

0492075

17MNI1603
ARREST / NOTICE TO APPEAR
Juvenile Referral Report

NR

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


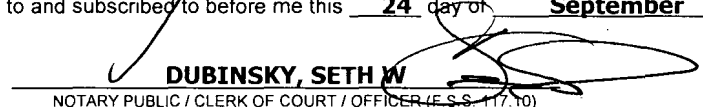
P-1558
Juvenile
N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 5 0 0 2 0 0		Agency Name BOCA RATON POLICE SERVICES DEPT.		Agency Report Number (N.T.A.'s only) 3 2 1 7 1 3 16 2 11		
	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		
	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		
DEFENDANT	Name (Last, First, Middle) HURR, PAIGE						Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White B - Black		Sex F		Date of Birth 09.11.95		Height 411		
	Weight 100		Eye Color HAZ		Hair Color BRN		Complexion LIGHT		
	Build SLIM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO R BUTT CHECK SUN		Marital Status S		Religion N/A		
CO-DEF.	Local Address (Street, Apt. Number) 4790 N CENTRAL DR DARY BCH FL 33445		(City) DADE		(State) FL		(Zip) 33445		
	Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City) DADE		(State) FL		(Zip) 33445		
	Business Address (Name, Street) 5050 TOWN CENTER CIR BOCA RATON FL 33486		(City) BOCA RATON		(State) FL		(Zip) 33486		
	D/I Number, State D126 645 95 831 0		Sec. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) ARIZONA AZ		
JUVENILE	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		
	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()		
	Address (Street, Apt. Number) (NO Bond)		(City) (State) (Zip)		Notified by: (Name) Date Time		Juvenile Disposition 1. Handle/Processed within Dept. and Released. 2. TOT MRS/DYS 3. Incarcerated		
CHARGE	Charge Description DOMESTIC BATTERY		Counts 1		Domestic Violence Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		Statute Violation Number 7.84 103		
	Drug Activity N/A		Drug Type N/A		Amount / Unit		Offense # 111, A, 1		
	Charge Description		Counts		Domestic Violence Y <input type="checkbox"/> N <input type="checkbox"/>		Statute Violation Number		
	Drug Activity N/A		Drug Type N/A		Amount / Unit		Offense #		
INTAKE INFO	Health/Apparent Physical Condition of Defendant GOOD		Property - Rec'd. By MEUER		Released By MEUER		Released To SPECJS		
	Any knowledge of the following, place an "X" and explain: 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"/> 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 _____		
	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)		Court Date and Time Month _____ Day _____ Year _____ Time _____ P.M.		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 type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Signature of Defendant (or Juvenile and Parent/ Custodian) [Signature]		Date Signed 9/24/17		Witness here if subject signed with an "X".		
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) [Signature]		PAGE 1 OF 1		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) MEUER		I.D. # 722		
D/S B. SHATARA		I.D. # [REDACTED]		Pouch # [REDACTED]		Transporting Officer MEUER		I.D. # 722	

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/24/2017 18:31		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-013162	
	Name (Last, First, Middle) DAVIS HURR, PAIGE ELIZABETH						Race W	Sex F
C H R G	Charge Description BATTERY FSS 784.03(1A1)							
	Victim's Name (Last, First, Middle) [REDACTED]						Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]				Phone [REDACTED]		Address Source	
	Business Address (Name, Street) (City) (State) (Zip) [REDACTED]				Phone [REDACTED]		Occupation	
D E F	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): OFC MILLER				
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral			[REDACTED]				
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:		Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: [REDACTED]				
			Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: HANDS, FISTS, FEET				
			WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(If YES, attach witness list)				
			INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
			MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
N A R R	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
<p>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> <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. 117.10)</p> <p style="text-align: right;">SCANNED SEP 25 2017</p>								

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 09/24/2017 18:31		
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-013162

N After speaking with Officer Castellanos, I spoke with [REDACTED], Paige Hurr's [REDACTED]. [REDACTED] stated she
A was contacted by her [REDACTED] Paige Hurr because she was fired by Tap 42 and was upset. [REDACTED] said when she
R called the business to find out what happened, she was advised by a Police Officer from Boca Raton Police
A Department to come pick her [REDACTED] up. [REDACTED] said as she and Paige entered the parking garage, to drive
T home, her [REDACTED] began yelling at her and then kicking her legs, and slapping her in the area of her chest.
I
V
E

Next, I spoke with the [REDACTED]. [REDACTED] said her [REDACTED] Paige Hurr was out of control
screaming, slapping, and hitting her [REDACTED].

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.


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.

Paige Hurr was arrested for domestic battery (F.S.S. 784.03(1A1)) after she slapped and kicked her [REDACTED]
[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.

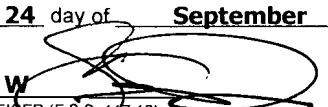
NOT A CERTIFIED COPY

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.


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**

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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: BOLTA RATCH
Offense: DOMESTIC BATTERY
Suspect/Offender: HURR, PATGE
D.O.B. 9/11/95 Race: W Sex: F
2. Warrant#(s): N/A
- 3.a. Victim's name: [REDACTED] D.O.B. 3/17/74 Race: W Sex: F
Address: [REDACTED]
City: [REDACTED] State: FL Zip: [REDACTED]
Home# [REDACTED] Work#: [REDACTED] Other: [REDACTED]
- b. Victim's next of kin, friend or neighbor: [REDACTED]
Address: [REDACTED]
City: [REDACTED] State: FL Zip: [REDACTED]
Home# [REDACTED] Work#: [REDACTED] Other: [REDACTED]

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

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

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED
SEP 25 2017