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170011603

ARREST NOTICE TO APPEAR  
Juvenile Referral Report

NR

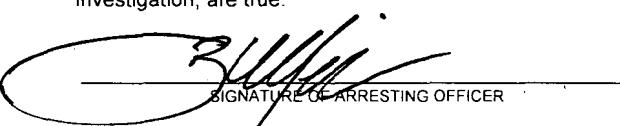
Arrest  
2. N.T.A.3. Request for Warrant  
4. Request for Capias9-1558  
Juvenile  
N

ADMINISTRATIVE	OBTS Number		Agency Name BOCA RATON POLICE SERVICES DEPT.		Agency Report Number (N.T.A.'s only) 3 2 1 1 7 1 1 3 1 6 2 1 1 1		Multiple Clearance Indicator					
	Agency ORI Number FLO 5 0 0 2 0 0		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		Weapon Seized / Type 1. Yes 2. No							
DEFENDANT	Location of Arrest (Including Name of Business) 5050 TOWN CENTER CIR. BR. FL 33486		Location of Offense (Business Name, Address) 5050 TOWN CENTER CIR.		Date of arrest 09/24/17		Time of Arrest 18:03	Booking Date 9/24/17	Booking Time 1825	Jail Date 9/24/17	Jail Time ( )	Location of Vehicle 5050 TOWN CENTER CIR.
	Name (Last, First, Middle) HURZ, PAIGE						Alias (Name, DOB, Soc. Sec. #, Etc.)					
CO-DEF	Race W - White B - Black		Sex M - Male F - Female		Date of Birth 09/11/95		Height 4'11	Weight 100	Eye Color HAZ	Hair Color BLON	Complexion LIGHT	Build SLIM
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO R BUTT CHEEK SUN						Marital Status S	Religion N/A	Indication of: Alcohol Influence Drug Influence			
JUVENILE	Local Address (Street, Apt. Number) 4790 N CERIAL DR DAVY BCH FL 33445		(City) (State) (Zip)		Phone (561)929.9324		Residence Type: 1. City 2. County		3. Florida 4. Out of State			
	Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City) (State) (Zip)		Phone ( )		Address Source DEFENDANT					
CODE	Business Address (Name, Street) 5050 TOWN CENTER CIR. BOCA RATON FL 33486		(City) (State) (Zip)		Phone 561235-5819		Occupation SERVER					
	D/L Number, State D126665958310		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) [REDACTED] OFF		Citizenship US			
CHARGE	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			
CHARGE	Parent Name (Last) Legal Custodian Other: Address (Street, Apt. Number)		(First) (Middle)				Residence Phone ( )					
	(NO Bond)		( )				Business Phone ( )					
CHARGE	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released.		2. TOT HRS/DYS		3. Incarcerated			
	Released To: (Name)		Relationship									
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. <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						
CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	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/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	DOMESTIC BATTERY				Counts Y <input type="checkbox"/> N	Domestic Violence Y <input type="checkbox"/> N	Statute Violation Number 784.103.		Violation of ORD # (1, A, 1)			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond			
	Charge Description		Counts Y <input type="checkbox"/> N	Domestic Violence Y <input type="checkbox"/> N			Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond			
	Charge Description		Counts Y <input type="checkbox"/> N	Domestic Violence Y <input type="checkbox"/> N			Statute Violation Number		Violation of ORD #			
INTAKE INFO.	Drug Activity Drug Type Amount / Unit				Offense #	Warrant / Capias Number		Bond				
	Health/Apparent Physical Condition of Defendant GOOD				Property - Rec'd. By MILLER	Released By MILLER		Released To SHARON R. SACK				
Any knowledge of the following, place an "X" and explain: <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"/> Posted Bond: <input type="checkbox"/> Released to Parent/Guardian: <input type="checkbox"/> S. County Mental Health: <input checked="" type="checkbox"/> T.O.T. County Jail Transported By: _____				Date _____	Time _____	Other _____						
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) [REDACTED]						SEP 24 PM 10:29			
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month _____ Day _____ Year _____				Time _____		C3 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 <input checked="" type="checkbox"/> X 9/24/17												
Signature of Defendant (or Juvenile and Parent/ Custodian) X PAIGE MILLER 9/24/17 Date Signed SCANNED												
ADMIN.	HOLD for other Agency Name: D/S B. SHATARA		Signature of Arresting Officer X MILLER 722		Name Verification (Printed by Arrestee) (PRINT) X PAIGE MILLER		Name Verification (Printed by Arrestee) (PRINT) X PAIGE MILLER		SEP 25 2017			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		I.D. # BRPD		I.D. # BRPD		PAGE			
Witness here if subject signed with an "X". 1 OF 1												

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>09/24/2017 18:31</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>			Agency Report Number <b>3   2   2017-013162</b>																		
D E F	Name (Last, First, Middle) <b>DAVIS HURR, PAIGE ELIZABETH</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/11/1995</b>																		
C H R G	Charge Description <b>BATTERY FSS 784.03(1A1)</b>																						
V I C T I M	Victim's Name (Last, First, Middle) [REDACTED]			Race <b>W</b>	Sex <b>F</b>																		
	Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone [REDACTED]	Date of Birth <b>03/17/1974</b>																		
	Business Address (Name, Street) (City) (State) (Zip)			Phone [REDACTED]	Address Source Occupation																		
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>OFC MILLER</b>																					
<table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> </tr> <tr> <td>Victim:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: [REDACTED]</td> </tr> <tr> <td>WEAPON USED:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: <b>HANDS, FISTS, FEET</b></td> </tr> <tr> <td>WITNESSES:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>AT: Scene:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</td> </tr> </table>						PHOTOGRAPHS:	Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Victim:	<input checked="" type="checkbox"/> <input type="checkbox"/>	911 CALL:	<input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: [REDACTED]	WEAPON USED:	<input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: <b>HANDS, FISTS, FEET</b>	WITNESSES:	<input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)	INJURIES:	<input checked="" type="checkbox"/> <input type="checkbox"/>	MEDICAL TREATMENT:	<input type="checkbox"/> <input checked="" type="checkbox"/>	AT: Scene:	<input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:	Hospital:	<input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:
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N A R R	On 9/24/17 at 1734 hours, I responded to 5050 Town Center Cir (parking garage), in reference to a domestic disturbance call. Upon my arrival, I met with Officers McCabe (ID 752), Castellanos (ID 597), and W/F's [REDACTED] and Paige Hurr.																						
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>24</u> day of <u>September</u>, <u>2017</u>.</p> <p> _____ DUBINSKY, SETH W NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																							

SCANNED  
SEP 25 2017

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

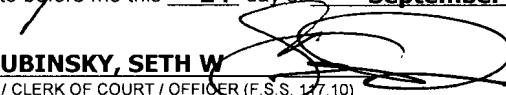
A D M I N	Date / Time <b>09/24/2017 18:31</b>		
N	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-013162</b>
A R R A T I V E	<p>After speaking with Officer Castellanos, I spoke with [REDACTED], Paige Hurr's [REDACTED]. [REDACTED] stated she was contacted by her [REDACTED] Paige Hurr because she was fired by Tap 42 and was upset. [REDACTED] said when she called the business to find out what happened, she was advised by a Police Officer from Boca Raton Police Department to come pick her [REDACTED] up. [REDACTED] said as she and Paige entered the parking garage, to drive home, her [REDACTED] began yelling at her and then kicking her legs, and slapping her in the area of her chest.</p> <p>Next, I spoke with the [REDACTED]. [REDACTED] said her [REDACTED] Paige Hurr was out of control screaming, slapping, and hitting her [REDACTED].</p> <p>Finally, I spoke to Paige Hurr. She stated she was very sorry for her behavior. She stated she had a very bad day when she was fired from Tap 42 earlier today. She further stated she does not usually act this way.</p> <p>I observed redness on [REDACTED] body in the area of her chest from where Paige had slapped her. However, I did not see any injuries to her legs from being kicked.</p> <p>Paige Hurr was arrested for domestic battery (F.S.S. 784.03(1A1)) after she slapped and kicked her [REDACTED] during an argument. Hurr was in-processed at the Boca Raton Police Department's booking facility and subsequently turned over to the Palm Beach County Jail.</p>		

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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



SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 24 day of September, 2017.

  
**DUBINSKY, SETH W.**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 177.10)

**SCANNED**  
**SEP 25 2017**

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- 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.

1. Incident Report#: 2017-013162 Agency: BOCA RATON  
 Offense: DOMESTIC BATTERY  
 Suspect/Offender: HURR, PAIGE  
 D.O.B. 9/11/95 Race: W Sex: F

2. Warrant#(s): N/A

3.a. Victim's name: \_\_\_\_\_ D.O.B. 3/17/74 Race: W Sex: F  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_  
 Home: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_  
 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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).

Other confidentiality provisions of Florida State Statutes may also be applicable

**SCANNED**  
**SEP 25 2017**

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: MILLER I.D.# 722 Date: 9/24/17  
 White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records