

AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		2665 JUVENILE	
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2		2016-016843					
D E F E N D A N T	Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business) 276 NW 50TH PL		Location of Offense (Business Name, Address) 276 NW 50TH PL, BOCA RATON, FL 33431		Date of Arrest 11/18/2016		Time of Arrest 02:03		Booking Date 11/18/2016		Booking Time 02:13	
J U V E N I L E	Name (Last, First, Middle) SMALL, MICHAEL LAWRENCE		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)		Date of Birth 01/24/1988		Height 6'00		Weight 170		Eye Color BLUE	
	Race W - White B - Black O - Oriental/Asian		Sex M		Date of Birth 01/24/1988		Height 6'00		Weight 170		Eye Color BLUE	
C O D E F E N D A N T	Local Address (Street, Apt. Number) 956 EVERGREEN DR, DELRAY BEACH, FL 33483		(City) DELRAY BEACH		(State) FL		(Zip) 33483		Phone (561) 239-2157		Indication of: Alcohol Influence Drug Influence	
	Permanent Address (Street, Apt. Number) 956 EVERGREEN DR, DELRAY BEACH, FL 33483		(City) DELRAY BEACH		(State) FL		(Zip) 33483		Phone (561) 239-2157		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
C O D E F E N D A N T	Business Address (Name, Street) Y CHARTER, MIAMI BEACH		(City) MIAMI BEACH		(State) FL		(Zip) 33133		Phone (561) -		Occupation Boat Captain	
	D/L Number, State SS40552880240 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) CHICAGO, IL, United		Citizenship US			
C O D E F E N D A N T	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
C O D E F E N D A N T	Parent Other: [REDACTED]		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City) (State) (Zip)		Residence Phone		Business Phone	
	Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City) (State) (Zip)		Residence Phone		Business Phone	
C O D E F E N D A N T	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 O D E F E N D A N T	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.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
	Drug Activity S. Sell B. Buy P. Possess		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other			
C H A R G E	Charge Description BATTERY		Statute Violation Number 784.03(1A1)		Violation of ORD #							
	Drug Activity N		Drug Type N		Amount / Unit /		Offense # 2016-016843		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
I N T A K E	Health / Apparent Physical Condition of Defendant		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		Explain:							
	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		PROPERTY - Received By BRPD		Released By BRPD		Released To TOT CJ			
N O T I C E T O A P P E A R	INSTRUCTION NO. 1 - Mandatory appearance in court 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 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							
A D M I N	HOLD for Other Agency		Signature of Arresting Officer Daniel Reissl 776		Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) REISSL, DANIEL		I.D. # 776		(PRINT)			
A D M I N	Intake Deputy [Signature]		I.D. #		Pouch #		Transporting Officer Pratt 542		I.D. # 542		Agency BRPD	
											Witness here if subject signed with an "X".	

SCANNED
NOV 18 2016
NOV 19 2016

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 11/18/2016 02:03		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-016843	
	Name (Last, First, Middle) SMALL, MICHAEL LAWRENCE						Race W	Sex M
CHRG	Charge Description 784.03(1A1) BATTERY							
	Victim's Name (Last, First, Middle) SWARTZ, PAIGE MADISON						Race W	Sex F
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) 276 NW 50TH PL, BOCA RATON, FL 33431				Phone (724) 331-8516		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
ADDITIONAL INFORMATION	Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SHAKEN				
	RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING							
ADDITIONAL INFORMATION	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: PAIGE SWARTZ		
	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NARR	W/M Arrested for Domestic Battery							
	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. <i>Paige Reiss 776</i> <i>Daniel Reissi 776</i> SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>18</u> day of <u>November</u> , <u>2016</u> . IMMLER, DOUGLAS J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)							

SCANNED
NOV 19 2016

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 11/18/2016 02:03	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-016843
	Agency ORI Number FL 0500200			

On Friday 11/18/2016 at approximately 0112 hours I responded to 276 NW 50th Place to investigate a domestic disturbance. Upon arrival I made contact with the male half, Michael Small, who was outside his girlfriend's (Paige Swartz) home.

Small advised he and Swartz were arguing over domestic related issues. Small advised Swartz believed he was talking to other females and cheating on her. Small explained they were parked in front of her home arguing. Small stated they both went inside and during the argument Swartz punched him and ripped his shirt.

I then spoke with Swartz who advised after they arrived in the driveway, she got out of the vehicle and asked for her house keys. Swartz explained she was on the passenger side, she extended her arm to get the key from him and Small intentionally closed the car window on her arm. It should be noted Swartz had a mark underneath her arm which was consistent with her story. Swartz further explained she then went inside and Small followed. The yelling continued, at which point he grabbed both her arms which caused minor bruising. After being grabbed she was pushed and she pushed back to defend herself. Swartz explained she did rip his shirt while trying to push him out of her house. According to Swartz, while trying to push Small out of the home, her dress strap was ripped by Small. Swartz wanted him out of her house and he wouldn't leave. Once Swartz pushed him out of the house, Small called her 8 times back to back which I saw on Swartz's phone. Swartz completed a sworn written statement which was later submitted into evidence.

I spoke with Small again and he stated he now remembered the incident with the window closing on her but Small stated it was not intentional. Small was having difficulty keeping events in chronological order or recalling certain events, evidence of deception.

Based on my investigation, at 0203 hours, I placed Michael Small under arrest for domestic simple battery, pursuant to FSS 784.03(1A1) after rolled the car window up on her arm, grabbing and continuously attempting to make contact after being locked out, being the primary aggressor.

Photos of injuries were taken and submitted into evidence.

A victim notification form was completed and Small was delivered to Palm Beach County Jail after processing.

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.

Dan Reiss 776
Daniel Reiss 776
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 18 day of November, 2016.

IMMLER, DOUGLAS J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

SCANNED
NOV 19 2016

COURT

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