

0484877

324

ARREST / NOTICE TO APPEAR

ADVISORY	Agency ORI Number 0501700	Agency Name Juniper Police Department	Arrest N.T.A. <input type="checkbox"/>	Request for Warrant <input type="checkbox"/>	Request for Capias <input checked="" type="checkbox"/>	JUVENILE <input checked="" type="checkbox"/>
CHARGE	Charge Type: <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. Offense <input type="checkbox"/> 6. Other		M/ Women Seized <input type="checkbox"/>		Entry Type: Hands, Feet, Fist, Teeth	
ARREST	Location of Arrest (Including Name of Business) 251 N US HWY ONE		Location of Offense (Business Name, Address) 251 N US HIGHWAY 1, JUPITER, FL 33477			
NOTICE	Date of Arrest 08/31/2019	Time of Arrest 00:48	Booking Date	Booking Time	Jail Date	Jail Time
DEFENDANT	Name (Last, First, Middle) MUNYAN, ROBERT WILLIAM					
DEFENDANT	Alias:					
DEFENDANT	Race W - White I - American Indian B - Black O - Other/Asian	Sex M	Date of Birth 06/01/1982	Height 5'11	Weight 200	Eye Color GREEN
DEFENDANT	Hair Color BLONDE /		Complexion LIGHT	Build Large	Marital Status S	
DEFENDANT	Religion CHRISTIAN		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
DEFENDANT	Local Address (Street, Apt. Number) 5641 SHIRLEY DR, PBSO, FL 33458		City (City)	State (State)	Zip (Zip)	Phone (561) 342-6010
DEFENDANT	Permanent Address (Street, Apt. Number) 5641 SHIRLEY DR, PBSO, FL 33458		City (City)	State (State)	Zip (Zip)	Phone (561) 342-6010
DEFENDANT	Business Address (Name, Street) (City)		City (City)	State (State)	Zip (Zip)	Phone (City)
DEFENDANT	DL Number, State M55079822010 / FL		Sec. Sec. Number (City)	INS Number (City)	Place of Birth (City, State) WPB, FL, United	Citizenship US
CO-DEFENDANT	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	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
JUVENILE	Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone	
JUVENILE	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone
JUVENILE	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Released/Processed with 2. Detention and Release 3. TOT IAC 4. Incarcerated	
JUVENILE	Released To: (Name)		Relationship	Date	Time	
JUVENILE	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	
JUVENILE	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
CHARGE	Drug Activity S. Sell N. N/A F. Possess		S. Sell R. Buy D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other
CHARGE	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	Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	State Violation Number 784.03(1)(A)(1)
CHARGE	Charge Description		Counts	Domestic Violence	Warrant / Capias Number	State Violation Number
CHARGE	Charge Description		Counts	Domestic Violence	Warrant / Capias Number	State Violation Number
CHARGE	Charge Description		Counts	Domestic Violence	Warrant / Capias Number	State Violation Number
INVESTIGATION	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:			
INVESTIGATION	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Pooled Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By	Released To
INVESTIGATION	Transported By		Date Transported	Time Transported	Other	
NOTICE TO APPEAR	<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)		Court Date and Time	
NOTICE TO APPEAR	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	
ADVISORY	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
ADVISORY	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Released Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) TAPPIN, KEVIN		I.D. # 1212	
ADVISORY	Arresting Officer ID # 307		Arresting Agency JPO		I.D. # 307	
ADVISORY	Witness here if subject signed with an "X"		Page 1 of 1		Date 2019 AUG 31 10:00 AM	

2019 AUG 31 10:00 AM

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 08/31/2019 00:48	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-003966	
	Agency ORI Number FL 0501700				
D E F	Name (Last, First, Middle) MUNYAN, ROBERT WILLIAM			Alma	
	Race W	Sex M	Date of Birth 06/01/1982		
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)				
	Victim's Name (Last, First, Middle) WILSON-RASMUS, BROOKE JANINE				
V I C T I M	Race W	Sex F	Date of Birth 07/04/1979		
	Local Address (Street, Apt. Number) 5641 SHIRLEY DR, PBSO, FL 33458		(City)	(State)	(Zip)
	Business Address (Name, Street)		(City)	(State)	(Zip)
Phone (561) 317-6072		Address Source			
Phone		Occupation			
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING, SHAKING, UPSET			
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>					
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY/GIRLFRIEND					
PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: TYPE: WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach witness list) WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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: 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 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					
The following incident was captured on my BWC: On 8/31/2019, at 0010 hours, I was dispatched to 251 N. U.S Highway One (Double Roads Tavern) in reference to a domestic call. Upon arrival, I met with the caller, Brooke Wilson-Ramus (W/F, DOB 7/4/1979).					
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>KT</u> 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 <u>31</u> day of <u>August</u> , <u>2019</u> . _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					

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

8061
AUG 31 2019

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 08/31/2019 00:48	
	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT
	Agency Report Number 5 4 19-003966	
<p>Wilson-Ramus was crying, shaking and she appeared to be upset. Wilson-Ramus was uncooperative and appeared that she did not want to talk to the Police. Wilson appeared to be intoxicated because she had bloodshot glassy eyes, her speech was slurred and the odor of an unknown alcoholic beverage was coming from her breath as she spoke to me. Wilson-Ramus showed me her wrist where Muyan grabbed her and she had approximately four red marks on it, just above her hand. I asked Wilson-Ramus if she needed medical assistance and she replied, "No."</p> <p>MPO Albano took photos of Wilson-Ramus' injury.</p> <p>Wilson-Ramus stated she and her boyfriend, Robert Muyan (W/M, DOB 6/1/1982) were hanging out inside the aforementioned establishment. Wilson-Ramus advised that Muyan grabbed her right wrist and twisted her arm. Wilson-Ramus told me the security what Muyan did to her so they told Muyan to leave the tavern. Wilson-Ramus said that Muyan walked across the parking and got inside her vehicle (A 2014 white Infinity SUV, bearing FL tag # JJ9UY). Wilson-Ramus stated she was scared of Muyan and she did not want to go home with him after what he did to her.</p> <p>MPO Albano arrived on scene and then we walked up to Wilson-Ramus' car, which was parked just south of the establishment and we made contact with Muyan. Muyan was sitting on the front passenger seat if the SUV.</p> <p>Muyan appeared to be intoxicated because he had bloodshot glassy eyes, his speech was slurred and the odor of an unknown alcoholic beverage was coming from his breath as he spoke to me.</p> <p>I told Muyan to tell me what happened with Wilson-Ramus inside the tavern and he replied "Nothing." I then I asked him why his girlfriend called the police and said that he grabbed and twisted her wrist when they were inside the tavern, and he replied, "Nothing happened." Muyan then apologized to me approximately five times. I spoke with the staff at Double Road Tavern, and they advised that Wilson-Ramus and Muyan never went inside the establishment.</p> <p>Based on the investigation, Wilson-Ramus' statement and her wrist's injury, it was determined that Muyan was the primary aggressor in this incident. Muyan was placed under arrest for Domestic-Battery Simple (Strike or Touch) contrary to F.S.S 784.03(A)(1). Muyan was handcuffed in the rear and they were checked for proper spacing and double-locked for safety. Muyan then was transported to the Jupiter Police Department's holding cell for processing and later transported to the Palm Beach County Jail without incident.</p>		
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>AT</u> 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 <u>31</u> day of <u>August</u> , <u>2019</u> . _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED
AUS 31 2019

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch.782)
- Attempted Murder
- 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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

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

1. Incident Report #: 19-003966 Agency: Jupiter Police Department
Offense: Simple Battery Domestic
Suspect/Offender: Munyan, Robert W.
D.O.B. 06-01-82 Race: W Sex: M

2. Warrant #(s): _____

3a. Victim's Name: Wilson-Rasmus, Brooke J. D.O.B. 07-04-79 Race: W Sex: F
Address: 5641 Shirley Dr
City: Jupiter State: FL ZIP: 33458
Home #: 561-317-6072 Work #: _____ Other: _____

3b. 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: _____

Officer's Name: Tappin I.D. # 367/1212 Date: 08-31-19

1 copy = Corrections or State Attorney (Warrant Application)

1 Copy = Warrants Section

1 copy = Central Records

SUSPECT/OFFENDER: _____

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

SCAF
AUG 31



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019028497	Date: 8/31/2019
	Specialist Name/ID: M. Tooks #8557

SEARCHED
SERIALIZED
INDEXED
AUG 31 2019