

50-2023-MM-004827 AMB
0541236

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☐ Marsy's Law CVI FL Const. Art.1 § 18(b)

☐ Check if Supplement is Attached

ADMINISTRATIVE		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
OBT Number		Agency ORI Number FLOI 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 1- 23-078835							
Charge Type: Check as many as apply		☐ 1. Felony ☐ 2. Traffic Felony		☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type N/A		Multiple Clearance Indicator		01	
Location of Arrest (including Name of Business) 907 LAKE SHORE DR APT 110		Lake Park, FL 33403		Location of Offense (Business Name, Address) 907 LAKE SHORE DR APT 110		Lake Park, FL 33403							
Date of Arrest 06/15/23		Time of Arrest 0107		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle	
Name (Last, First, Middle) MERRILL		David		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex W M		Date of Birth 04/19/1968		Height 5'10		Weight 255		Eye Color BROWN	
Hair Color BROWN		Complexion FAIR		Build LARGE									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Vertical scar from sternum to bellybutton		Marital Status Single		Religion Christianity		Indication of Alcohol Influence Drug Influence		Y N Unk					
Local Address (Street, Apt. Number) 907 LAKE SHORE DR APT 110		Lake Park, FL 33403		(State)		(Zip)		Mobile Phone 561-371-7471		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1	
Permanent Address (Street, Apt. Number) 907 LAKE SHORE DR APT 110		Lake Park, FL 33403		(State)		(Zip)		Phone		Address Source FL DL			
Business Address (Name, Street) Lake Park, FL 33403		(City)		(State)		(Zip)		Phone		Occupation Lawyer			
D/L Number, State M640172681390		Soc. Sec. Number		INS Number		Place of Birth (City, State) Indianapolis, IN		Citizenship usa					
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile			
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile			
☐ Parent ☐ Legal Custodian ☐ Other		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 Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated							
Released to: (Name)		Relationship		Date		Time							
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason)		School Attended		Grade									
Property Crime? ☐ Yes ☐ No		Description of Property		Value of Property									
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 Battery (Domestic)		Counts 1		Domestic Violence ☒ Y ☐ N		Statute Violation Number 784.03(1a1)		Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit		Offense # 23-078835		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address)		Court Date and Time		Month		Day		Year		Time		A.M. ☐ 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 06/15/23									
I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.		Signature											
HOLD for other agency		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)									
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) D/S Galloway		I.D. # 39654		(PRINT)					
Intake Deputy D/S Galloway		Pouch #		Transporting Officer D/S Galloway		I.D. # 39654		Agency PBSO		Witness here if subject signed with an "X"		PAGE 1 OF 1	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 23-078835						
	Charge type: Check as many as apply:		☐ 1. Felony ☐ 2. Traffic Felony		☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:		
DEF	Name (Last, First, Middle) MERRILL David				Alias		Race W	Sex M	Date of Birth 04/19/1968		
	Charges Battery (Domestic) 784.03(1a1)										
VICTIM	Victim's Name (Last, First, Middle) DINA-ANNE LYONS				Race W		Sex F	Date of Birth 07/16/1970			
	Local Address (Street, Apt. Number) (City) (State) (zip) 907 LAKESHORE DRIVE #110 LAKE PARK FL 33403				Phone 561-906-4315		Address Source				
	Business Address (Name, Street) (City) (State) (zip)				Phone		Occupation				
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 <u>15th</u> day of <u>June</u> , 20 <u>23</u> at <u>0227</u> ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)											
Marsy's Law CVI FL. Const. Art. I § 16(b) On 06/14/2023 at 2333 hrs, I responded to 907 Lakeshore Dr Apt 110, Lake Park, Palm Beach County, in reference to disturbance heard by a concerned neighbor. Upon arrival I made contact with David Merrill who initially stated nothing had happened between him and his fiancé. I asked to speak with his fiancé and he advised I would have to step inside as she had sustained a broken foot a few days prior. Merrill then let me inside to speak with his fiancé who was later identified as Dina Lyons. Upon making first contact with Lyons, she was found to be sitting on the floor in front of the couch with her left ankle in a soft cast. I inquired if anything physical happened and she stated it did not. However, Lyons appeared very distraught and began to cry and rapidly breath. I inquired multiple times if anything physical had happened and Lyons repeatedly stated no but appeared to be withholding information. Unable to confirm a crime had occurred, I left scene. Minutes later, dispatch received a call from Merrill alleging Lyons had just ingested an entire prescription bottle of a controlled substance pain relief medication that had been prescribed to her for her broken ankle. I returned to the scene and made contact with Lyons. Lyons immediately provided the prescription bottle and stated she did not overdose. Instead, Lyons surmised Merrill had called 911 in an attempt to have her involuntarily assessed. Lyons insisted she had not intentionally overdosed and was not suicidal. The pill count was also consistent with prescription fill date. Fire rescue assessed Lyons on scene and allowed her to refuse medical advised. After Lyons on scene medical evaluation, she appeared even more upset and frightened. Once again I tried to inquire if anything physical occurred. Finally, she admitted she felt uncomfortable speaking to a male deputy as the last time she called 911 on Merrill, she was the one who ended up being arrested. I asked if she would speak to a female deputy and she agreed. D/S Grammatico [28985] took over the on scene investigation and I stood by outside. Lyons provided D/S Grammatico with a sworn statement where she confirmed Merrill had pushed her to the ground and that was why she was on the ground when deputies first arrived. D/S Grammatico advised me of Lyons statement and Merrill was taken into custody. D/S Grammatico told Lyons I had placed Merrill under arrest and she immediately asked to recant her statement citing she was worried Merrill would kill when he gets out of jail. After conducting my on-scene investigation, I believe probable cause does exist to charge David Merrill with domestic battery, F.S.S 784.03(1a1).											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH D/S Galloway (ID #) 39654 (Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>15th</u> day of <u>June</u> , 20 <u>23</u> by <u>D/S Galloway 39654</u>										
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>										
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)
Suspect: MERRILL David **DOB:** 04/19/1968 **Case #:** 23-078835

Name (Last, First)
Victim: DINA-ANNE LYONS **DOB:** 07/16/1970 **Race:** W **Sex:** F

Relationship between Victim and Defendant: Boyfriend / Girlfriend

Photographs: Scene ☒ Yes ☐ No **Victim** ☒ Yes ☐ No **Defendant** ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No **Caller:** Neighbor

Weapon Used: ☒ Yes ☐ No **Type:** Hands/Fists/Feet

Witness: Yes ☒ No **Name:** (Last) (First) (Middle)

Victim Pregnant: Yes ☒ No **If yes,** weeks months

Injuries: Yes ☒ No **Description:** Not Applicable

Medical Treatment: ☒ Yes ☐ No

At Scene: ☒ Yes ☐ No **Paramedics:** PBCFR #68 Run #PBC23070667

At Hospital: Yes ☒ No **Hospital:** **Doctor:**

Are Children Living in Home? Yes ☒ No **DCF Notified?** Yes No

Name: **DOB:**

Name: **DOB:**

Name: **DOB:**

Injunction Yes ☒ No **Case #:**

No Contact Order Yes ☒ No **Case #:**

Alcohol or Drugs Yes ☒ No **Unknown**

Prior History of Domestic/Dating Violence ☒ Yes ☐ No

Defendant's Statements Yes ☒ No **If yes,** written recorded oral

First words Defendant said when you responded to scene: Oh it is the cops

Victim's Statements ☒ Yes ☐ No **If yes,** written ☒ recorded oral

First words Victim said when you responded to scene: It's okay, It's okay, It's okay

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes ☒ **No** ☐ **If yes, name:** **phone:**

Observations of Victim (Physical & Emotional)

☒ Upset ☒ Crying ☒ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

Complained of pain **Other**

Victim Contact Information: (Last) DINA-ANNE (first) LYONS

Local Address: 907 LAKESHORE DRIVE #210 LAKE PARK FL 33403,

Phone: 561-906-4315

Employer: (Name) (Employer Address)

Name of Relative: (Last) (First) **Phone:**

Address:

VICTIM NOTIFICATION FORM

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

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **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.
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**
- **Dating Violence**

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

1. Incident Report #: 23-078835 Agency: PBSO
Offense: Battery (Domestic)
Suspect/Offender: Name (Last) MERRILL (First) David (Middle) _____
D.O.B. 04/19/1968 Race: W Sex: M

2. Warrant #(s): _____
Name (Last, First) _____

3.a. Victim's name: DINA-ANNE LYONS D.O.B. 07/16/1970 Race: W Sex: F
Address: 907 LAKESHORE DRIVE #110 LAKE PARK FL 33403
City: LAKE PARK State: FL Zip: 33403
Home #: 561-906-4315 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
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: Name (Last, First) DINA-ANNE LYONS

Deputy's Name: D/S Galloway I.D. # 39654 Date: 06/15/23

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER MERRILL

David

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2023015632

Date: 06/15/2023

Specialist Name/ID: T.Howard/7185