond				
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#						
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond				
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#						
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond				
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#						
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond				
<input type="checkbox"/> Instruction No 1 <input type="checkbox"/> Instruction No 2 You need not appear in Court but must comply with instruction on reverse side				Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444										
<input type="checkbox"/> Instruction No 1 <input type="checkbox"/> Instruction No 2 You need not appear in Court but must comply with instruction on reverse side				Court Date and Time		Month		Day		Year		Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED TO 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						
HOLD for other Agency Name				Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) Winland				I.D.# 839		BU# 111474		Page 1 OF 1		
Intake Deputy		I.D.#		Pouch #		Transporting Officer Rosa		I.D.# 1104		Agency BBP		Witness here is subject Signed with an "X"		

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

On the 4th day of July 2018 at 0125hrs
Subject: Rakyta, Cameron DOB: 05/31/2000 Case #: 18-034543
Charge Description: Child Abuse Statute #: 827.03(1)
Victim: [REDACTED] DOB: 03/10/2003 Race: White Sex: Male
Local Address: [REDACTED]
Personal Contact [REDACTED]

Narrative:

On the 4th day of July, 2018, at approximately 0125hrs I arrived at [REDACTED] in reference to a domestic disturbance. Upon my arrival I met with [REDACTED] who advised [REDACTED] (Cameron Rakyta 18yrs old) was out of control and just attacked [REDACTED] (15yrs old).

[REDACTED] stated that [REDACTED] left the unit minutes earlier and were amicable however, upon their return they were yelling at one another with Cameron threatening to kick [REDACTED] ass. [REDACTED] ended up going into his bedroom to diffuse the situation and Cameron followed and instigated the argument. [REDACTED] stated that she was pulling Cameron from behind in an attempt to stop him from hurting [REDACTED] however, Cameron was still able to land a few punches.

I did observe [REDACTED] face to be very red on both his right and left cheeks. [REDACTED] stated that he believes his face was red from crying and does not believe he was struck in the face. [REDACTED] stated that while he was on the bed he laid on his back and raised legs to protect himself and he was struck in his left calf. I did observe a red mark on [REDACTED] calf as well. Medical attention was refused by both [REDACTED] and [REDACTED] on his behalf. Photographs of [REDACTED] were captured and submitted electronically into the BBPD electronic evidence database (ADAMS) via the remote program Digital Acquire.

When speaking with Cameron his version of events mirrored both [REDACTED] however, Cameron stated that he did go after [REDACTED] but he never actually struck him. Cameron agreed that the argument got out of hand and agreed that since [REDACTED] are home schooled they can get on one another nerves rather quickly. Based on the above facts, I find probable cause to charge Cameron with Child Abuse (w/o great harm) in accordance with F.S.S. 827.03(1). Cameron was placed into handcuffs, double locked and checked for tightness, and transported to the BBPD for processing. After being cleared from having any wants or warrants, Cameron's care and custody was turned over to the Palm Beach County Jail.

[REDACTED] were provided with a victims rights pamphlet / domestic violence brochure along with the appropriate case number. [REDACTED] also signed an exemption from public records form which will be submitted with this report. A digital request form was submitted in regards to obtaining the 911 call along with all radio traffic relating to this call for service. This entire investigation was captured on my AXON body worn camera.

To be noted that [REDACTED] ([REDACTED] 1yr old) was visiting and in her bedroom sleeping during the incident and did not wake from the commotion. A photograph of [REDACTED] was also obtained and submitted in the same fashion as the other photos in this case. [REDACTED] father [REDACTED] and [REDACTED] lives in Vermont along with [REDACTED] who will be joining him tomorrow. Due to the victim in this case being a juvenile as well as an infant being under the same roof at the time of occurrence, DCF was notified. I spoke with DCF operator TONI I.D.596 who stated that they (DCF) would NOT be taking a report.

A secondary investigation was conducted as far as any neglect or abuse occurring involving [REDACTED] or [REDACTED] this was UNFOUNDED. Both had clean clothes, did not exhibit any signs of abuse - aside from tonight's incident, and appeared to be in overall good general health. The home had a comfortable climate control, running water and varying foods of ample nutritional values.

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Defendant's Statement: Oral

Victim's Statement: Oral

Observation Of Victim (Physical and Emotional):

Shaken up and scared

Relationship Between Victim and Suspect:

████████

NOT A CERTIFIED COPY

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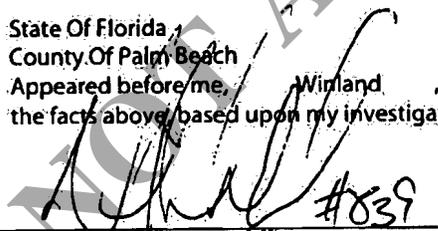
Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: _____
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

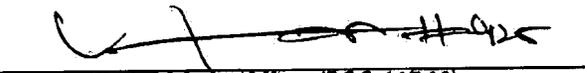
Victim Contact Information:

Phone Home: _____ Work: _____
 Employer: _____
 Relative Name: _____ Phone: _____
 Address: _____
 City/State: _____

State Of Florida
 County Of Palm Beach
 Appeared before me, Winland, (print name) personally known to me, who, being first duly sworn, says that the facts above based upon my investigation, are true.


 #839
 Signature Of Arresting Officer

Sworn to and subscribed to me before this 4th day of July, 2018


 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

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

1. Incident Report #: 18-034543 Agency: Boynton Beach Police Department
Offense: Child Abuse
Suspect/Offender: Rakyta, Cameron
DOB: 05/31/2000 Race: W Sex: M

2. Warrant # (s): _____

3. Complete one (1) of the following:

A.



B.

Victim's Next of Kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home # _____ Work #: _____ Other: _____

C.

Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of Victim: _____

Printed Name of Victim: _____

Officer's Name: Winland I.D.# 839 Date: / /

SUSPECT/OFFENDER :

Rakyta, Cameron

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

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**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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.	2
	<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: 2018022196	Date: 7/5/2018
	Specialist Name/ID: L.Rouse/#6673

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