

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3, 2 2017-016079
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 <input checked="" type="checkbox"/> Y
Location of Arrest (Including Name of Business) 408 MANCHESTER ST	Location of Offense (Business Name, Address) 408 MANCHESTER ST, BOCA RATON, FL 33487	
Date of Arrest 11/23/2017	Time of Arrest 02:29	Booking Date 11/23/2017
Booking Time 02:39	Jail Date	Jail Time
Location of Vehicle ON PREMISE		

Name (Last, First, Middle) LOGAN, COLLIN CHARLES	Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian W M	Sex M	Date of Birth 04/03/1994
Height 6'00	Weight 160	Eye Color BROWN
Hair Color BROWN	Complexion LIGHT	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT L ANKLE / SHARK	Marital Status S	Religion CHRIS
Local Address (Street, Apt. Number) 408 MANCHESTER ST, BOCA RATON, FL 33487	Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State
Permanent Address (Street, Apt. Number) 408 MANCHESTER ST, BOCA RATON, FL 33487	Phone	Address Source FL DL
Business Address (Name, Street) SPROUT LOUD,	Phone	Occupation Media Buyer
D/L Number, State L250103941230 /	INS Number	Place of Birth (City, State) ST PETERSBURG, FL
		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)	Business Phone
Notified by: (Name)	Date	Time
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	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property
Value of Property		

VICTIM NOTIFICATION REQUIRED

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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
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Charge Description SIMPLE BATTERY (DOMESTIC)	Statute Violation Number 784.03(1A1)	Violation of ORD #
Drug Activity N	Drug Type /	Amount / Unit
Offense # 2017-016079	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Capias Number	Bond NO	Bond BUND

Health / Apparent Physical Condition of Defendant GOOD	Any knowledge of the following: <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"/> Posted Bond <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail
Transported By TYSON	PROPERTY - Received By TYSON
Date Transported	Time Transported
Released By TYSON	Released To PBCJ

<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
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 COMTEMPT 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	Signature of Arresting Officer 789	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Deputy D/S J. THOMAS #7956	Transporting Officer TORSEILLO	ID. # 789
Agency #	ID. # 784	Agency BRPD
Witness here if subject signed with an "X"		

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NOV 23 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/23/2017 02:29		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-016079	
	Agency ORI Number FL 0500200		Alias		Race W	Sex M
D E F	Name (Last, First, Middle) LOGAN, COLLIN CHARLES				Date of Birth 04/03/1994	
C H R G	Charge Description 784.03(1A1) SIMPLE BATTERY (DOMESTIC)					
V I C T I M	Victim's Name (Last, First, Middle) RUDOLPH, RACQUEL A				Race W	Sex F
	Local Address (Street, Apt. Number) (City) (State) (Zip) 408 MANCHESTER ST, BOCA RATON, FL 33487				Phone (310) 291-6929	
	Business Address (Name, Street) (City) (State) (Zip) WISHING WELL				Address Source SERVER	
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BRUISE/RED MARK			
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>						
RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING						
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>			
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: RACQUEL RUDOLPH		
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAPON USED: <input type="checkbox"/> TYPE:		
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)		
	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEDICAL TREATMENT: <input 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"/>		
	VIOLETION 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"/>			
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. 789 SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this 23 day of November , 2017 . CODLING, JEREMY R NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

CERTIFIED COPY

