

JKT # 0217301

PCH 1120

ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 16-004861			
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		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) 1209 CHEROKEE ST		Location of Offense (Business Name, Address) 1209 CHEROKEE ST, JUPITER, FL 33458							
Date of Arrest 10/08/2016	Time of Arrest 22:27	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) RYAN, CHRISTINE		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 11/20/1963	Height 5'03	Weight 110	Eye Color BLUE	Hair Color BLONDE /	Complexion FAIR	Build Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTLO BACK		Marital Status M		Religion CATHOLIC		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1209 CHEROKEE STREET, JUPITER, FL 33458		(City)		(State)		(Zip)		Phone (561) 386-3823	
Permanent Address (Street, Apt. Number) 1209 CHEROKEE STREET, JUPITER, FL 33458		(City)		(State)		(Zip)		Phone (561) 386-3823	
Business Address (Name, Street) Accountant		(City)		(State)		(Zip)		Occupation Accountant	
D/L Number, State R500100639200 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW YORK CITY, NY,		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		Name (Last, First, Middle)		Residence Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)		Date		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.		School Attended		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			
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 Description BATTERY-SIMPLE (TOUCH OR STRIKE)		Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #					
Drug Activity	Drug Type N	Amount / Unit /	Offense # 16-004861	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond NONE		
Charge Description		Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond		
Charge Description		Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond		
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"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To			
Transported By		Date Transported		Time Transported		Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		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	
HOLD for Other Agency		Signature of Arresting Officer 386		Name Verification (Printed by Arrestee) HOBBY, MATTHEW		I.D. # 1193			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) HOBBY, MATTHEW		I.D. # 386		Agency JPD		Witness here if subject signed with an	
Intake Deputy W819800		I.D. #		Pouch #					

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ 1 ☐ DEFENDANT

HOBBY

 2016 OCT -9 AM
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DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 10/08/2016 23:01		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 16-004861	
	Name (Last, First, Middle) RYAN, CHRISTINE						Race W	Sex F
CHRG	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) RYAN, JEROME A JR						Race W	Sex M
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) 1209 CHEROKEE STREET, JUPITER, FL 33458				Phone (561) 578-7195		Address Source DEFENDANT	
	Business Address (Name, Street) (City) (State) (Zip) RITZ CARLTON				Phone		Occupation MAINTENANCE	
ADDITIONAL INFORMATION	Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/> DEFENDANT'S STATEMENTS: VICTIM'S STATEMENTS:			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
	RELATIONSHIP BETWEEN VICTIM & SUSPECT							
ADDITIONAL INFORMATION	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/>	YES	NO			
			Victim: <input checked="" type="checkbox"/>					
	911 CALL:		<input checked="" type="checkbox"/>			CALLER: DELACY R. ODELL		
	WEAPON USED:		<input checked="" type="checkbox"/>			TYPE: BLUNT OBJECT		
	WITNESSES:		<input checked="" type="checkbox"/>			(If YES, attach witness list)		
	INJURIES:		<input checked="" type="checkbox"/>					
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	AT: Scene:		<input type="checkbox"/>	<input type="checkbox"/>		PARAMEDICS:		
	Hospital:		<input type="checkbox"/>	<input type="checkbox"/>		PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>		NAMES/AGES:		
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>		CASE #:			
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
NARR	On 10/08/2016, at approximately 2107 hours, I was dispatched to 1209 Cherokee St. in reference to a domestic disturbance. While en-route to the scene Northcom Communications advised the male half, later identified as W/M Jerome A. Ryan (04/28/1957), who went over to the neighbor's house and advised them his wife, W/F Christine Ryan (11/20/1963) was hitting him. Northcom also advised C. Ryan was throwing things outside the							
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>ofc Hobby</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. <u>386/1163</u> SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>8</u> day of <u>October</u> , <u>2016</u> . <u>COUNIHAN, JOSEPH</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 10/08/2016 23:01	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 16-004861
	Agency ORI Number FL 0501700			

house. Upon my arrival to the residence I spoke to J. Ryan who advised the following:

While speaking to J. Ryan I noticed he had a cut on his left forearm which was bleeding, he also stated he had a cut on his back. He advised he did not need fire rescue for his injuries. J. Ryan advised he was next door at the neighbors, 1207 Cherokee St., when C. Ryan walked over from their house and was knocking on the neighbor's door to get him out of the house. He advised he went back to his house to get another beer when she started to yell at him for being at the neighbors. At this time she started to throw his clothes out the house door all over the property. J. Ryan then stated he was struck by a stool in his arm and back. He advised he did not know why she was so mad and hitting him with the stool. While speaking to J. Ryan, I saw C. Ryan walking outside of her residence, at this time I walked over to her to speak with her about the incident. I did not observe any visible injuries to C. Ryan, and she also stated that she was not injured.

I observed there was beer cans all over the driveway and clothes on the front lawn. C. Ryan stated she was mad that J. Ryan was next door because they were smoking marijuana and she did not want him there. C. Ryan advised she threw the whole case of beer and his clothes outside the house because she wanted him to stop drinking. While speaking to C. Ryan she reached down to grab a beer can that was lying on the ground by her feet. I advised her several times to not pick up the beer can, she did not listen to my commands and picked up the beer can, and stated, "that's okay". At this time I placed C. Ryan into protective custody for officer safety, while I finish interviewing her. She advised she did not hit J. Ryan with anything but she just threw his clothes and the rest of the beer outside.

Contact was made with W/F Delacy R. Odell (09/30/1989), the neighbor, who provided a sworn statement about what happened during the incident. D. Odell advised C. Ryan barged into their home because she was mad that J. Ryan was at their house. She then stated C. Ryan started to scream at J. Ryan to not come back home and punched the house. D. Odell then advised C. Ryan picked up a stool and hit J. Ryan twice and then she threw beer cans at him.

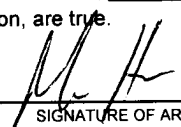
Contact was also made with W/F Jennifer Odell (02/18/1959) who advised C. Ryan barged into their home because J. Ryan was at the house. She then advised J. Ryan was getting yelled at by C. Ryan not to come home, but when he went home she began hitting him with a stool and also threw beer cans at him.

Based on my investigation I find probable cause to charge Christine Ryan with simple battery (domestic). Photos of the injuries to J. Ryan were taken as well as the scene. The photos were taken of the injuries were later submitted into Jupiter Police Evidence.


Christine Ryan did actually and intentionally touch or strike Jerome A. Ryan against the will of Jerome A. Ryan and/or did intentionally cause bodily harm to Jerome A. Ryan, contrary to Florida Statute 784.03(1). (1 DEG MISD)

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

 386/1143
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8 day of October, 2016


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

COURT

STATE ATTORNEY

CENTRAL RECORDS

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CRIME ANALYSIS

P. I. O.