

17mm6281

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

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

1 Juvenile ☐

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17-080796	
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		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 9911 MAJESTIC WAY BOYNTON BEACH, FL 33437				Location of Offense (Including Name of Business) BOYNTON BEACH, FL 33437			
Date of Arrest May 22, 2017		Time of Arrest 22:39		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) BROGEN, RYAN MICHAEL				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 1/8/1986	Height 6'2	Weight 295	Eye Color BRO	Hair Color BRO	Complexion LIGHT
Build BIG							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT ARM, TATTOO, PRAYING HANDS				Marital Status SINGLE		Religion CHRISTIAN	
Local Address (Street, Apt. Number) 5361 CEDAR LAKE RD APT 1331 BOYNTON BEACH FL 33437				Phone 561-806-8299		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) 5361 CEDAR LAKE RD APT 1331 BOYNTON BEACH FL 33437				Phone 561-806-8299		Address Source INDIVIDUAL	
Business Address (Street, Apt. Number)				Phone		Occupation UNEMPLOYED	
DL Number, State B-625-733-86-008-0		Social Security Number		INS Number		Place of Birth ST. LOUIS, MISSOURI	
Citizenship US							
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
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)						Phone
Address (Street, Apt. No.)		City		State		Zip	
Business Phone							
Notified By (Name)				Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HR/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 address change.				School Attended			
<input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				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
							P. Paraphernalia/ Equipment
							U. Unknown Z. Other
Charge Description SIMPLE BATTERY		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(A)(1)	
Drug Activity N		Drug Type N		Amount/Unit		Offense # 17-080796	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Location (Court, Address, Room Number) TBA							
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>							
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S A. SWIGERT		Page 1 of 1			
Intake Deputy		ID #		Pouch #		Transporting Officer ID # D/S A. SWIGERT	
						Witness here if subject signed with an "X"	

SCANNED
MAY 23 2017

MAY 23 AM 5:44

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>		Juvenile <input type="checkbox"/>	
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		17-080796			
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									
Defendant Name (Last, First, Middle) <div style="display: flex; justify-content: space-between;"> BROGEN, RYAN MICHAEL <div style="display: flex; justify-content: space-between; width: 100%;"> <div>Race W</div> <div>Sex M</div> <div>Date of Birth 1/8/1986</div> </div> </div>											
Charge SIMPLE BATTERY						Charge					
Charge						Charge					
Victim Name (Last, First, Middle) <div style="display: flex; justify-content: space-between;"> <div style="background-color: black; width: 50%; height: 40px;"></div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div>Race W</div> <div>Sex F</div> <div>Date of Birth 2/02/1985</div> </div> </div>											
Local Address <div style="background-color: black; width: 100%; height: 40px;"></div>						Phone <div style="background-color: black; width: 100%; height: 20px;"></div>			Address Source <div style="background-color: black; width: 100%; height: 20px;"></div>		
Business Address (Street, Apt. Number) <div style="display: flex; justify-content: space-between;"> <div>City</div> <div>State</div> <div>Zip</div> </div>						Phone			Occupation		
<p>The undersign 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...</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. </div> </div> <p>On the 22ND day of MAY 20 17 at 21:13 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>											

The foregoing instrument was sworn to and affirmed before me this 22ND day of MAY 2017, by:

D/S J. VISLOCKY #7119
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

D/S A. SWIGERT
Name of Arresting/Investigating Officer

D/S [Signature] #7119
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

[Signature]
Signature of Arresting/Investigating Officer

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Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: **BROGEN, RYAN MICHAEL** DOB: **1/8/1986** Case #: **17-080796**

Victim: [REDACTED] DOB: **2/02/1985** Race: **W** Sex: **F**

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene ☐ Yes ☒ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No Caller: [REDACTED]

Weapon Used: ☐ Yes ☒ No Type: [REDACTED]

Witness: ☒ Yes ☐ No Name: [REDACTED]

Victim Pregnant: ☐ Yes ☒ No If yes, _____ Weeks _____ Months

Injuries: ☒ Yes ☐ No Description: **SCRAPES**

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: _____

At Hospital: ☐ Yes ☒ No Hospital: _____ Physician: _____

Are children living in the home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No

Name: [REDACTED] DOB: [REDACTED]

Name: [REDACTED] DOB: [REDACTED]

Name: [REDACTED] DOB: [REDACTED]

Injunction: ☐ Yes ☒ No Case #: _____

No Contact Order: ☐ Yes ☒ No Case #: _____

Alcohol or Drugs: ☐ Yes ☐ No ☒ Unknown

Prior history of Domestic/Dating Violence ☐ Yes ☒ No

Defendant's statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☒ oral

First words Defendant said when you responded to scene: **SHE BLEW SMOKE IN MY FACE, I PUSHED THE SMOKE AWAY AND SHE FELL TO THE GROUND, I DID NOT TOUCH HER.**

Victim's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: **WE WERE IN A VERBAL ARGUMENT AND I ASKED HIM FOR A CIGARETTE, HE THEN PUSHED ME TO THE GROUND**

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

☐ Yes ☒ No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional):

☒ Upset ☒ Crying ☐ Fearful ☒ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☐ Other _____

Victim contact information:

Local Address: [REDACTED] FL [REDACTED]

Phone: Home: [REDACTED] Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

VICTIM NOTIFICATION FORM

- 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 #: 17-080796 Agency: Palm Beach County Sheriff's Office
Offense: SIMPLE BATTERY
Suspect/Offender: BROGEN, RYAN MICHAEL
DOB: 1/8/1986 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: [REDACTED] DOB: 2/02/1985 Race: W Sex: F
Address: [REDACTED]
City: [REDACTED] State: FL Zip: [REDACTED]
Home #: [REDACTED] Work #: _____ Other #: _____

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 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: D/S A. SWIGERT ID #: 26679 Date: May 22, 2017

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #