



# Daytona Beach Police Department NEWS RELEASE

129 Valor Blvd, Daytona Beach, Fl. 32114-8169

Phones (386) 671-5100 PIO 671-5123 Media Line 671-5112 Fax 671-3351

Anonymous Text or Web Tips [www.dbpd.us](http://www.dbpd.us) Text DBTIPS to CRIMES (274637)

Crimestoppers of Volusia County 1-888-277- TIPS (8477)

*Lyda Longa*  
386-671-5113

**Re: Partially Blind Man in Minion Suit Attacked**

**Location: 1022 Main St.**

**Date: July 8, 2018**

**Time: 19:36**

**Arrested: Ryan Nihart**

**Victim:**

**DOB: 11-23-92**

**Police Report #: 180013330**

**Daytona Beach Police officers responded to the above address after reports of a battery.**

**Upon investigation, officers discovered that victim Jamie Roehm - who is partially blind and mentally handicapped – was dressed in a minion suit outside the shop at the above address doing a promotion for the store.**

**Nihart came up behind Roehm, lifted him up, spun him around, then dropped him on the pavement. When Roehm stood up and tried to get his bearings, Nihart then kicked him and knocked him down a second time.**

**As Nihart was doing this, he was being encouraged by two people on the sidewalk.**

**The store owner and another man ran outside and pinned Nihart down until officers arrived at the scene and arrested the suspect.**

**Persons with information may text “CRIMES” (274637) with a cell phone or log on to [www.dbpd.us](http://www.dbpd.us) and click on Anonymous Web Tips. When using a cell phone, all messages should begin with “DBTIPS.” Tipsters remain anonymous.**



# Daytona Beach Police Department NEWS RELEASE

*129 Valor Blvd, Daytona Beach, Fl. 32114-8169*

*Phones (386) 671-5100 PIO 671-5123 Media Line 671-5112 Fax 671-3351*

*Anonymous Text or Web Tips [www.dbpd.us](http://www.dbpd.us) Text DBTIPS to CRIMES (274637)*

*Crimestoppers of Volusia County 1-888-277- TIPS (8477)*

**He was charged with criminal mischief and battery.**

**The arrest report is attached.**

**Persons with information may text "CRIMES" (274637) with a cell phone or log on to [www.dbpd.us](http://www.dbpd.us) and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS." Tipsters remain anonymous.**

**7th. Judicial Circuit 707  
Charging Affidavit - Volusia**

Arrest # \_\_\_\_\_ Bk # \_\_\_\_\_ Pg # 1 of 3

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number:	
(ORI) FL: <u>FL0640100</u>	Agency Name: <u>DAYTONA BEACH POLICE DEPARTMENT</u>	Agency Case Number: <u>180013330</u>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R.:	Date Arrested: <u>07-08-2018</u>
ADDRESS OF ARREST (Street, City, State, Zip): <u>1022 Main St DAYTONA BEACH FL 32118</u>		Arrested By: <u>Khan,David</u>	ID Number: <u>D76622</u>
<b>DEFENDANT</b>	NAME (Last) <u>Nihart</u> (First) <u>Ryan</u> (Middle) <u>C</u>	A.K.A.:	Sex: <u>M</u> Race: <u>W</u>
DOB: <u>11-23-1992</u>	Age: <u>25</u> Driver's Lic./ ID No.: _____	State: <u>FL</u> Year Expires: <u>2021</u>	S.S.# - _____
Height: <u>5' 06"</u>	Weight: <u>180</u> Hair: <u>BRO</u> Eyes: <u>HAZ</u>	P.O.B. (City, State, Country): <u>FL</u>	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Scars, Marks, Tattoos:	Business & Occupation:	Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address - Mailing/Permanent (STREET, APT. NUMBER) <u>17 Salvia Ct</u>		(CITY) <u>Homosassa</u> (STATE) <u>FL</u>	ZIP CODE <u>34446</u> RESIDENCE PHONE _____
Address - Local (STREET, APT. NUMBER)		(CITY) _____ (STATE) _____	ZIP CODE _____ RESIDENCE PHONE _____
Address - Other (Employer/School) (STREET, APT. NUMBER)		(CITY) _____ (STATE) _____	ZIP CODE _____ BUS/SCHOOL PHONE _____

<b>CHARGES</b>	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>	Total Charges: <u>2</u>
#1 Charge: <u>Crim.Misch.Dmg.Prop.over \$200 und.1000</u>	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>806.13(1)(B)2</u>	Citation No.: _____ Bond: <u>500</u>
#2 Charge: <u>Battery Touch/Strike</u>	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>784.03(1)(A)1</u>	Citation No.: _____ Bond: <u>No Bond</u>
#3 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: _____ Bond:

<b>CO-DEFENDANT</b>	Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>
#1 NAME (Last) (First) (Middle)	Race:	Sex: DOB: Age:
#2 NAME (Last) (First) (Middle)	Race:	Sex: DOB: Age:

**NARRATIVE** The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 08 day of July, 2018, at approximately 0736  a.m.  p.m. at 1022 Main St DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 On 07/08/2018 at approximately 1936 hours I was assigned to a special detail on the Boardwalk. I was flagged down by a subject who advised that  
 2 there was a fight across the street. I walked over to 1022 Main St (Georges Jungle) and observed two males holding down a subject (later identified  
 3 as the Defendant (Nihart). I detained Nihart pending further investigation. I contacted Roehm ( who is partially blind). He completed a sworn  
 4 statement (with assistance) and advised verbally the following: Roehm was wearing a Minion character suit and standing outside of the business.  
 5 Roehm advised that he was approached by the Defendant and the Defendant began to get rough with him. Roehm indicated that he told the  
 6 Defendant to stop, but the Defendant continued to fight Roehm. Roehm advised that the Defendant picked him up, swung him, and then slammed  
 7 him on the pavement. Roehm suffered a bruise to the left forearm near the elbow.  
 8  
 9 Roehm refused medical attention for his injury. I took two digital photos of Roehm to document his injury.  
 10  
 11 I contacted St. Pierre, the owner of the store, and he advised that the Minion suit was destroyed during this incident. St. Pierre stated that the value  
 12 of the suit is three hundred dollars. Ofc. Carter took seven digital photos of the suit to document the damage. There is security video of this incident,  
 13 and it confirms Roehm's version of the facts. The Defendant can be seen picking up Roehm by the torso and spinning him then dropping him on the  
 14 ground as others encouraged him. The security video could not be burned at this time, but it was recorded on Ofc. Carter's body camera. Roehm  
 15 and St. Pierre wish to press charges. Axon Video is available of this investigation.

<b>NOTICE TO APPEAR</b>	MANDATORY APPEARANCE <input type="checkbox"/>	YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	FINE, AND COSTS AMOUNT:
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.			

SIGNATURE OF DEFENDANT		Date	RELATIONSHIP TO JUVENILE	JUVE DISP.
SIGNATURE OF JUVENILE PARENT OR CUSTODIAN				CITATION No.

Sworn to and subscribed before me, the undersigned this <u>08</u> day of <u>July</u> , <u>2018</u> , Name: <u>[Signature]</u>	I swear/affirm the above statements are correct and true <u>[Signature]</u> OFFICER'S/COMPLAINANT'S SIGNATURE	Rt Thumb
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification: _____	<u>KHAN,DAVID</u> <u>D76622</u> NAME (PRINTED) ID NUMBER	

**OFFICIAL USE ONLY** Inmate Number & Facility:

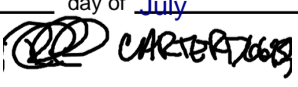
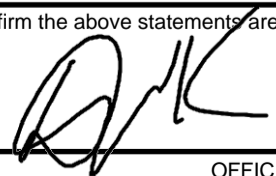
**Narrative Supplement 707-B**

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

**Court Case Number:**

Defendant Name: <b>Nihart</b>	(Last)	(First) <b>Ryan</b>	(Middle) <b>C</b>	Agency Case Number: <b>180013330</b>
<b>CHARGES</b>	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>		Total Charges: <b>2</b>
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:

16  
17

Sworn to and subscribed before me, the undersigned this <u>08</u> day of <u>July</u> , 2018 Name: 	I swear/affirm the above statements are correct and true  OFFICER'S/COMPLAINANT'S SIGNATURE	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	<b>KHAN, DAVID</b> NAME (PRINTED)	<b>D76622</b> ID NUMBER

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

Court Case Number:

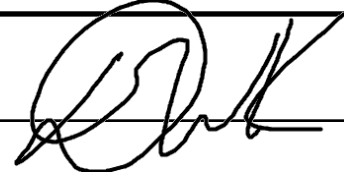
Defendant (Last) (First) (Middle) Name: <b>Nihart Ryan C</b>			Agency Case Number: <b>180013330</b>		
Name: (Last) (First) (Middle) <b>Roehm Jamie</b>			Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>W</b>	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Address (#, Street, City, State): <b>96 Hoseshoe Falls Drive Ormond Beach FL</b>			Zip: <b>32114</b>	Home: <b>(386) 481-0503</b>	DOB: <b>10-25-1977</b>
Bus/School Address:			Zip:	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SSN:
Relative/Contact Name			Relative/Contact Address:		
Name: (Last) (First) (Middle) <b>Jungle Georges</b>			Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address (#, Street, City, State): <b>1022 Main St DAYTONA BEACH FL</b>			Zip: <b>32118</b>	Home: <b>(386) 843-2163</b>	DOB:
Bus/School Address:			Zip:	Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SSN:
Relative/Contact Name			Relative/Contact Address:		
Name: (Last) (First) (Middle) <b>St Pierre Jr George</b>			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: <b>W</b>	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Address (#, Street, City, State): <b>1022 Main St DAYTONA BEACH FL</b>			Zip: <b>32118</b>	Home: <b>(386) 843-2163</b>	DOB: <b>07-01-1966</b>
Bus/School Address:			Zip:	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SSN:
Relative/Contact Name			Relative/Contact Address:		
Name: (Last) (First) (Middle) <b>Workman Jason</b>			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: <b>W</b>	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Address (#, Street, City, State): <b>431 N Halifax Ave #11 DAYTONA BEACH FL</b>			Zip: <b>32118</b>	Home: <b>(386) 587-2593</b>	DOB: <b>07-03-1975</b>
Bus/School Address:			Zip:	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SSN:
Relative/Contact Name			Relative/Contact Address:		
Name: (Last) (First) (Middle) <b>Carter Robert</b>			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race:	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Address (#, Street, City, State): <b>129 Valor Blvd DAYTONA BEACH FL</b>			Zip: <b>32114</b>	Home: <b>(386) 587-2593</b>	DOB:
Bus/School Address:			Zip:	Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SSN:
Relative/Contact Name			Relative/Contact Address:		
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address (#, Street, City, State):			Zip:	Home: <b>(386) 587-2593</b>	DOB:
Bus/School Address:			Zip:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN:
Relative/Contact Name			Relative/Contact Address:		

## EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
<b>nine digital photos</b>	<b>07-08-2018</b>		
Owner Name (Last) (First) (Address)	(Phone)	Value	
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)	(Phone)	Value	
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

**KHAN, DAVID**  
Investigating Officer



**D76622**  
ID Number

**DBPD**  
Agency