

0461336		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE									
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 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		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 (Name, DOB, Soc. Sec. #, Etc.)															
Race W - White B - Black O - Oriental/Asian W		Sex M		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 Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>													
Local Address (Street, Apt. Number) 7801 N FEDERAL HWY 13-301, BOCA RATON, FL 33487		(City) (State) (Zip)		Phone (917) 201-0422		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2													
Permanent Address (Street, Apt. Number) 7801 N FEDERAL HWY 13-301, BOCA RATON, FL 33487		(City) (State) (Zip)		Phone (917) 201-0422		Address Source FLDL													
Business Address (Name, Street) PJA TOUR,		(City) (State) (Zip)		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"/> 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							
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone															
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone											
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		REQUIRED											
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.		School Attended		Grade															
<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													
Drug Activity S. Sell B. Buy P. Possess		S. Smuggle D. Deliver E. Use		K. Disperse/ 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	
Charge Description BATTERY / DOMESTIC BATTERY		Statute Violation Number 784.03(1) A		Violation of ORD #															
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		Bond					
Charge Description RESIST OR OBSTRUCT OFFICER WITHOUT VIOLENCE		Statute Violation Number 843.02		Violation of ORD #															
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		Bond					
Charge Description		Statute Violation Number		Violation of ORD #															
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
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																	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By D. GRAHAM		Released By D. GRAHAM		Released To TOT CJ									
Transported By D. GRAHAM		Date Transported 02/24/2016		Time Transported 00:00		Other													
<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															
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															
HOLD for Other Agency		Signature of Arresting Officer D. GRAHAM		Name Verification (Printed by Arrestee) FEB 25 AM 2:26															
<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		(PRINT)		PAGE 1 OF 1									
Intake Deputy Thomas		Pouch #		Transporting Officer D. GRAHAM		I.D. # 773		Agency BRPD		Witness here if subject signed with an "X".									

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>02/24/2017 19:13</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-002905</b>	
	Agency ORI Number <b>FL 0500200</b>		Alias			
D E F	Name (Last, First, Middle) <b>RYAN, PAUL HAMILTON JR</b>				Race <b>W</b>	Sex <b>M</b>
					Date of Birth <b>09/10/1979</b>	
C H R G	Charge Description <b>784.03(1) BATTERY / DOMESTIC BATTERY</b>					
	Victim's Name (Last, First, Middle) [REDACTED]				Race <b>W</b>	Sex <b>F</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]				Phone [REDACTED]	Address Source <b>SUBJECT</b>
	Business Address (Name, Street) (City) (State) (Zip) [REDACTED]				Phone	Occupation
A D D I T I O N A L  I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>FRIGHTENED</b>			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>					
A D D I T I O N A L  I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]					
	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: <b>PAUL RYAN</b>			
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE:			
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If YES, attach witness list)			
	INJURIES: <input type="checkbox"/> YES <input checked="" 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:			
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES:			
	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 #:			
	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						
N A R R	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.					
	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] #113 SIGNATURE OF ARRESTING OFFICER  Sworn to and subscribed to before me this <u>24</u> day of <u>February</u> , <u>2017</u> .  [Signature] VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					

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		
	02/24/2017 19:13		
N A R R A T I V E	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3   2   2017-002905

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.

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".

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.

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.


Due to Ryan's inconsistent statements about the incident and Ryan confirming [REDACTED] statements, I determined that Ryan was the primary aggressor.

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.

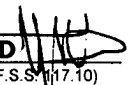
Ryan was charged with simple battery (Domestic) pursuant F.S.S. 784.03(1). Due to Ryan resisting while in my custody, Ryan was additionally charged with resisting without violence pursuant F.S.S. 843.02.

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.

 #773  
SIGNATURE OF ARRESTING OFFICER

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

  
VAZQUEZ-BELLO, YVETTE D  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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:

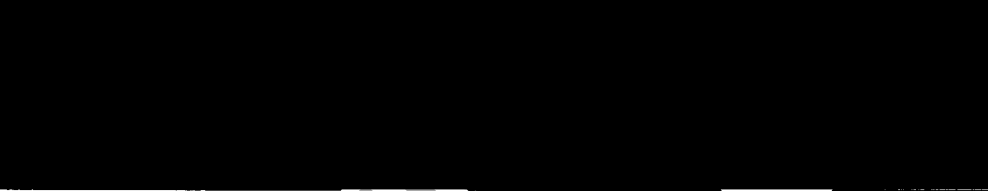
- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - ( This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense 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#: 2017-2905 Agency: BRPD  
Offense: DDM<sup>DG</sup> 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.# 113 Date: 02-24-17

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

SUSPECT/OFFENDER: \_\_\_\_\_

COURT CASE/WARRANT#: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)