

0401895 586

ARREST / NOTICE TO APPEAR

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2017-012853</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE			
	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		Location of Arrest (Including Name of Business) <b>501 E CAMINO REAL</b>		Location of Offense (Business Name, Address) <b>501 E CAMINO REAL, BOCA RATON, FL 33432</b>		If Weapon Seized Enter Type <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator					
	Date of Arrest <b>09/18/2017</b>		Time of Arrest <b>06:01</b>		Booking Date <b>09/18/2017</b>		Booking Time <b>06:11</b>		Jail Date		Jail Time			
	Name (Last, First, Middle) <b>SPINLER, SAMANTHA ANNE</b>		Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>		Race W - White B - Black I - American Indian O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>05/19/1981</b>		Height <b>5'00</b>		Weight <b>100</b>	
DEFENDANT	Eye Color <b>BLUE</b>		Hair Color <b>BLONDE</b>		Complexion		Build		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>8543 W CHARLSTON BLVD, LAS VEGAS, NV 89145</b>		(City) <b>(State)</b> <b>(Zip)</b>		Phone <b>(732) 567-5394</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source		Occupation <b>Vp</b>			
	Permanent Address (Street, Apt. Number) <b>8543 W CHARLSTON BLVD, LAS VEGAS, NV 89145</b>		(City) <b>(State)</b> <b>(Zip)</b>		Phone <b>(732) 567-5394</b>		Business Address (Name, Street) <b>SIBLY, LAS VEGAS</b>		(City) <b>(State)</b> <b>(Zip)</b>		Phone		Citizenship <b>Vp</b>	
	D/L Number, State <b>1605035717 / NV</b>		Sex, Soc. Sec. Number <b>[REDACTED]</b>		INS Number <b>[REDACTED]</b>		Place of Birth (City, State) <b>Patuxent, NJ</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex	
CO-DEFENDANT	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Co-Defendant Name (Last, First, Middle)		Race		Sex	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Co-Defendant Name (Last, First, Middle)		Race		Sex	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Co-Defendant Name (Last, First, Middle)		Race		Sex	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Co-Defendant Name (Last, First, Middle)		Race		Sex	
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other: <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City) <b>(State)</b> <b>(Zip)</b>		Residence Phone		Business Phone		Notified by: (Name)	
	Address (Street, Apt. Number)		(City) <b>(State)</b> <b>(Zip)</b>		Residence Phone		Business Phone		Notified by: (Name)		Date		Time	
	Released To: (Name)		Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		School Attended		Grade	
	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: <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deviv.	
CHARGE	Drug Activity N. N/A P. Possess		S. Sell - B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	
	Charge Description <b>BATTERY / DOMESTIC BATTERY</b>		Statute Violation Number <b>784.03(1)(A)</b>		Violation of ORD #		Bond		Charge Description		Statute Violation Number		Violation of ORD #	
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	Charge Description		Statute Violation Number		Violation of ORD #		Bond		Charge Description		Statute Violation Number		Violation of ORD #	
INSTRUCTIONS	Health / Apparent Physical Condition of Defendant <b>GOOD</b>		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		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By <b>MCHUGH</b>		Released By <b>MCHUGH</b>		Released To <b>CJ</b>		Transported By <b>MCHUGH</b>	
	Date Transported <b>09/18/2017</b>		Time Transported <b>00:00</b>		Other		INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court <input checked="" type="checkbox"/> but must comply with instructions on Page 2.		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time		No Photo Available	
	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) <b>[REDACTED]</b>		(PRINT)		PAGE <b>1 OF 1</b>		WITNESS here if subject signed with an "X"	
	HOLD for Other Agency		Signature of Arresting Officer <b>[REDACTED]</b>		Name of Arresting Officer (Print) <b>MCHUGH, LORAL D.</b>		ID. # <b>802</b>		Transporting Officer <b>MCHUGH</b>		ID. # <b>802</b>		Agency <b>BRPD</b>	

D/S T. BURNSIDE #5406

SCANNED

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

ADMIN	Date / Time <b>09/18/2017 07:00</b>		Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-012853</b>	
	Name (Last, First, Middle) <b>FLYNN, MICHAEL ALOZY</b>						Race <b>W</b>	Sex <b>M</b>
CHRG	Charge Description <b>784.03(1) BATTERY / DOMESTIC BATTERY</b>							
	Victim's Name (Last, First, Middle) <b>FLYNN, MICHAEL ALOZY</b>						Race <b>W</b>	Sex <b>M</b>
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1025 RON EVANS ST, LAS VEGAS, NV 89145</b>				Phone <b>(702) 427-1979</b>		Address Source	
	Business Address (Name, Street) (City) (State) (Zip) <b>SOURCE MEDIA, LAS VEGAS</b>				Phone		Occupation <b>MANAGER</b>	
	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):							
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input type="checkbox"/>				
VICTIM'S STATEMENTS:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
RELATIONSHIP BETWEEN VICTIM & SUSPECT								
ADDITIONAL INFORMATION	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>			
			Victim: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	911 CALL:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <b>BOCA RESORT SECURITY</b>		
	WEAPON USED:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: <b>HANDS</b>		
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)		
	INJURIES:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:		
	Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:		
	H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CASE #:		
	PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
NARR	On 09/18/17 I was dispatched to 501 E Camino Real, the Boca Resort, in the city of Boca Raton, the county of Palm Beach, in reference to a domestic battery. Upon arrival I met with the victim, W/M Michael A. Flynn. The offender W/F Samantha Spinler was in the hotel room. She then appeared and tried to exit through the elevator. Officer J. Pratt and Boca Resort Security Officer R. Reissi followed her to the elevator. She did							
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ 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>18</u> day of <u>September</u> , <u>2017</u> .  _____ AUGELLO, PETER B. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

SCANNED

SEP 19 2017

P.I.O.

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

ADMINISTRATIVE	Date / Time <b>09/18/2017 07:00</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-012853</b>
	Agency ORI Number <b>FL 0500200</b>			

not go on the elevator and complied with my order to sit in the chair.

I spoke with Flynn back in the hallway by the room. He stated he was fighting with his girlfriend Spinler who was intoxicated. He stated she scratched him on the arm. I did observe four fingernail scratches on his arm when he rolled up the sleeve on his right arm. I then observed two scratches on his neck and observed a small bump on his lip. He stated that Spinler was at the bar and had run into his ex-girlfriend. They became friends and had drinks together. Spinler came back to the room intoxicated and started to throw his things around the room and then scratched him on the arm. She left the room and went to the ex girlfriends room. He did state to Security Officer Reissi that she punched him in the mouth.

I then spoke with Spinler by the elevator. Spinler stated she was in the room with her girlfriend and had no idea what was going on. I explained to Spinler that I was investigating a domestic violence complaint and wanted to know what happened this morning. Spinler said she did not know what happened that she went to the bar and drank. I asked he how her boyfriend got the scratches and she said she did not hit anyone.

I then advised Spinler that she was being arrested for domestic battery per Florida State Statute 784.039(1). I then placed her in handcuffs and placed her in the back seat of my marked patrol.


Officer Pratt retrieved a written statement from Flynn. His statement consisted of the two letters "N/A". Officer Pratt advised me that Flynn couldn't remember anything after I placed Spinler in handcuffs. Officer Pratt also took photo's on his injuries and placed these into evidence along with the written statement. Officer Pratt gave Flynn a Domestic Violence pamphlet which he signed and the receipt was placed into records.

Spinler was released from the chair and transported to the Palm Beach County Jail and turned over to Correction Deputies.

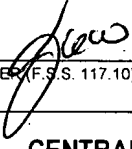
In the jail, Spinler banged her hands on the jail door. She was warned to not do this as she may injure herself. She was warned that if she continued banging her hand, she would be placed in a restraint. She continued to bang her hand causing a small scratch. Spinler did not comply with the warning and was placed in a body wrap by Officer Van Hof and myself. She screamed and tensed, twisted during the placement of the body wrap. She was then placed near me for observation. During this time in the body wrap, she continued to try to lean to the side and fall. I warned her that I would have to place a helmet on her because she could hurt her head by leaning to the side and falling over. She did not comply with the warning and fell to the side again. I placed a safety helmet on her head. After placing the helmet she then fell to the side and banged her head purposely and continuously on the floor. I warned her to stop or she would be placed in a restraint chair. She again did not comply with the warning and continued to bang her head. I then, along with Officer Van Hof and Officer Pratt placed her in the restraint chair for her safety. Spinler, due to her thin body type, removed her left foot from the restraint chair. Officer Van Hof and myself attempted to place her left foot back in but she tensed, pulled and was uncooperative. We did get her foot back in and Spinler started to scream.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ 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 18 day of September, 2017.

  
AUGELLO, PETER B  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED  
SEP 19 2017