50-2024-mm-003782 AMB

J# 0549113

P# 3353

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 | N

OBTS Number:

ADMINISTRATIVE

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 0 16 - 24059476

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: None | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 4120 Main Street, Apt 4 Lake Worth, FL 33461

Location of Offense (Business Name, Address): 4120 Main Street, Apt 2 Lake Worth, FL 33461

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/05/24	1256					

DEFENDANT

Name (Last, First, Middle): Kinsey Sydni Elizabeth

Alias (Name, DOB, SID, Soc. #, Etc.):

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W - White, B - Black, I - American Indian, O - Oriental Asian: W	F	01/21/1995	5'04	125	Brown	Brown	Medium	Medium

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

Marital Status: Single | Religion: None | Indication of Alcohol Influence: ☐ Y ☒ N | Drug Influence: ☐ Y ☐ N

Local Address (Street, Apt. Number): 4120 Maine St Apt 2 (City): Lake Worth, FL (State): 33461 (Zip): | Mobile Phone: 561-584-2446 | 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: Unemployed

D.L. Number, State: K520785955210, FL [redacted] | INS Number: N/A | Place of Birth (City, State or Country): BOYNTON BCH Palm Beach County, FL | Citizenship: U.S.A.

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 ☐ parent ☐ guardian ☐ custodian ☐ other. To keep the juvenile Court Clerk's Office (Phone: (561) 355-4911) informed of any change of address, the parent was told: ☐ 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, D. Distribute, M. Manufacture, C. 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: Battery (Domestic) | Counts: 01 | Domestic Violence: ☐ Y ☐ N | Statute Violation Number: 784.03(1a1) | Violation of ORD #:

Drug Activity: N | Drug Type: N | Amount - Unit: None | Offense #: 24059476 | Warrant - Capias Number: | Bond:

CHARGE

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

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

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

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: 05/05/24

I consent to receive text notifications 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 respond to or cancel via the text message system at I choose. Signature:

ADMIN

HOLD for other agency:

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Intake Deputy: I.D. #: Pouch #:

Signature of Arresting Officer: x D/S M. Avila #25488

Name of Arresting Officer - Print: D/S M. Avila I.D. #: 25488

Transporting Officer: D/S M. Avila I.D. #: 25488 Agency: PBSO

Name Verification (Printed by Arrestee): PRINT:

MAY 5 PM 2:17

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

OBTS Number | 1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias | 1 | Juvenile N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 24059476

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
Kinsey, Sydni, Elizabeth		W	F	01/21/1995

CHARGES

Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Pysher, Nicholas, Eugene	W	M	01/20/1996

Local Address (Street, Apt. Number, City, State, Zip)	Phone	Address Source
4120 Maine St Apt 2, Lake Worth, FL 33461	(561) 262-7147	FL DL

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

PROBABLE CAUSE STATEMENT

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 me _____ 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 5th day of May 20 24 at 1102 [X] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

[ ] Marsy's Law (M) FL. Const. Art. I, § 16(b)

On Sunday, May 5th, 2024 at approximately 1102 hours, I responded to 4120 Maine Street, Apt 2, Lake Worth, FL 33461 in reference to a domestic disturbance. According to PBSO operators, the complainant, Nicholas Pysher (DOB: 01/20/1996) claimed that his girlfriend, Sydni Kinsey came after him.

Upon arrival, I activated my PBSO-issued body-worn camera prior to exiting my patrol vehicle. I then made contact with Nicholas Pysher at the park across the street from the residence who explained the following (not verbatim):

He and his girlfriend, Sydni Kinsey have been in a dating relationship for 10 years and they currently reside together. He believes Sydni Kinsey has been diagnosed with schizophrenia. While he was outside, Sydni Kinsey walked outside, grabbed a leaf, and shoved the leaf into his mouth. He then called 911. He did not know where Sydni Kinsey was at this time however, she was last seen outside the residence.

While speaking with Nicholas Pysher, he pulled down his bottom lip where I could see he had a visible cut and bruising on the inside of his bottom left lip. Once I asked Nicholas Pysher to provide a sworn statement and allow me to take photos, he refused and became uncooperative. I then made contact with a neighbor who advised that he observed the verbal altercation between Nicholas Pysher and Sydni Kinsey outside their residence and at one point heard, Sydni Kinsey yelling at Nicholas Pysher to eat something however, he did not see any physical altercation.

Based on the above information gathered, I developed probable cause to charge Sydni Kinsey with Battery, pursuant to F.S.S.784.03(1a1).

While deputies were on-scene conducting a standby for Nicholas Pysher, a neighbor ran over to deputies and advised that Sydni Kinsey just run into his apartment and was inside his shower. Sydni Kinsey was called out of the apartment and placed under arrest.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S M. Avila D/S M. Avila #25488 I.D.#: 25488
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of May 20 24 by D/S M. Avila 25488
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification.) Type of identification produced: KNOWN Law Enforcement Officer

D/S R. Cooper (ID# 8222) D/S R Cooper
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: (Name: Last, First, Middle) Kinsey Sydni Elizabeth DOB: 01/21/1995 Case #: 24059476

Victim: (Name: Last, First) Pysher Nicholas DOB: 01/20/1996 Race: W Sex: M

Relationship between Victim and Defendant: Boyfriend / Girlfriend

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

911 Call: × Yes No Caller: Pysher Nicholas Eugene

Weapon Used: Yes × No Type:

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

Victim Pregnant: Yes × No If yes, weeks months

Injuries: × Yes No Description: Abrasion/Bruise

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) Pysher (first) Nicholas

Local Address:

Phone: (561) 262-7147

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 #:

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

Deputy:	ID#:	Dist. / Div.	Phone:	Case Type/Offense/Crime (do not use signal code):

☐ Victim ☐ Witness • Name (Last, First, M.):	Race:	Sex:	D.O.B.:	Phone:

Victim/Witness Address:	City/State/Zip

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_____], 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.:

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_____] 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):

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

MY SIGNATURE: X_____ Date: _____

Deputy Signature: _____ ID#: _____

► *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)	
	☐	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: 2024012117	**Date:** 5/6/2024
	Specialist Name/ID#: T. Howard/7185