

0461336

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number		ARREST / NOTICE TO APPEAR						1047															
Agency ORI Number 0500200		Agency Name Boca Raton Police Department				Agency Report Number (N.T.A.'s only) 3 2 2017-002905																	
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator															
Location of Arrest (Including Name of Business) 7801 N FEDERAL HWY		Location of Offense (Business Name, Address)																					
Date of Arrest 02/24/2017		Time of Arrest 19:13		Booking Date 02/24/2017		Booking Time 19:23		Jail Date 02/24/2017		Jail Time 00:00													
Location of Vehicle NO VEHICLE																							
Name (Last, First, Middle) RYAN, PAUL HAMILTON JR																							
Alias: Alias:																							
Race W - White B - Black		Sex M - Male F - Female		Date of Birth 09/10/1979		Height 6'01		Weight 201		Eye Color GREEN		Hair Color BROWN											
Complexion LIGHT Build Medium																							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT BACK BACK / SEMPER FIDELIS																							
Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drug Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Unk. <input type="checkbox"/>																			
Local Address (Street, Apt. Number) 7801 N FEDERAL HWY 13-301, BOCA RATON, FL 33487		(City) BOCA RATON		(State) FL		(Zip) 33487		Phone (917) 201-0422		Residence Type: 1. City 3. Florida 2. County 4. Out of State													
Permanent Address (Street, Apt. Number) 7801 N FEDERAL HWY 13-301, BOCA RATON, FL 33487		(City) BOCA RATON		(State) FL		(Zip) 33487		Phone (917) 201-0422		Address Source FLDL													
Business Address (Name, Street) PJA TOUR		(City) BOCA RATON		(State) FL		(Zip) 33487		Phone (561) -		Occupation Golfer													
D/L Number, State R500688793300 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW YORK, NY, United		Citizenship US															
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor													
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor													
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle) NO BOND										Residence Phone											
Address (Street, Apt. Number) 7801 N FEDERAL HWY 13-301, BOCA RATON, FL 33487		(City) BOCA RATON		(State) FL		(Zip) 33487		Business Phone															
Notified by: (Name) 2) OR				Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT JAC 3. Incarcerated													
Released To: (Name) REQUIRED		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.																							
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property															
C O - D E		Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver		K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other											
C H A R G E		Drug Type N		Amount / Unit /		Offense # 2017-002905		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		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			
C H A R G E		Charge Description BATTERY/DOMESTIC BATTERY														Statute Violation Number 784.03(1) A		Violation of ORD #					
C H A R G E		Drug Activity N		Drug Type /		Amount / Unit /		Offense # 2017-002905		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Statute Violation Number 843.02		Violation of ORD #			
C H A R G E		Charge Description RESIST OR OBSTRUCT OFFICER WITHOUT VIOLENCE																Statute Violation Number 843.02		Violation of ORD #			
C H A R G E		Drug Activity N		Drug Type /		Amount / Unit /		Offense # 2017-002905		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number						Statute Violation Number		Violation of ORD #	
C H A R G E		Drug Activity N		Drug Type /		Amount / Unit /		Offense # 2017-002905		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number						Statute Violation Number		Violation of ORD #	
I N T A K E		Health / Apparent Physical Condition of Defendant ABRASION TO FOREHEAD										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:											
I N T A K E		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										T.O.T. County Jail D. GRAHAM		PROPERTY - Received By D. GRAHAM		Released By D. GRAHAM		Released To TOT CJ					
I N T A K E		Transported By D. GRAHAM										Date Transported 02/24/2016		Time Transported 00:00		Other							
N O T I C E		<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		Court Date and Time									
T O A P P E A R		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											
A D M I N		HOLD for Other Agency				Signature of Arresting Officer D. GRAHAM				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) GRAHAM, DALE L.				I.D. # 773									
		Intake Deputy Thomas P. #		Pouch #		Transporting Officer D. GRAHAM		I.D. # 773		Agency BRPD				(PRINT)		FEB 25 AM 2:26							
												PAGE 1 OF 1											
												Witness here if subject signed with an "X".											

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT
Palm Beach County

A D M I N I N G D E F R G		Date / Time 02/24/2017 19:13	AFFIDAVIT Palm Beach County																																						
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-002905																																						
Name (Last, First, Middle) RYAN, PAUL HAMILTON JR		Alias	Race W	Sex M	Date of Birth 09/10/1979																																				
Charge Description 784.03(1) BATTERY / DOMESTIC BATTERY																																									
Victim's Name (Last, First, Middle) [REDACTED]				Race W	Sex F																																				
Local Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]	Phone [REDACTED]																																				
Business Address (Name, Street) [REDACTED]		(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]	Phone [REDACTED]																																				
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): FRIGHTENED																																				
VICTIM'S STATEMENTS:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																					
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]																																									
<table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input type="checkbox"/></td> <td>YES <input checked="" type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Victim: <input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER: PAUL RYAN</td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>TYPE:</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>(If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>AT:</td> <td>Scene: <input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PARAMEDICS:</td> </tr> <tr> <td></td> <td>Hospital: <input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL:</td> </tr> </table>						PHOTOGRAPHS:	Scene: <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		Victim: <input type="checkbox"/>	<input checked="" type="checkbox"/>		911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: PAUL RYAN	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)	INJURIES:	<input type="checkbox"/>	<input checked="" 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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<p>On 02/24/17 at 1824 hours, I responded to [REDACTED] in reference to a domestic disturbance. Officer Schuss and Officer Torsiello arrived on scene as my back-up officers.</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><i>[Signature]</i> #113</p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>24</u> day of <u>February</u>, <u>2017</u>.</p> <p>VAZQUEZ-BELLO, YVETTE D. <i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

Date / Time 02/24/2017 19:13		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-002905
<p>Upon arrival, I met with the complainant, Paul Ryan, who stated that he got into an altercation with his live-in girlfriend, [REDACTED]. Ryan advised he had been drinking alcohol prior to my arrival. Ryan appeared highly intoxicated with a slurred speech.</p> <p>Ryan then began to tell me that prior to our arrival, he was lying on the bed of his master bedroom when [REDACTED] came into the room and punched him in the chest several times for reasons Ryan could not explain to me. Ryan then stated he got [REDACTED] in an arm bar and pinned her to the ground. I asked Ryan to lift up his shirt so that I may see his chest for any injuries however he refused to because he did not want to get [REDACTED] in trouble. It should be noted that I did not observe any injuries on Ryan's arms. Ryan then changed his story and advised that [REDACTED] did not punch him on the chest when she entered the room. However, he stated that he still pinned her to the ground to calm her down. When I asked Ryan to clarify on why he still pinned her to the ground, he became verbally aggressive and stated "You're not fucking listening".</p> <p>I then spoke to [REDACTED], who stated that she and Ryan were having a verbal argument about their relationship in the master bedroom. [REDACTED] stated that during the argument, Ryan grabbed her left arm and pushed her out of the way as he was walking by. I observed no injuries on [REDACTED] and she never claimed to have any. [REDACTED] advised that she never hit Ryan during the course of their argument, and that she was never pinned down by him.</p> <p>I spoke to Ryan again and told him what [REDACTED] stated. Ryan stated that he never pushed [REDACTED] left arm during the argument. Ryan changed his account of the incident again and said that everything [REDACTED] said was true and that he did push her during the argument.</p> <p>Due to Ryan's inconsistent statements about the incident and Ryan confirming [REDACTED] statements, I determined that Ryan was the primary aggressor.</p> <p>I placed Ryan into handcuffs which were locked and checked for proper spacing. I was standing behind Ryan at which point he became verbally aggressive towards myself and my back-up officers by calling us "whores" and "motherfuckers". As I was holding Ryan's left wrist, he then jerked his body forward in an attempt to flee and release himself from our custody. With my right hand, I pushed Ryan's body downward in an attempt to restrain him. Ryan fell to his knees, at which point I continued to push him downwards until his chest touched the ground. While Ryan was on the ground, I placed my right knee on his back and my right hand on his face until he calmed down. Eventually Ryan calmed down, and Officer Torsiello and I escorted him to the back of my marked patrol car (Unit #306). Ryan sustained a minor abrasion to the left side of his forehead as a result of taking him into custody.</p> <p>Ryan was charged with simple battery (Domestic) pursuant F.S.S. 784.03(1). Due to Ryan resisting while in my custody, Ryan was additionally charged with resisting without violence pursuant F.S.S.843.02.</p>				
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, [REDACTED] 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>February</u>, <u>2017</u>.</p> <p>VAZQUEZ-BELLO, YVETTE D. _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S.117.10)</p>				

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#: 2017-2905 Agency: BRPD
 Offense: DDM DG AAB
 Suspect/Offender: Paul Ryan
 D.O.B. 09-10-79 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim's _____: F
 Address: _____
 City: _____
 Home#: _____

b. Victim's next of kin, friend or neighbor: _____
 Address: _____
 City: _____ State: _____ 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

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: D. Graham I.D.# 173 Date: 02-29-17

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records