

0401895

ARREST / NOTICE TO APPEAR

586

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

1 JUVENILE

OBTS Number			ARREST / NOTICE TO APPEAR						586				
Agency ORI Number		Agency Name				Agency Report Number (N.T.A.'s only)			1 JUVENILE				
0500200		Boca Raton Police Department				3 2 2017-012853							
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				If Weapon Seized Enter Type			Multiple Clearance Indicator				
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)										
501 E CAMINO REAL			501 E CAMINO REAL, BOCA RATON, FL 33432										
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time			
09/18/2017		06:01		09/18/2017		06:11				N/A			
Name (Last, First, Middle) SPINLER, SAMANTHA ANNE													
Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:													
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth		Height		Weight		Eye Color			
W		F		05/19/1981		5'00		100		BLUE			
Scars, Marks, Taboos, Unique Physical Features (Location, Type, Description)													
Marital Status Religion													
Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence													
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone (732) 567-5394													
8543 W CHARLSTON BLVD, LAS VEGAS, NV 89145													
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone (732) 567-5394													
8543 W CHARLSTON BLVD, LAS VEGAS, NV 89145													
Business Address (Name, Street) (City) (State) (Zip) Phone													
SIBLY, LAS VEGAS													
D/L Number, State		SSN, Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship					
1605035717 / NV						Elberon, NJ							
Co-Defendant Name (Last, First, Middle)													
Race Sex Date of Birth													
Indication of: 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>													
Co-Defendant Name (Last, First, Middle)													
Race Sex Date of Birth													
Indication of: 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>													
J U V E N I L E													
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 Department and Released 2. TOT JAC 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. School Attended Grade													
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.													
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property													
□ Yes, by: <input type="checkbox"/> No													
C O D E													
Drug Activity N. N/A P. Possess		S. Sell - B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispenses/ 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. S. Synthetic													
P. Paraphernalia/ Equipment U. Unknown Z. Other													
C H A R G E													
Charge Description BATTERY / DOMESTIC BATTERY													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number	
N				/		2017-012853		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.03(1)(A)	
Violation of ORD #													
C H A R G E													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number	
				/						<input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation of ORD #													
C H A R G E													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number	
				/						<input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation of ORD #													
C H A R G E													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number	
				/						<input type="checkbox"/> Y <input type="checkbox"/> N		Bond	
SEP 18 AM 10:14													
I N T A K E													
Health / Apparent Physical Condition of Defendant GOOD													
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 Explain:													
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 MCHUGH Released By MCHUGH Released To CJ													
Transported By MCHUGH Date Transported 09/18/2017 Time Transported 00:00 Other													
N O T I C E													
□ INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.													
Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444													
Court Date and Time													
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD NOT FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.													
A P P E A R													
Signature of Defendant (or Juvenile and Parent/Custodian)													
Date Signed													
A D M I N													
HOLD for Other Agency						Signature of Arresting Officer SPINLER, SAMANTHA ANNE 802							
Name of Arresting Officer (Print) MCHUGH, LORI A. 802-653						Name Verification (Printed by Arrestee) SPINLER, SAMANTHA ANNE							
Intake Deputy I.D. # SPINLER, SAMANTHA ANNE 802-653						I.D. # SPINLER, SAMANTHA ANNE 802-653							
Transporting Officer MCHUGH, LORI A. 802-653						Agency BRPD							
PAGE 3 1 OF 1													
Witness here if subject signed with an "X"													

D/S. T. BURNSIDE #5406

SCANNED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/18/2017 07:00	AFFIDAVIT												
D E F	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-012853											
Name (Last, First, Middle) FLYNN, MICHAEL ALOZY		Alias		Race W Sex M Date of Birth 10/02/1979										
Charge Description 784.03(1) BATTERY / DOMESTIC BATTERY														
V I C T J M	Victim's Name (Last, First, Middle) FLYNN, MICHAEL ALOZY			Race W Sex M Date of Birth 10/02/1979										
Local Address (Street, Apt. Number) 1025 RON EVANS ST, LAS VEGAS, NV 89145		(City)	(State)	(Zip)										
Business Address (Name, Street) SOURCE MEDIA, LAS VEGAS		(City)	(State)	(Zip)										
Phone (702) 427-1979 Address Source														
Occupation MANAGER														
<table border="1"> <tr> <td>DEFENDANT'S STATEMENTS:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):</td> </tr> <tr> <td>VICTIM'S STATEMENTS:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>					DEFENDANT'S STATEMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):	VICTIM'S STATEMENTS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DEFENDANT'S STATEMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):										
VICTIM'S STATEMENTS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
RELATIONSHIP BETWEEN VICTIM & SUSPECT														
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	<input checked="" type="checkbox"/>	YES	NO <input type="checkbox"/>										
	Scene:	<input type="checkbox"/>												
	Victim:	<input checked="" type="checkbox"/>												
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: BOCA RESORT SECURITY										
	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS										
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)										
	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
	AT:	Scene: <input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:										
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:										
ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:														
H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/>														
VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/>														
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:														
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/>														
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>														
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. <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small>														

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

A	Date / Time
D	09/18/2017 07:00
M	Agency ORI Number
I	FL 0500200
N	Agency Name
	BOCA RATON POLICE DEPARTMENT

Agency Report Number
3 | 2 | 2017-012853

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.

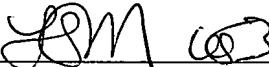
Officer Pratt retrieved a written statement from Flynn. His statement consisted of the two letters "N/A". Officer Pratt advised me that Flynn couldn't remember anything after I placed Spinler in handcuffs. Officer Pratt also took photo's on his injuries and placed these into evidence along with the written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