

0467616 / 204

ADMINISTRATION	OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1 Arrest 3 Request for Warrant 2 N.T.A. 4 Request for Capias		1	Juvenile	N	
	Agency ORI Number <b>FL 0500300</b>			Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-18-032583</b>					
	Charge Type. Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type		Multiple Clearance Indicator <b>02</b>			
	Location of Arrest (Including Name of Business) <b>2815 S. Seacrest Blvd., Boynton Beach, FL 33435</b>						Location of Offense (Business Name, Address) <b>2815 S. Seacrest Blvd., Boynton Beach, FL 33435</b>					
DEFENDANT	Date of Arrest	06/23/2018	Time of Arrest	0109	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
	Name (Last, First, Middle) <b>Lewallen, David Wayne</b>				Alias (Name, DOB, Soc Sec #, Etc)							
	W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/25/1960</b>	Height <b>5'11</b>	Weight <b>200</b>	Eye Color <b>Brown</b>	Hair Color <b>Grey</b>	Complexion <b>Fair</b>	Build <b>Medium</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status <b>Single</b>	Religion <b>Christian</b>	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> <input type="checkbox"/>		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Local Address (Street, Apt Number)			(City)	(State)	(Zip)	Phone ( ) - ( )		Residence Type 1 City 3. Florida 2 County 4 Out of State		<b>2</b>	
	Permanent Address (Street, Apt Number) <b>At Large</b>			(City)	(State)	(Zip)	Phone ( ) - ( )		Address Source <b>- UNK</b>		<b>FL DL</b>	
	Business Address (Street, Apt Number)			(City)	(State)	(Zip)	Phone ( ) - ( )		Occupation <b>Unemployed</b>			
	DL Number, State <b>L450-179-60-265-0</b>				INS Number		Place of Birth <b>Cincinnati OH</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			
CO-DEF	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone									
	<input type="checkbox"/> Legal Custodian		Business Phone									
	<input type="checkbox"/> Other											
	Address (Street, Apt Number)			(City)	(State)	(Zip)						
	Notified by (Name)			Date	Time	Juvenile Disposition 1 Handled/Processed within Dept. and Released 2 TOT HRS/OYS 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 561-355-2526) informed of any change of address						School Attended		Grade			
	<input type="checkbox"/> Yes, By (Name)		<input type="checkbox"/> No (Reason)									
	Property Crime?	Description of Property		Value of Property								
	Yes <input type="checkbox"/> No <input type="checkbox"/>											
JUVENILE	Drug Activity	S Sell N N/A P Possess	R Smuggle B Buy D Deliver T Traffic	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 Intoxication</b>		Counts	1	Domestic Violence	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number	856.011		Violation of ORD#		
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number							
	N	N	N	18-032583								
	Charge Description <b>Resisting Arrest Without Violence</b>		Counts	1	Domestic Violence	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number	843.02		Bond <b>500.00</b>		
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number							
	N	N	N	18-032583								
	Charge Description		Counts		Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number			Bond <b>500.00</b>		
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number							
CHARGE	Charge Description		Counts		Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number			Violation of ORD#		
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number							
	Charge Description		Counts		Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number			Violation of ORD#		
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number							
	Charge Description		Counts		Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number			Violation of ORD#		
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number							
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>									
	<input type="checkbox"/> Instruction No 2 You need not appear in Court but must Comply with instruction on reverse side		Court Date and Time Month <b>July</b> Day <b>26</b> Year <b>2018</b> Time <b>8:30</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> 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 <b>06/23/2018</b>					
	HOLD for other Agency Name		Signature of Arresting Officer <b>T. Posey</b>			Name Verification (Printed by Arrestee) (PRINT) <b>BU#111391</b>						
	<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		<input checked="" type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			Name of Arresting Officer (Print) <b>T. Posey</b>			ID # <b>1104</b>		Page <b>11 OF 11</b>	
	Make Deputy ID # <b>DS Collins 7627</b>		Pouch #			Transporting Officer <b>T. Posey</b>			ID # <b>1104</b>		Agency <b>BBPD</b>	
	Witness here is subject Signed with an "X"											
	ADMIN	<b>SCANNED</b>										
<b>JUN 24 2018</b> JUL 2 4 45 2018												

OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile	N
2 NTA		4 Request for Capias						
Agency ORI Number FL 0600300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-032583				
Charge Type Check all that Apply		Special Notes						
<input type="checkbox"/> 1 Felony		<input checked="" type="checkbox"/> 3 Misdemeanor		<input type="checkbox"/> 5 Ordinance				
<input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 6 Other				
Name (Last, First, Middle) Lewallen, David Wayne				Race W	Sex M	Date of Birth 07/25/1960		
Charge Description Disorderly Intoxication		Charge Description Resisting Arrest Without Violence						
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) State of Florida				Race	Sex	Date of Birth		
Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone	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								
<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								
<input type="checkbox"/> Confessed to								
Admitting the below facts								
<input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation								
On The 23rd Day Of June 2018 At 12:54								
<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.								

I responded to Bethesda Memorial Hospital located at 2815 South Seacrest Boulevard, Boynton Beach, Florida, 33435 in reference to a general disturbance. Caller stated a W/M was refusing to leave the main entrance of the hospital. Upon arrival, I made contact with W/M David Lewallen (DOB 7/25/1960) and G4S security guard B/M Yvenson Estime (DOB 9/24/1996), who was a witness to the incident.

Lewallen had a strong smell of alcohol emitting from his persons and was belligerent, yelling obscenities and causing a disturbance that was witnessed by the public. I attempted to obtain Lewallen's identifying information; however Lewallen tried walking away from me yelling more obscenities. Lewallen was directed to sit down at which point he stated he was "fed up" and he "wanted to kill himself". Because of his suicidal statements and aggressive demeanor towards officers, I attempted to handcuff Lewallen and place him into protective custody; however Lewallen began to actively resist by pulling away from me and refusing to be handcuffed. I was finally able to gain control of Lewallen and he was placed under arrest without further incident.

Based on the above circumstances, I have probable cause to arrest David Lewallen for Disorderly Intoxication pursuant to Florida State Statute 856.011. Lewallen was additionally charged with Resisting Arrest Without Violence pursuant to Florida State Statute 843.02.

Estime provided a sworn statement which was captured via my body worn camera and provided with a BBPD case card. Lewallen was transported to BBPD for processing and later transported to Palm Beach County Jail where he was turned over to the care and custody of deputies. It should be noted, Lewallen's rough arrest was marked as suicidal. The entire incident was captured via my body worn camera.

The foregoing instrument was sworn to or affirmed and subscribed before me

  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

06/23/2018

Date

  
(Signature of Arresting / Investigative Officer)

T. Posey

(Print name of Arresting/Investigative Officer)

06/23/2018

Date

SCANNED

JUN 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: 2018020847	Date: 6/24/2018
	Specialist Name/ID: L.Rouse/ #6673

SCANNED  
JUN 24 2018