

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number
Agency ORI Number: **FLO 500000**
Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE**
Agency Report Number (N.T.A.'s only): **06-18-053166**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other
Weapon Seized / Type: **2**
Multiple Clearance Indicator: **01**

Location of Arrest (Including Name of Business): **12954 Anthonne Ln, Boynton Beach Fl 33426**
Location of Offense (Business Name, Address): **12954 Anthonne Ln, Boynton Beach Fl 33426**

Date of Arrest: **03/22/2018**
Time of Arrest: **1204hrs**
Booking Date: **03/22/2018**
Booking Time: _____
Jail Date: _____
Jail Time: _____
Location of Vehicle: **12954 Anthonne Ln, Boynton Beach Fl 33426**

Name (Last, First, Middle): **Ryan, Jerrad,**
Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: **W** (White 1 - American Indian, B - Black 0 - Oriental/Asian)
Sex: **M**
Date of Birth: **6/2/1981**
Height: **6'1**
Weight: **180**
Eye Color: **Blue**
Hair Color: **Brown**
Complexion: **light**
Build: **medium**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **N/A**
Marital Status: **Married**
Religion: **CATHOLIC**
Indication of Alcohol Influence Drug Intoxication: Y N Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): **12954 Anthonne Ln, Boynton Beach Fl 33426**
Phone: **(978) 360 2917**
Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): **12954 Anthonne Ln, Boynton Beach Fl 33426**
Phone: _____
Address Source: **VERBAL**

Business Address (Name, Street) (City) (State) (Zip): _____
Phone: _____
Occupation: **Real Estate**

D/L Number, State: **R500435812020 Fl**
Soc. Sec. Number: _____
INS Number: _____
Place of Birth (City, State): **Boston, Mass**
Citizenship: **US**

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

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

Parent Legal Custodian
 Other
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 provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.
 Yes, by: (Name) _____ No: (Reason) _____
School Attended: _____ Grade: _____

Property Crime? Yes No
Description of Property: _____ Value of Property: _____

Drug Activity: N. N/A S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other
 P. Possess B. Buy D. Deliver E. Use
Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetics U. Unknown Z. Other

Charge Description: **Domestic Battery**
Counts: **1**
Domestic Violence: Y N
Statute Violation Number: **784.03(1A1)**
Violation of ORD #: _____

Drug Activity: **N** Drug Type: **N** Amount / Unit: _____
Offense #: **18-053166**
Warrant / Capias Number: _____ Bond: _____

Charge Description: _____
Counts: _____ Domestic Violence: Y N
Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____
Offense #: _____ Warrant / Capias Number: _____ Bond: _____

Charge Description: _____
Counts: _____ Domestic Violence: Y N
Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____
Offense #: _____ Warrant / Capias Number: _____ Bond: _____

Charge Description: _____
Counts: _____ Domestic Violence: Y N
Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____
Offense #: _____ Warrant / Capias Number: _____ Bond: _____

Location (Court, Room Number, Address): **TBA**

Court Date and Time: **Month _____ Day _____ Year _____ Time _____ AM**

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: **03/22/2018**

HOLD for other Agency Name: _____ Signature of Arresting Officer: **D/S C. Cameron** Name Verification (Printed by Arrestee): _____
 Dangerous Resisted Arrest Suicidal Other: _____ (Name of Arresting Officer, Print) **D/S C. Cameron** I.D. # **30045** (PRINT) _____

Intake Deputy: _____ I.D. # _____ Pouch # _____
Transporting Officer: **D/S C. Cameron** ID # **30045** Agency **PBSO**
Witness here if subject signed with an "X" **1** OF **1**

NOTICE TO APPEAR
PALM BEACH COUNTY SHERIFF'S OFFICE
CLUB BRANCH
03/22/2018 5:34

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-18-053166
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	Special Notes:

Name (Last, First, Middle) Ryan, Jerrad,	Alias	Race W	Sex M	Date of Birth 6/2/1981
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Charge Description Domestic Battery	784.03(1A1)	Charge Description
Charge Description		Charge Description

Victim's Name (Last, First, Middle) Helo, Sonia,	Race W	Sex F	Date of Birth 03/15/1985
Local Address (Street, Apt. Number) 12954 Anthorne Ln, Boynton Beach Fl 33426	(City) (State) (zip)	Phone (561) 9290197	Address Source
Business Address (Name, Street)	(City) (State) (zip)	Phone ()	Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **22** day of **MARCH** 20 **18** at **1300hrs** A. M. P. M. (Specifically include facts constituting cause for arrest.)

On 3/22/2017 at approximately 1107 hrs I responded to 12954 Anthorne Ln in unincorporated Boynton Bach in response to a domestic dispute. Upon arrival I made contact with Sonia Helo who stated that her husband Jerrad Ryan grabbed her by the neck during an argument and pushed her down onto the couch against her will in the living room of the residence. Helo stated that Ryan did not constrict the air or blood flow to her neck during the incident. Helo advised that she was in fear and did not want this to happen again. Helo informed me that Ryan stepped on her foot in the act of pushing her down. I observed a bruise on the top of Helo's right foot consistent with what she had stated.

Jerrad stated that during the argument with Helo he accidentally stepped on her foot, and that the altercation never turned physical. Based on my investigation I determined that probable cause existed to arrest Jerrad for domestic battery per F.S.S. 784.03(1A1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S C. Cameron
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **22** day of **March** 20 **18** by **D/S M. Miller 7947**

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced **Known**

7947
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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: **Ryan, Jerrad,**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

1. Incident Report #: 18-053166 Agency: PBSO
Offense: Domestic Battery
Suspect/Offender: Ryan, Jerrad,
D.O.B. 6/2/1981 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Helo , Sonia, D.O.B. 03/15/1985 Race: W Sex: F
Address: 12954 Anthorne Ln
City: Boynton Beach Fl 33426
Home #- (561) 9290197 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: Helo , Sonia,

Deputy's Name: D/S C. Cameron 30045 I.D.# 30045 Date: 03/22/2018

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Ryan, Jerrad, DOB: 6/2/1981 Case #: 18-053166

Victim: Helo, Sonia, DOB: 03/15/1985 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Sonia Helo

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, ___ weeks ___ months

Injuries: Yes No Description: Bruise to right foot

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: Edward Ryan DOB: 02 / 08 / 2015

Name: _____ DOB: ___/___/___

Name: _____ DOB: ___/___/___

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: _____

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone (____) ____ - ____

Observations of Victim (Physical & Emotional): No Major Injuries

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 12954 Anthorne Ln, Boynton Beach Fl 33426

Phone: Home (561) 9290197 Work (____) ____ - ____ Cell (____) ____ - ____

Employer: _____

Name of Relative: _____ Phone (____) ____ - ____

Address: _____