

0141229

3131

## ARREST / NOTICE TO APPEAR

AD M I N I S T R	OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5 4 17-000741</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE <b>N</b>		
	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 <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator		
N	02/12/2017		19:26		02/12/2017		21:02		/ / : :			
	Name (Last, First, Middle) <b>RANGER, PAUL JARROD</b>											
	Alias:											
	Alias (Name, DOB, Soc. Sec. #, Etc.)											
D E F E N D A N T	Race W - White B - Black O - Oriental/Asian	I - American Indian	Sex <b>W</b>	M <b>M</b>	Date of Birth <b>07/23/1967</b>	Height <b>6'02</b>	Weight <b>180</b>	Eye Color <b>BROWN</b>	Hair Color <b>GRAY</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							Marital Status <b>M</b>		Religion <b>CHRISTIAN</b>		
	Local Address (Street, Apt. Number) <b>15163 HARRIET AVE, JUPITER, FL 33458</b>							Phone <b>(561) 262-3459</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Permanent Address (Street, Apt. Number) <b>15163 HARRIET AVE, JUPITER, FL 33458</b>							Phone <b>(561) 262-3459</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>		
	Business Address (Name, Street) <b>ELITE DRYWALL,</b>							Phone		Address Source		
	D/L Number, State <b>R526690672630 / FL</b>							Soc. Sec. Number		Occupation <b>Construction</b>		
	INS Number							Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>		Citizenship <b>US</b>		
C O D E F	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		
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian											
	Address (Street, Apt. Number) (City) (State) (Zip)											
	Notified by: (Name) Date Time											
	Released To: (Name) 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											
C O D E F	Drug Activity: S. Sell, R. Smuggle, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other N. N/A, B. Buy, D. Deliver, P. Possess, T. Traffic, E. Use											
	Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, U. Unknown, Z. Other											
C H A R G E	Charge Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>							Statute Violation Number <b>784.03(1)(A)(1)</b>		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
		<b>N</b>		<b>17-000741</b>	<b>1</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		<b>NONE</b>				
C H A R G E	Charge Description <b>ASSAULT-SIMPLE - INTENTIONALLY THREATEN TO DO VIOLENCE</b>							Statute Violation Number <b>784.011</b>		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
		<b>N</b>		<b>17-000741</b>	<b>1</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		<b>NONE</b>				
C H A R G E	Charge Description							Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
						<input type="checkbox"/> Y <input 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"/> T.O.T. County Jail							PROPERTY - Received By		Released By		
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							Released To				
	Transported By							Date Transported		Time Transported		
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							Location (Court, Room)		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									No Photo Available		
	Signature of Defendant (or Juvenile and Parent/Custodian)							Date Signed				
A D M I N	HOLD for Other Agency							Name of Arresting Officer <b>317</b>		Name Verification (Printed by Arrestee)		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other							Name of Arresting Officer (Print) <b>RAZZANO, SAMANTHA</b>		I.D. # <b>1198</b>		
	Intake Deputy <b>D/S. C. GILYARD #7392</b>							Transporting Officer <b>RAZZANO, SAMANTHA</b>		I.D. # <b>317</b>		
	Pouch #							Agency <b>JPD</b>		Witness here if subject signed with an "X".		
										PAGE <b>1 OF 1</b>		

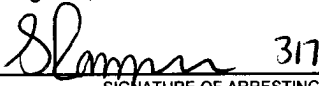
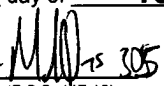
☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

 SCANNED  
 FEB 12 PM 10:50  
 FEB 13 2017

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>02/12/2017 21:01</b>	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   17-000741</b>																																																																																																
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O F F I C E R	Charge Description <b>784.011 ASSAULT-SIMPLE - INTENTIONALLY THREATEN TO DO VIOLENCE</b>																																																																																																				
	<div style="background-color: black; width: 100%; height: 80px;"></div>																																																																																																				
V I C T I M	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET/SCARED</b>																																																																																																		
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral																																																																																																				
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																				
	<table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> <td></td> <td></td> </tr> <tr> <td>PHOTOGRAPHS:</td> <td>Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER:</td> <td><div style="background-color: black; width: 150px; height: 15px;"></div></td> </tr> <tr> <td></td> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>TYPE:</td> <td></td> </tr> <tr> <td></td> <td>WITNESSES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(If YES, attach witness list)</td> <td></td> </tr> <tr> <td></td> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PARAMEDICS:</td> <td></td> </tr> <tr> <td></td> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL:</td> <td></td> </tr> <tr> <td></td> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NAMES/AGES:</td> <td><div style="background-color: black; width: 100px; height: 15px;"></div></td> </tr> <tr> <td></td> <td>H. R. S. NOTIFIED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #:</td> <td></td> </tr> <tr> <td></td> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>								YES	NO			PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:	<div style="background-color: black; width: 150px; height: 15px;"></div>		WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:			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:			ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:	<div style="background-color: black; width: 100px; height: 15px;"></div>		H. R. S. NOTIFIED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:			PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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N A R R	<p>On February 12, 2017, at approximately 1850 hours I was dispatched to 15163 Harriet Ave, Jupiter FL 33458, in reference to a reported domestic violence incident. NorthCom advised that the female caller was having a physical altercation with <div style="background-color: black; width: 100px; height: 15px;"></div> and that he is intoxicated. While en-route NorthCom advised that the argument now moved into the garage.</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><u></u> 317 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>12</u> day of <u>February</u>, <u>2017</u>.</p> <p><u>QUIROS, MARCIEL</u> -  305 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p>																																																																																																					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS  
SCANNED  
FEB 13 2017

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>02/12/2017 21:01</b>	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   17-000741</b>
	<p>Upon my arrival, Ofc. Morgan #378 and Ofc. Fandrey #340 were on scene and had Paul Ranger (WM 7/23/67) in protective custody in the back of Ofc. Morgans marked patrol vehicle. Ofc. Morgan advised me that when he arrived on scene he could hear Paul yelling from the garage and being belligerent.</p> <p>I spoke with the victim, [REDACTED] who stated the following: She and the defendant have been [REDACTED] and the fighting has been an ongoing issue for about a year. On this day, [REDACTED] told me that Paul began yelling at her around 0900 hours this morning, but then he left for the day. When she arrived home from the grocery store at about 1745 hours, Paul was already inside the home yelling at [REDACTED] children. When she walked inside, Paul could be heard screaming, cursing, and slamming doors. At one point Paul got in [REDACTED] face and was screaming and slamming doors. [REDACTED] stated she knew the altercation would escalate and she was in fear for her life. At this time [REDACTED] tried to separate herself from Paul and called 911.</p> <p>[REDACTED] continued to tell me that they got into a physical altercation around midnight on 2/12/17. I observed recent bruising and dried blood on her left and right forearms. She stated that Paul came home last night in an intoxicated state, and started to become aggressive with her and [REDACTED]. She advised that Paul grabbed her by the arms, leaving cuts and bruises. [REDACTED] advised that Paul will often come home drunk, and start verbal arguments with her. She advised that Paul usually gets in her face, will "chest bump" her and poke her in the chest.</p> <p>I spoke with the [REDACTED] who advised me that on this date [REDACTED] Paul, "came home drunk and was screaming and cursing at the top of his lungs". [REDACTED] advised that Paul was calling [REDACTED] names and "getting in her face". The other four children were also present in the home during the altercation. [REDACTED]</p> <p>I spoke with Paul, who stated multiple times that [REDACTED] is a "whore". He claimed he did not have a physical altercation with [REDACTED].</p> <p>MPO Harris #356 took photographs of the victims' injuries, and sworn witness statements were obtained from [REDACTED]. [REDACTED] was issued a Domestic Violence brochure. Based on my investigation I found probable cause to charge Paul Ranger with simple battery (domestic), and simple assault. Paul was advised that he was being arrested for the above charges. Paul was transported to Jupiter Medical Center due to a cut on the top of his right foot. Paul was transported to the Jupiter Police Department for processing, and he was later transported and released to Palm Beach County Jail without incident. The photographs were later submitted into evidence at the Jupiter Police Department.</p> <p>It was determined that on 2/12/17 around midnight, Paul Ranger did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED] or did intentionally cause bodily harm to [REDACTED] contrary to Florida State Statute 784.03(1) (A) (1).</p> <p>Paul Ranger did intentionally and unlawfully threaten by word or act to do violence to the person of [REDACTED] coupled with an apparent ability to do so, and did verbally assault, which created a well-founded fear in [REDACTED] that such violence was imminent, contrary to Florida State Statute 784.011.</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><u>Skinner 317</u> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>12</u> day of <u>February</u>, <u>2017</u>.</p> <p><u>QUIROS, MARCIEL - MJD 305</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>					

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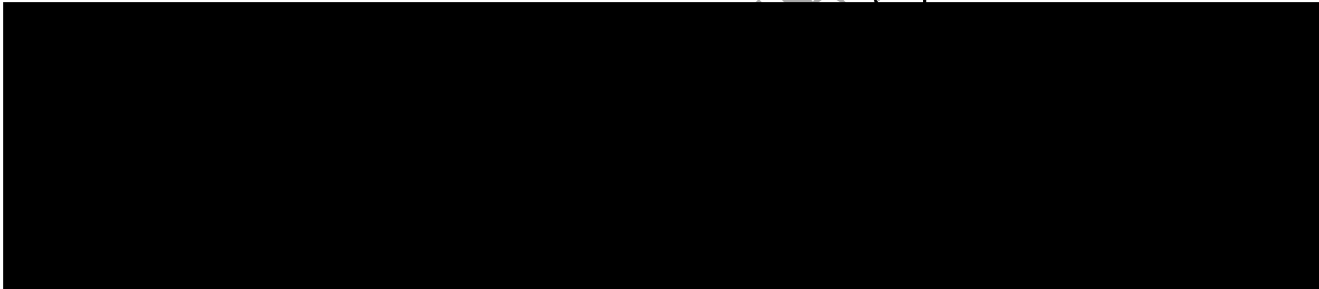
# VICTIM NOTIFICATION FORM

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 #: 17-000741 Agency: JPD  
Offense: Battery / Assault  
Suspect/Offender: Paul J. Ranger  
D.O.B. 7/23/67 Race: White Sex: Male
2. Warrant #(s): \_\_\_\_\_



- 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:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

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

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

Deputy's Name: \_\_\_\_\_ I.D.# \_\_\_\_\_ Date: \_\_\_\_\_

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

RANGER, Paul

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: \_\_\_\_\_