50-2024-mm-006869AMB
0551467

3937

☒ Marsy's Law CVI FL. Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 — N

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 - 24-088102

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

Multiple Clearance Indicator: 1

Location of Arrest (including Name of Business): [redacted]

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/10/24	0123					

DEFENDANT

Name (Last, First, Middle): Butzer Lindsay Elizabeth

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	06/15/1991	5'06	143	Blue	Blonde	FAIR	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Married — Religion: Christianity — Indication of: Alcohol Influence ☐ Y ☐ N ☒ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]

Mobile Phone: (561)699-8981

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip)

Phone

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip)

Phone

Occupation: Veterinarian

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B326525917150, FL	[redacted]		Boca Raton, Florida	U.S.

CO-DEF

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

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

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Simple Battery	1	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		24-088102		NO BOND

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☒ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			~~24-088102~~ JV		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

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: 08/10/24

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

FILED PBC - GUN CLUB '24 AUG 10 AM 7:12

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): DS. Carmenate — I.D. #: 30553

Name Verification (Printed by Arrestee) (PRINT)

AUG 10 AM 4:05

Intake Deputy — I.D. # — Pouch #

Transporting Officer: DS. Carmenate — I.D. #: 30553 — Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 01/23 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

Juvenile: N

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 24-088102

Charge Type: Check as many as apply. [ ] 1. Felony [ ] 2. Traffic Felony [X] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Butzer Lindsay Elizabeth		W	F	06/15/1991

CHARGES

Simple Battery	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
Chambers	Timothy	Redfield	W	M	[redacted]

Local Address (Street, Apt. Number): [redacted] (City) (State) (zip) Phone: [redacted] Address Source: FL DL

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.
[ ] confessed to _____ admitting to the below facts.
[ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
[X] was found to have commited the below acts, resulting from my (described) investigation.

On the 10th day of August 2024 at 0123 [X] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

[X] **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

On the above date and time, Deputies responded to the above address in reference to a 9-1-1 hang-up later reclassified to a Simple Battery (Domestic).

Upon arrival, contact was made with the complainant (9-1-1 Caller), later identified as white female, Lindsay Butzer (Defendant). While speaking to Ms. Butzer, she appeared to be under the influence of an unknown alcoholic beverage. Ms. Butzer stated the following not verbatim upon asking fact-finding questions: On today's date, just prior to contacting 9-1-1, she and her husband, later identified as Timothy Chambers (Victim) were involved in a verbal dispute over their dogs pooping on their bed. As they were arguing, Ms. Butzer became extremely upset, grabbed the dog poop from the bed and threw it at Mr. Chambers, which landed on him.

Contact was also made with Mr. Chambers, who stated the following not verbatim: He and his wife, Ms. Butzer were involved in an altercation. Upon asking Mr. Chambers, he appeared reluctant to speak about it and stated he could not recall if she threw dog poop at him. Mr. Chambers was then asked once more if Ms. Butzer had thrown dog poop at him, he advised if she said she did, then she must have.

While speaking to Both parties, I noticed Mr. Chambers had what appeared to be dog poop (brown spots) on the left side of his pants near the waist area and on the right (chest area) of his shirt.

Mr. Chambers invoked Marcy's Law.

Incident captured on BWC.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
DS. Carmenate (ID #) 30553
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of August 20 24 by DS. Carmenate 30553
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

DLS C. [illegible] 36122
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Butzer Lindsay Elizabeth **DOB:** 06/15/1991 **Case #:** 24-088102

Name (Last, First)

Victim: Chambers Timothy **DOB:** [redacted] **Race:** W **Sex:** M

Relationship between Victim and Defendant: Spouse

Photographs: Scene Yes × No Victim Yes × No Defendant Yes × No

911 Call: × Yes No **Caller:** Butzer Lindsay Elizabeth

Weapon Used: Yes × No **Type:**

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

Victim Pregnant: Yes × No If yes, weeks months

Injuries: Yes × No **Description:**

Medical Treatment: Yes × No

At Scene: Yes × No **Paramedics:**

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:

Victim's Statements Yes × No If yes, written recorded oral

First words Victim said when you responded to scene:

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) Chambers (first) Timothy

Local Address:

Phone: [redacted]

Employer: (Name) (Employer Address)

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

Address:

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PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)
CASE INFORMATION FORM

Date:	Time:	Case #:
8/10/24	0137	24 088 102

CHECK ONE: ☑ PERSON CRIME ☐ PROPERTY CRIME ☐ NON-CRIME CASE

Deputy:	ID#:	Dist. / Div.	Phone:	Case Type/Offense/Crime (do not use signal code):
Arnott	36122	7	561-688-3000	Simple Battery

☑ Victim ☐ Witness • Name (Last, First, M.):	Race:	Sex:	D.O.B.:	Phone:
Timothy Chambers	W	M	[redacted]	

Victim/Witness Address: [redacted]

DEPUTY TO VERIFY AND CHECK APPLICABLE BOX(ES) – VICTIM/WITNESS TO INITIAL APPLICABLE SECTIONS – WRITE LEGIBLY

A ☑ VICTIM / WITNESS RIGHTS BROCHURE – ACKNOWLEDGEMENT

***BROCHURE TO BE PROVIDED TO ALL CRIME VICTIMS AND/OR WITNESSES* (PBSO #0147)**

I, [Initials TC], have received a copy of the Victim Rights Brochure and/or acknowledge I can view electronically via **www.pbso.org**.

B ☑ VICTIM NOTIFICATION (V.I.N.E.) – FOR CORRECTIONS TO CONTACT VICTIM UPON JAIL RELEASE

REQUIRED IF ARREST OR WARRANT FOR HOMICIDE, ATTEMPTED MURDER, SEXUAL OFFENSES, ATTEMPTED SEXUAL OFFENSES, STALKING, DOMESTIC/DATING VIOLENCE - TO INCLUDE ANY ASSAULT, AGG. ASSAULT, BATTERY, AGG. BATTERY, SEXUAL ASSAULT, SEXUAL BATTERY, STALKING, AGG. STALKING, VIOLATION OF NCO OR INJUNCTION, 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.

Suspect Name (Last, First, M.):	Race:	Sex:	D.O.B.:
Chambers, Timothy	W	M	7/26/88

I understand that I may be notified when the arrestee is released from PBSO custody at the phone number I provided above.
I request the following person be notified if I was not contacted (optional):

Name: _____ Address: _____ Primary Phone: _____
(Next of Kin/Neighbor/Friend/etc.)

(optional) I choose **NOT** to be notified when the arrestee is released from custody. [Initial_____]

Deputy to check one: ( ) ARREST or ( ) WARRANT #_____

C ☑ MARSY'S LAW – CONFIDENTIAL VICTIM INFORMATION – FL Constitution, Article 1, §16(b)

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, [Initials TC] request confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:
As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number and work and business addresses of me and my family be redacted from my records indefinitely, if my records are requested pursuant to a public records request.

D ☐ CONFIDENTIAL VICTIM INFORMATION – FS 960 – ONLY APPLIES TO SPECIFIC CRIMES LISTED BELOW

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, [Initials_____], as a victim (or spouse/former spouse) of **Harassment** (FSS 784.048(1)(a)), **Sexual Battery**, **Aggravated Child Abuse**, **Domestic Violence** (live together, lived together or have a child in common), **Aggravated Stalking** (FSS 784.048 (3)(4)), or **Aggravated Battery** (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

E ☐ AUTHORIZED RECORD EXEMPTION(S) - PUBLIC RECORDS ACT - FS 119.071(4)(d) – VERIFY EMPLOYMENT

CRIME OR NON CRIME REPORT - MUST FIT THE CRITERIA DESCRIBED

I, [Initials_____], attest that I am an individual exempt under FS 119.071(4)(d) (to include a spouse or child of), a current or former **Law Enforcement Officer, Firefighter, Justice or Judge, General Magistrate, Code Enforcement Officer, Child Enforcement Hearing Officer, State Attorney, Public Defender, U.S. Attorney, U.S. Judge, U.S. Magistrate**, or other authorized person and hereby request my information be redacted from public record.

CURRENT or FORMER exempt position: _____ Name of current or last agency: _____

SIGN BELOW

I have read and initialed the applicable section(s) and sign of my own free will (if a minor, a parent or guardian must sign):

MY SIGNATURE: X _____ Date: 8/9/24

Print Parent/Guardian/Next of Kin name (if applicable):

FILED PBC - GUN CLUB
'24 AUG 10 AM 7:12

Deputy Signature: _____ ID#: 36122

► *If Criminal Case:*
Scanned to Victim Advocate by ID#: _____

WHITE – CENTRAL RECORDS YELLOW – CORRECTIONS PINK – VICTIM/WITNESS

PBSO#0028 REV.09/23

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☒	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)	1-5
	☐	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024021485	**Date:** 8/10/2024
	Specialist Name/ID#: C. Daniels/ 30347