

0165054

1302

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number <b>0502300</b>		Agency Name <b>North Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>7, 0   18-000535</b>	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) <b>400 US HWY 1, NPB, 33408</b>					Location of Offense (Business Name, Address) <b>400 US HIGHWAY 1, NORTH PALM BEACH, FL 33408</b>					
Date of Arrest <b>07/17/2018</b>	Time of Arrest <b>01:40</b>	Booking Date <b>07/17/2018</b>	Booking Time <b>01:50</b>	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>LYTAL, CHRISTOPHER TODD</b>					Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>W M</b>	Date of Birth <b>01/11/1973</b>	Height <b>6'02</b>	Weight <b>180</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BROWN</b>	Complexion <b>MEDIUM</b>	Build <b>Medium</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>S</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>414 HARBOUR RD, WEST PALM BCH, FL 33408</b>			(City)	(State)	(Zip)	Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>		
Permanent Address (Street, Apt. Number) <b>414 HARBOUR RD, WEST PALM BCH, FL 33408</b>			(City)	(State)	(Zip)	Phone		Address Source <b>FL/DL</b>		
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation		
D/L Number, State <b>L340118730110 / FL</b>		Soc. Sec. Number	DNS Number		Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
<input type="checkbox"/> Parent <input type="checkbox"/> Other	Name (Last, First, Middle)			Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone	
<input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)			Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Held/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
Released To: (Name)		Relationship	Date	Time						
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.					School Attended		Grade			
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property		Value of Property		
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Struggle 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 <b>DISORDERLY CONDUCT - DISORDERLY INTOXICATION</b>					Statute Violation Number <b>856.011</b>	Violation of ORD #				
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond <b>OK</b>		
Charge Description <b>RESIST/OBSTRUCT OFFICER W/O VIOLENCE</b>					Statute Violation Number <b>843.02</b>	Violation of ORD #				
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond <b>OK</b>		
Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By		Released By		Released To	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					Date Transported		Time Transported		Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>08/08/2018 10:30:00</b>		No Photo Available	
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)					
Signature of Arresting Officer					Date Signed					
HOLD for Other Agency					Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest					Name of Arresting Officer (Print) <b>MIZE, M.</b>		LD. # <b>9762</b>		(PRINT)	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Transporting Officer <b>MICHAEL S. MIZE</b>		LD. # <b>9762</b>		Agency <b>NPBPD</b>	
Intake Deputy <b>D. Thompson</b>					Pouch # <b>1302</b>		PAGE <b>1 OF 1</b>		Witness here if subject signed with an "X":	

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P.I.O.  DEFENDANT

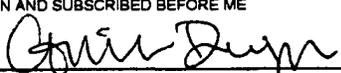
SCANNED 17 AM 4:21  
JUL 24 2018.

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTs Number		Agency ORI Number <b>FL 0502300</b>		Agency Name <b>NORTH PALM BEACH POLICE</b>		Agency Report Number <b>7 0 18-000535</b>	
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) <b>LYTAL, CHRISTOPHER TODD</b>		Race <b>W</b>	Sex <b>M</b>
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other						Date of Birth <b>01/11/1973</b>	
C H A R G E S	Charge Description <b>856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION</b>				Charge Description <b>843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE</b>			
	Charge Description				Charge Description			
	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>				Race	Sex	Date of Birth	
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>560 US HIGHWAY 1, NORTH PALM BEACH, FL 33408</b>				Phone <b>(561) 848-2525</b>		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
	<p>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.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>16</b> day of <b>July</b>, <b>2018</b> at <b>22:34</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 07/16/2018 at approximately 22:34 I was assisting on a medical call at 400 US Hwy 1 (Frigates Restaurant) in North Palm Beach. While on that call of a deceased person, I was approached by a taxi cab driver (FRANCOIS TELIUS, DOB, 07/15/1958) who informed me that he had a patron in his cab that had threatened him and was refusing to exit the cab.</p> <p>Upon speaking to the patron, (later identified as, CHRISTOPHER TODD LYTAL, DOB, 01/11/1973) he appeared to be very intoxicated. When I asked why he would not get out of the cab, he replied because he didn't have to. I went on to inform Mr. Lytal that his cab fare was paid and the driver was trying to take him home.</p> <p>Due to his refusal to exit the cab at his destination, the cab driver requested our assistance. I asked Mr. Lytal to exit the cab and offered to take him home and he refused. In uniform I identified myself as a Police Officer and again asked him to exit the cab. Again, he refused and stated "fuck you, I don't have to". Mr. Lytal was advised one more time to exit but again refused. At this point with no other options, Mr. Lytal had to be physically removed from the cab with passive resistance, and placed under arrest.</p> <p>He was handcuffed (double locked) and searched prior to being placed in my patrol vehicle. Once in the patrol vehicle he passed out, so he was transported to Palm Beach Gardens Medical Center Emergency Room for medical clearance as a precaution. Once at the ER, he became belligerent with medical staff and pulled out his "iv". He was eventually cleared medically and transported to the Palm Beach County Jail.</p> <p>Based on the above information and circumstances; CHRISTOPHER TODD LYTAL, DOB, 01/11/1973, was arrested and charged with Disorderly Intoxication and Resisting Officer without Violence</p>							
SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING/INVESTIGATING OFFICER				
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>7/17/18</b> DATE				<b>MIZE, MICHAEL (9762)</b> NAME OF OFFICER (PLEASE PRINT) <b>07/17/2018</b> DATE				
				PAGE <b>1 OF 1</b>				

SCANNED  
JUL 24 2018



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<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"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<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"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018023779	Date: 7/17/2018
	Specialist Name/ID: M.Williams/6480

SCANNED  
JUL 24 2018