

0496075-615

N.I.R.

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

| | | | |
|--|--|---|--|
| OBTS Number | 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, 8, 10, 0, 1, 2, 5, 3, 1, 1 |
| Charge Type: Check as many as apply. | 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> | 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> | 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/> |
| Location of Arrest (Including Name of Business) 400 Avenue of Champions | | Location of Offense (Business Name, Address) Same | |
| Date of arrest 0, 2, 2, 5, 1, 8 | Time of Arrest 1, 6, 1, 9 | Booking Date | Booking Time |
| Jail Date | Jail Time | Location of Vehicle unk | |

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|---|---|--------------------------------------|-----------------------------------|------------------|---|--|--|--------------------|--------------|
| Name (Last, First, Middle) SWANSON RYAN K | | 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, 0, 7, 8, 6 | Height 6'0" | Weight 220 | Eye Color Bro | Hair Color Bro | Complexion Fair | Build Med |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | Marital Status M | Religion None | Indication of Alcohol Influence Drug Influence <input checked="" type="checkbox"/> | | N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> | | |
| Local Address (Street, Apt. Number) 1757 Waits Corners | | | (City) Panama | (State) NY | (Zip) 14767 | Phone (716) 969 3147 | Residence Type: 1. City 2. County 3. Florida 4. Out of State <input checked="" type="checkbox"/> | | |
| Business Address (Name, Street) | | | (City) | (State) | (Zip) | Phone | Address Source NY DL | | |
| D/L Number, State 104 689 262 NY | | | Sec. Sec. Number | | INS Number | Place of Birth (City, State) Westfield NY | | Citizenship US | |

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|---|------|-----|---------------|--|---|
| 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 Custodian <input type="checkbox"/> Other: | Name (Last) | (First) | (Middle) | Residence Phone |
| Address (Street, Apt. Number) | | | | 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) | | Value of Property | |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | Description of Property | | | |

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|---|---------------------------------|---|--|--|----------|---------------------------------------|---|--|--|------------------------|
| 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 S. Synthetic | U. Unknown Z. Other |
| Charge Description Disorderly Intox | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 8, 5, 6 (10, 1, 1) | Violation of ORD # | | | | | | |
| Drug Activity N/A | Drug Type N/A | Amount / Unit | Offense # | Warrant / Capias Number | | | | | | |
| Charge Description Resisting Officer / without | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 8, 4, 3 (10, 2) | Violation of ORD # | | | | | | |
| Drug Activity N/A | Drug Type N/A | Amount / Unit | Offense # | Warrant / Capias Number | | | | | | |
| Charge Description | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | Violation of ORD # | | | | | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | | | | | | |
| Charge Description | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | Violation of ORD # | | | | | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | | | | | | |

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| <input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court | Location (Court, Room Number, Address) |
| <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side. | Court Date and Time |
| Month Day Year Time 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 | |

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| HOLD for other Agency Name: | Signature of Arresting Officer X <i>[Signature]</i> | Name Verification (Printed by Arrestee) (PRINT) |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | |
| Name of Arresting Officer (Print) KYLE PATTERSON | I.D. # N042 | PAGE |
| Name Deputy M. Valerio | Pouch # 487 | Agency PB6PD |
| Witness here if subject signed with an "X" | | 1 OF 2 |

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

PROBABLE CAUSE AFFIDAVIT

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

Juvenile N

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|--|--|---|--|---|
| OBTS Number | Agency ORI Number FLO 5 0 2 6 0 0 | | Agency Name FWC PALM BEACH GARDENS POLICE DEPT. | Agency Report Number 7 8 1 1 8 1 0 P 1 2 5 3 1 1 1 |
| 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) SWANSON, RYAN K | Alias | Race W | Sex M | Date of Birth 0 8 0 7 8 6 |
|---|-------|-----------|----------|------------------------------|

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| Charge Description RESISTING W/O VIOLENCE 843.02 | Charge Description |
| Charge Description DISORDERLY INTOX 856.011 | Charge Description |

| | | | |
|--|--------|---------|---------------|
| Victim's Name (Last, First, Middle) STATE OF FL | Race | Sex | Date of Birth |
| Local Address (Street, Apt. Number) | (City) | (State) | (Zip) |
| Business Address (Name, Street) | (City) | (State) | (Zip) |

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 ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 25th day of FEBRUARY 2018 at 4:19 A.M. P.M. (Specifically include facts constituting cause for arrest.)

I, INVESTIGATOR KYLE PATTERSON OF THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION, WAS ON PATROL AT THE HONDA CLASSIC 400^{UP} PGA AVE OF CHAMPIONS. I ASKED A PATRON TO LEAVE MULTIPLE TIMES. WHILE TRYING TO ESCORT THE SUBJECT (RYAN SWANSON) OFF THE PROPERTY, HE PULLED AWAY AND BECAME COMBATIVE. AT THIS I PLACED THE SUBJECT IN HANDCUFFS AND ADVISED HIM, HE WAS UNDER ARREST. THE SUBJECT WAS UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE AT THE TIME OF ARREST. SWANSON VERBALLY AND PHYSICALLY RESISTED ARREST.

SWANSON WAS ARRESTED FOR DISORDERLY INTOXICATION^{FS} 856.011 AND RESISTING W/O VIOLENCE^{FS} 843.02.

SWANSON WAS TRANSPORTED BY PALM BEACH GARDENS POLICE DEPARTMENT.

END OF REPORT

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| SWORN AND SUBSCRIBED BEFORE ME #348 NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER 2-25-18 DATE | SCANNED FEB 27 2018 | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER KYLE PATTERSON NAME OF OFFICER (PLEASE PRINT) 2/25/18 DATE | PAGE 1 OF 1 |
|--|------------------------|---|----------------|