

0210635 / 3051

### ARREST / NOTICE TO APPEAR Juvenile Referral Report

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

ADMINISTRATION	OBTS Number		Agency ORI Number <b>FL 0500300</b>				Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>				Agency Report Number <b>34-17-62828</b>						
	Charge Type: Check as many as Apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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				Multiple Clearance Indicator						
	Location of Arrest (Including Name of Business) <b>100 E Boynton Beach Blvd Boynton Beach FL 33435</b>						Location of Offense (Business Name, Address) <b>BMH, 2815 S Seacrest Blvd BB FL 33435</b>										
DEFENDANT	Date of Arrest <b>11/02/2017</b>		Time of Arrest <b>1906</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle				
	Name (Last, First, Middle) <b>Dolan, Richard P.</b>												Alias (Name, DOB, Soc. Sec. #, Etc)				
	W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/11/1964</b>		Height <b>510</b>	Weight <b>170</b>	Eye Color <b>brown</b>	Hair Color <b>brown</b>	Complexion <b>fair</b>		Build <b>med</b>		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		
	Local Address (Street, Apt. Number) <b>736 Buttonwood LN Boynton Beach FL 33436</b>						(City)		(State)		(Zip)		Phone <b>(561) 578-1827</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State		
	Permanent Address (Street, Apt. Number) <b>736 Buttonwood LN Boynton Beach FL 33436</b>						(City)		(State)		(Zip)		Phone <b>(561) 578-1827</b>		Address Source <b>Def</b>		
	Business Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Occupation		
	D/L Number, State <b>D450755643310</b>				Soc. Sec. Number		INS Number		Place of Birth <b>Natic, Mass</b>		Citizenship <b>USA</b>						
	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	
Parent Name (Last, First, Middle)										Name (Last)	(First)	(Middle)	Residence Phone		Business Phone		
Address (Street, Apt. Number)										(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)										Date		Time		Judicial Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated			
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 561-355-2526) 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			
CODE	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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other						
CHARGE	Charge Description <b>Abuse of Disabled Adult</b>						Counts <b>1(f)</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>825.102(1)</b>		Violation of ORD#					
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>17-62828</b>		Warrant/Capias Number		Bond						
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#					
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond						
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#					
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond						
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#					
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond						
NOTICE TO APPEAR	<input 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 instruction on reverse side.				Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>												
					Court Date and Time		Month		Day		Year		Time <input type="checkbox"/> A.M. <input type="checkbox"/> 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.																	
Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed							
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer <b>Det Joseph</b>				Name Verification (Printed by Arrestee) <b>BU#109951</b>								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>Det Joseph</b>				I.D. # <b>836</b>								
	Signature of Reporting Officer <b>B. SHATARA #7623</b>				I.D. # <b>96</b>				Agency <b>DBPD</b>								
Witness here is subject Signed with an "X"										Page <b>1 OF 1</b>							

**NO BOND**  
**VICTIM NOTIFICATION REQUIRED**

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
Agency ORI Number <b>FL0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-17-62828</b>				
Charge Type Check all that Apply		<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes
Name (Last, First, Middle) <b>Dolan, Richard P.</b>				Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/11/1964</b>	
Charge Description <b>Abuse of Disabled Adult</b>				Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) [REDACTED]				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/04/1988</b>		
Business Address (Name, Street) [REDACTED]				(City)	(State)	(Zip)	Phone	Address Source <b>Victims mother</b>
Business Address (Name, Street) [REDACTED]				(City)	(State)	(Zip)	Phone	Occupation
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody..								
<input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by      Who told      That he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> Confessed to Me      Admitting the below facts <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On The <b>31</b> Day Of <b>October</b> 20 <b>17</b> At <b>1147</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.								

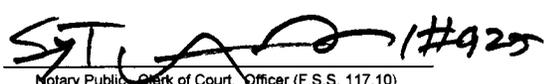
Boynton Beach Police Officers responded to Bethesda Memorial Hospital, 2815 S Seacrest Blvd Boynton Beach FL 33435 (PBC), in reference a battery. Upon arrival BBPD officers met with BMH staff who advised that they found a W/M later identified as Dolan, Richard 09/11/1964 in room # 4030 leaning over the bed of patient [REDACTED] 10/04/1988 who was unrelated to him. BMH staff advised that when asked what he was doing there Dolan stated "I'm a friend", and later "I was comforting her" then hastily left the room. Let it be noted that [REDACTED] has hypnosis cerebral palsy with extreme limited mobility and speech. [REDACTED] mother [REDACTED] then responded to the BMH where she advised that neither she nor her daughter knew Dolan and upon speaking with her daughter [REDACTED] stated that Dolan kissed her on the lips and placed his hand on her stomach and outer clothing area. Upon police arrival Dolan had left the scene and attempts to contact him yielded negative results.

On 11/02/2017 I made contact with [REDACTED] and [REDACTED] who provided statements in reference events. I spoke with [REDACTED] from her bed, who was clearly disabled with limited total mobility. [REDACTED] used her fingers and pointed to her moth and stated "kiss me" when speaking about the unknown man in her room then pointing to her chest and stomach area stating "touch" becoming visibly distraught when speaking about events. [REDACTED] stated that the nurse's description of Dolan to her matched an unknown male who kept looking into her daughter's room giving her an unsettling feeling prior to events.

On 11/02/2017 I then made contact with Dolan at his residence who agreed to come to BBPD to speak about events. Post Miranda Warnings Dolan advised that he was visiting his mother at the hospital and heard the female in the adjacent room apparently in distress. Dolan advised that he entered the room to comfort the unknown female and admitted to rubbing her shoulder, holding her hand and kissing her on the lips to make her feel better before being interrupted by staff. Dolan confirmed that he had looked into the room before and that he knew [REDACTED] was probably disabled.

Due to the totality of events I placed Richard Dolan 09/11/1964 under arrest for the Abuse of a Disabled Adult FSS 825.012.

The foregoing instrument was sworn to or affirmed and subscribed before me

 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	 Det Joseph (Print name of Arresting/Investigative Officer)
<u>11/02/2017</u> Date	<u>11/02/2017</u> Date

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# VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-62828 Agency: Boynton Beach Police Department  
Offense: Abuse of Disabled Adult  
Suspect/Offender: Dolan, Richard P.  
DOB: 09/11/1964 Race: W Sex: M
2. Warrant # (s): \_\_\_\_\_
3. Complete one (1) of the following:
  - A. Victim's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - B. Victim's Next of Kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.**

Signature of Victim: \_\_\_\_\_

Printed Name of Victim: \_\_\_\_\_

Officer's Name: Det Joseph I.D.# 836 Date: 11/02/2017

SUSPECT/OFFENDER: Dolan, Richard P.

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

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