

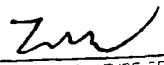
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RECORDED - 11-24-85
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FILED - 11-24-85
FBI - NEW YORK

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N I S T R A T I O N A L I N F O R M A T I O N	Date/Time 01/02/2026 00:04	Agency Name FL 0500400 DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 26-000040	
	Name (Last, First, Middle) PYBURN, AIMEE MICHELE	Alias	Race W	Sex F	Date of Birth 05/03/1982
O R I G I N A L I N F O R M A T I O N	Charge Description 784.021(1A) AGGRAVATED ASSAULT W/DEADLY WEAPON W/O INTENT TO KILL				
	Victim's Name (Last, First, Middle) BURROUGHS, ROBERT EDWARD	Local Address (Street, Apt. Number) 4524 DANSON WAY, DELRAY BEACH, FL 33445	Phone (561) 628-0946	Address Source	
V I C T I M I N F O R M A T I O N	Business Address (Name, Street)		Phone	Occupation	
	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): HYSTERICAL				
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral		VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral		
	RELATIONSHIP BETWEEN VICTIM & SUSPECT STEP-DAUGHTER				
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: VICTIM WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: KNIFE (KITCHEN) WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PARAMEDICS: DBFD Hospital: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: DMC				
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAMES/AGES: OLIVIA VAS / 1.5 YOA H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
N A R R A T I O N	See below				
	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>2</u> day of <u>January</u> , <u>2026</u> KINNEY, KYLE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117 (6))				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

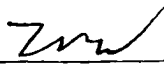
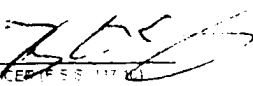
CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

N A R R A T I V E	Date / Time 01/02/2026 00:04	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 26-000040
	<p>The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.</p> <p>On 01/02/26, I responded to 4524 Danson Way in reference to a domestic incident. The caller advised dispatch that their step-daughter tried to stab them with a knife.</p> <p>Upon arrival, contact was made with the victim, identified as Rob Burroughs, who provided a sworn statement on the incident. Rob said that he was having issues with his step-daughter identified as Aimee Pyburn. Rob advised that he was having a verbal dispute with Aimee wanting her out of the residence because he knows she is still drinking, when she should not be, since she is on medication. Aimee then opened a kitchen drawer and grabbed a knife out of the drawer. Rob said that he was in fear for his life as he saw Aimee grabbing a knife. Rob reacted and pushed Aimee away from him, causing her to fall to the ground. After Aimee was on the ground, Rob grabbed one of the kitchen table chairs and used it to pin Aimee to the ground, as he did not know if Aimee still had a knife. While Rob was pinning Aimee to the ground, she grabbed Rob's leg. Rob advised that he struck Aimee with a closed fist, in the nose, to get her to stop grabbing him.</p> <p>Officers then tried to speak with Aimee about the incident. Aimee appeared disoriented, had mumbled speech and slurring her words. Aimee was unsteady on her feet and seemed unable to balance, showing signs of impairment. Officers assisted Aimee downstairs to sit down as she was unable to move on her own without falling over. While speaking with Aimee, her responses changed several times. Aimee said at one point that she did ingest alcohol and then later said she did not ingest alcohol. When asked what occurred, Aimee said she couldn't say, then said that she was hit several times. When asked what happened that she was hit she was speaking incoherently and could not give a clear answer. While Officers were having a conversation with Aimee she was slumping over in her chair and eventually tried to stand up. When she tried to stand up out of the chair she immediately fell to the floor. It should also be noted that Aimee's mother, Laurie Pyburn, said that Aimee had also taken Amitriptyline as well.</p> <p>Based on these facts, probable cause exists to charge Aimee Pyburn with violation of Florida State Statute 784.021(1A) - aggravated assault w/deadly weapon w/o intent to kill, and violation of Florida State Statute 784.03(1A1) - simple battery (touch or strike) (domestic).</p>				
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>2</u> day of <u>January</u>, 2026</p> <p>KINNEY, KYLE  NOTARY PUBLIC - CLERK OF COURT / OFFICER (F.S. 117.10)</p>					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P I O

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)

- Sexual Offense (Ch. 794)

- Attempted Murder

- Attempted Sexual Offense

- 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.)

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 26-000040 Agency: DRPD
Offense: Agg. Assault and Simple Battery
Suspect/Offender: Aimee Pyburn
D.O.B. 5/3/1982 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: Robert Burroughs D.O.B. 11/24/1963 Race: V Sex: M
Address: 4524 Dawson Way
City: Delray Beach State: FL Zip: 33445
Home #: 561-628-0946 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 BE 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: Merz

I.D.# 1319

Date: 1/2/2026

White/Corrections or State Attorney (Warrant Application)
PSSO 50029A REV. 4/98

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2026000105	Date: 1/2/2026
	Specialist Name/ID#: T. Howard/7185