
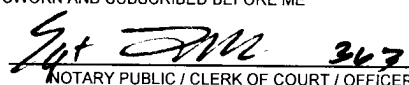


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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile			
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 1 1 6 1 0 0 5 5 8 9 1 1							
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 409 Northlake Blvd, PBC				Location of Offense (Business Name, Address) 409 Northlake Blvd, PBC							
Date of arrest 1 0 2 8 1 6		Time of Arrest 0 4 3 8		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Chronin, Ryan, M.		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black		1 - American Indian O - Oriental/Asian		Sex W M		Date of Birth 0 8 2 0 9 5		Height 5'10"		Weight 140	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion N/A		Eye Color BRO		Hair Color BRO		Complexion Light	
Build Thin		Indication of: Alcohol Influence Drug Influence		Y N		Unk.					
Local Address (Street, Apt. Number) 29 Sawmill Ridge Rd		(City) Haverhill		(State) MA		(Zip) 01832		Phone (978) 919-2920		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 29 Sawmill Ridge Rd		(City) Haverhill		(State) MA		(Zip) 01832		Phone ()		Address Source MA DL	
Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation	
D/L Number, State S47715590 /MA		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) Brockton, MA		Citizenship US			
Co-Defendant Name (Last, First, Middle) Corcimiglia, Austin, Taylor		Race W		Sex M		Date of Birth 01/16/95		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
Co-Defendant Name (Last, First, Middle) ()		Race ()		Sex ()		Date of Birth ()		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
Parent Legal Custodian Other:		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 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. <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 ()							
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. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description Disorderly Intoxication		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 8 5 6 1 1 0 1 1 1 K L 1 2		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	
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	
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	
Instruction No. 1 Mandatory Appearance in Court		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, PBC, FL 33418 (North County Courthouse)		Court Date and Time Month November Day 30 Year 2016 Time 8:00 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 ()		Name Verification (Printed by Arrestee) SCANNED		Name of Arresting Officer (Print) M. Maldonado		I.D. # 450		PAGE 1 OF 1	
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest Other: <input type="checkbox"/>		Transporting Officer Mark Maldonado		I.D. # 450		Agency PBCPD		Witness Name (Subject's signature with an "X") ()	

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N	Agency ORI Number	Agency Name		Agency Report Number					
	FL 0502600	PALM BEACH GARDENS POLICE		7 8 16-005589					
C H A R G E S	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		Special Notes:
	Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth
V I C T I M	CRONIN, RYAN M				W		M		08/20/1995
	Charge Description		Charge Description						
856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION									
Charge Description		Charge Description							
Victim's Name (Last, First, Middle)				Race		Sex		Date of Birth	
PUBLIC SOCIETY,									
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 reasonable 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. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. </p> <p> <input type="checkbox"/> confessed to _____ admitting to the below facts. <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>									
S W O R N A N D S U B S C R I B E D B E F O R E M E	SWORN AND SUBSCRIBED BEFORE ME				 #450 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 10/28/16 DATE				MALDONADO, MARK-ANTHONY (450) NAME OF OFFICER (PLEASE PRINT) 10/28/2016 DATE				
PAGE 1 OF 2									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL SCANNED ANALYSIS

P. I. O.

OCT 31 2016

