

0482243

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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile					
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)												
FLO 5 0 2 6 0 0		PALM BEACH GARDENS POLICE DEPT.		7 8 11 6 1 0 0 5 5 8 9 11												
Charge Type: Check as many as apply.		<input 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		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)														
4109 Northlake Blvd, PBG		4109 Northlake Blvd, PBG														
Date of arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle								
10/28/16		0438														
Name (Last, First, Middle)																
Cronin, Ryan, M.																
Race W - White B - Black		Sex M		Date of Birth 08/20/95		Height 5'10"	Weight 140	Eye Color BRO		Hair Color BRO						
O - American Indian O - Oriental/Asian										Complexion Light						
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)								Marital Status S	Religion N/A		Indication of: Alcohol Influence Drug Influence					
Local Address (Street, Apt. Number)		(City) 29 Sawmill Ridge Rd		(State) Haverhill		(Zip) 01832	Phone (978) 919-2920	Residence Type: 1. City 2. County		3. Florida 4. Out of State		14				
Permanent Address (Street, Apt. Number)		(City) 29 Sawmill Ridge Rd		(State) Haverhill		(Zip) 01832	Phone ()	Address Source MA DL								
Business Address (Name, Street)		(City)		(State)		(Zip)	Phone ()	Occupation								
D/L Number, State 847715590 /MA		Soc. Sec. Number		INS Number		Place of Birth (City, State) Brockton, MA		Citizenship US								
Co-Defendant Name (Last, First, Middle)								Race W	Sex M	Date of Birth 01/16/95	<input checked="" 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			
Cincinnati, Austin, Taylor																
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 <input type="checkbox"/> Other:		Name (Last) (First) (Middle)						Residence Phone ()								
Address (Street, Apt. Number)		(City) Off						(State)		(Zip)	Business Phone ()					
Notified by: (Name)								Date	Time	Juvenile 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 355-2526) informed of any change of address.								School Attended				Grade				
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)																
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property								
Drug Activity 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. 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 Disorderly Intoxication				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 856110111111111111		Violation of ORD #								
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond								
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #								
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond OCT 28 AM 8:11								
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #								
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond 10/28/2016								
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #								
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond 10/28/2016								
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #								
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond 10/28/2016								
<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 instructions on Reverse Side.		Location (Court, Room Number, Address) 388 PGA Blvd, PBG, FL 33418 (North County Courthouse)														
		Court Date and Time Month November Day 30 Year 2016 Time 8:00 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				
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)								
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) M. Maldonado		I.D. # 450	(PRINT) SCANNED OCT 31 2016 1 OF 1					
Intake Deputy		I.D. #	Pouch #	Transporting Officer		I.D. #	Agency		Witness Name (subject signed with an "X")							
Mark Maldonado				Mark Maldonado		450	PBCPD									

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number			
A D M I N	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 16-005589
D E F	Charge Type: Check as many as apply: 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:	
C H A R G E S	Name (Last, First, Middle) CRONIN, RYAN M	Alias	
V I C T I M	Race W	Sex M	Date of Birth 08/20/1995
Charge Description 856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION		Charge Description	
Charge Description		Charge Description	
Victim's Name (Last, First, Middle) PUBLIC SOCIETY,		Race	Sex
Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone Address Source	
Business Address (Name, Street) (City) (State) (Zip)		Phone Occupation	
<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 28 day of October, 2016 at 03:15 (Specifically include facts constituting cause for arrest.)</p>			
<p>On Friday, October 28, 2016 at 3:15 a.m., I (Officer Maldonado) was dispatched to the Shell Service Station located at 4150 PGA Boulevard (Palm Beach Gardens, Palm Beach County, FL) in reference to two males who were intoxicated and were refusing to pay their cab fare.</p> <p>Upon my arrival, I made contact with the complainant, Jean who was a taxi driver. He advised that the two individuals identified as Austin T. Corcimiglia (DOB: 01/16/1995) and Ryan M. Cronin (DOB: 08/20/1995) would not or could not provide him with their home address. He stated that he was unable to provide service for them due to their level of intoxication and their demeanor. I made contact with Austin and Ryan and determined them to be decidedly intoxicated as evidenced by slurred speech, unsteady gait and the strong smell of unknown alcoholic beverages. I observed Ryan trying to use the ATM at the gas station with his gift cards, insurance card and other miscellaneous cards.</p> <p>I assisted them at that time in contacting another taxi company in order to have them transported to their home. I was able to determine an address (after being given multiple different addresses) and provided the new cab driver with it. Soon thereafter, our police department was contacted by the taxi driver stating that he was stopped at the Sunoco service station located at 4109 Northlake Boulevard. He had stopped because the two individuals were being disruptive inside of his taxi and were stating that they were not going to pay for his services. I again made contact with them at the Sunoco Station.</p> <p>Neither individual was willing to provide a name for a friend or acquaintance that would be able to pick them up. They were also unwilling to contact a taxi on their own to procure safe passage home. Austin stated he was going to dial 911 to get a ride home. He was warned not to do so as this would be a misuse of 911. Based on the totality of these instances, I found probable cause to charge both Austin and Ryan with one count of</p>			
A D M I N I N S T R A T I V E	<p>SWORN AND SUBSCRIBED BEFORE ME  10/28/16 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) DATE</p> <p> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MALDONADO, MARK-ANTHONY (450) NAME OF OFFICER (PLEASE PRINT) 10/28/2016 DATE</p>		
COURT		STATE ATTORNEY	CENTRAL RECORDS
JAIL		SCANNED	ANALYSIS
OCT 31 2016		P.I.O.	

A D M I N I S T R A T I V E	OBTS Number FL 0502600	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
	Agency ORI Number	Agency Name	Agency Report Number				
	PALM BEACH GARDENS POLICE		7 8 16-005589		Special Notes:		
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Race	Sex	Date of Birth
D E F	Name (Last, First, Middle)	Alias			W	M	08/20/1995

Disorderly Intoxication as they did cause disturbances at both the Shell Service Station and the Sunoco Station and in the course of doing so, endanger the safety of both taxi drivers and the persons at the Shell Station contrary to F.S.S. 856.011.

The incidents were captured on my issued body warn camera.

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NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <i>Notary Signature</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <i>10/28/16</i> DATE	<i>Mark Anthony Maldonado</i> #450 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MALDONADO, MARK-ANTHONY (450) NAME OF OFFICER (PLEASE PRINT) <i>10/28/2016</i> SCANNED	PAGE 2 OF 2
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

OCT 31 2016
CRIME ANALYSIS

P. I. O.