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ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				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>34-18-000655</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>2105 SW Lake Circle Drive, Boynton Beach, FL 33426</b>					Location of Offense (Business Name, Address) <b>2105 SW Lake Circle Drive, Boynton Beach, FL 33426</b>						
Date of Arrest <b>01/03/2018</b>	Time of Arrest <b>2153</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>N/A</b>					
Name (Last, First, Middle) <b>Davis, Deven Michael</b>											
Race <b>W</b>		Sex <b>M</b>	Date of Birth <b>04/18/1990</b>	Height <b>5'06</b>	Weight <b>135</b>	Eye Color <b>Blue</b>	Hair Color <b>Blonde</b>	Complexion <b>Fair</b>	Build <b>Medium</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Tattoos on his left ribs</b>					Marital Status <b>Single</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
Local Address (Street, Apt. Number) <b>2105 SW Lake Circle Drive</b>		(City) <b>BOYNTON BEACH</b>	(State) <b>FL</b>	(Zip) <b>33426</b>	Phone ( ) - ( ) - ( )	Residence Type 1. City 3. Florida 2. County 4. Out of State		<b>1</b>			
Permanent Address (Street, Apt. Number) <b>SAME AS ABOVE</b>		(City)	(State)	(Zip)	Phone ( ) - ( ) - ( )	Address Source <b>VERBAL</b>					
Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ( ) - ( ) - ( )	Occupation <b>UNEMPLOYED</b>					
D/L Number, State <b>D120173901380</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth <b>Louisville, KY</b>		Citizenship <b>USA</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 Name (Last) (First) (Middle)		Residence Phone		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other					
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone						
Notified by: (Name)		Date	Time	Juvenile Citation		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 <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: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property			Value of Property		<b>FOR LEE CO</b>				
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver	K. Dispense/ Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>DOMESTIC BATTERY</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation of ORD#					
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount/Unit <b>N/A</b>	Offense # <b>18-000655</b>	Warrant/Capias Number		<b>NO BOND</b>				
Charge Description <b>FTA WARRANT LEE COUNTY</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>843.15.1BFTA</b>		Violation of ORD#					
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount/Unit <b>N/A</b>	Offense # <b>18-000655</b>	Warrant/Capias Number <b>12101097</b>		Bond <b>10,100</b>				
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		Bond				
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		Bond				
<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	Day	Year	Time	<input 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					
HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>			Name Verification (Printed by Arrestee) (PRINT)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>V. ADEA</b>			I.D.# <b>980</b>		BU# 110284 JAN 4 AM 1:54 Page				
Intake Deputy <b>D/S J. THOMAS #7956</b>		Transporting Officer <b>V.ADEA</b>			I.D.# <b>980</b>		Agency <b>BBPD</b>		Witness here is subject Signed with an "X".		

SCANNED  
JAN 04 2018



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY**



On the 03 day of January 2018 at 2125  
 Subject: Davis, Deven Michael DOB: 04/18/1990 Case #: 18-000655  
 Charge Description: DOMESTIC BATTERY Statute #: 784.03(1)(a)(1)  
 Victim: DAVIS, RONALD D. DOB: 07/09/1959 Race: WHITE Sex: MALE  
 Local Address: [REDACTED]  
 Personal Contact: 561-201-3562

Narrative:  
 I responded to [REDACTED] in reference to a domestic battery.

On arrival, I met with Ronald D. Davis, who was standing in the kitchen of his residence. Ronald advised that his son, later identified as Deven Michael Davis, struck him several times in the body and one time in the face with closed fists. Ronald Stated the verbal altercation with Deven was over a picture that Deven's sister, Lacy Davis, sent to Deven via text message, at which time Deven started to act erratically and began to punch Ronald.

A visual inspection of Ronald's face yielded a large cut under his right eye and he was bleeding profusely. I captured photographs of Ronald's person which were subsequently submitted to Digital Acquire. Boynton Beach Fire Personnel arrived on scene to provide assistance to Ronald's injury; however, Ronald declined to go to Bethesda Memorial Hospital. Ronald provided a sworn statement on my body worn camera detailing the incident (00:30 - 03:00).

Contact was made with Ronald's wife, later identified as Stephanie Davis, who advised while she was in her bedroom she could hear a loud verbal argument between Ronald and Deven. When Stephanie went to the living room she observed Deven face to face with Ronald. Stephanie stated Deven was upset about the picture that Lacy sent him at which time he began to physically strike Ronald. Stephanie advised during the physical altercation Ronald told her not to call the police because he would handle the situation. Stephanie said she went back to her bedroom to hide; however, thirty (30) minutes later Stephanie decided to call the police because Ronald told her he could not see out of his eyes. A visual inspection of Stephanie's face and arms yielded no swelling, discoloration, scratches, or lacerations. Stephanie provided a sworn statement on my body worn camera detailing the incident (04:00- 07:51).

I then made contact Deven, who advised he was drinking throughout the day while at his residence. Deven stated at 2100 hours he started to feel the effect of the alcohol, at which time he began acting out towards Ronald. Deven stated Lacy sent a picture of Deven via text message to Devon's cellphone. After he received the picture text, Deven began to question Ronald about his childhood. During the questioning, Deven stated his "subconscious mind told him to hurt Ronald."

A visual inspection of Deven's face and arms yielded no swelling, discoloration, scratches, or lacerations. I captured photographs of Deven's person which were subsequently submitted to Digital Acquire. It should be noted that during my interaction with Deven, an alcoholic odor was emanating from his person. Deven provided a sworn statement on officers' body worn camera detailing the incident.

Ronald signed an Exemption From Public Records Disclosure and was provided with a Domestic Violence Victim's Pamphlet and case card for future reference. An FCIC/NCIC records check for outstanding warrants was conducted on Ronald and Stephanie, yielding negative results; however, an NCIC/FCIC records check for outstanding warrants on Deven yielded positive results. Deven is wanted for misdemeanor Failure To Appear, originating from Lee County Sheriff's Office (Warrant # 12101097).

Defendant's Statement: Taped

Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Ronald was visibly upset and possessed a large cut under his right eyes.

Relationship Between Victim and Suspect:

Father and son who reside together.

NOT A CERTIFIED COPY

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JAN 04 2018

Photographs: Scene:  Yes  No  
 Victim:  Yes  No  
 911 Call:  Yes  No Caller: Stephanie Davis  
 Tape Requested:  Yes  No  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witnesses:  Yes  No  
 Injuries:  Yes  No  
 Medical Treatment:  Yes  No  
 At Scene  Yes  No Paramedics: BBFD  
 At Hospital  Yes  No Physician(s): \_\_\_\_\_  
 Hospital: \_\_\_\_\_

Act Committed In Presence Of Minor(s):  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 F.D.C.F. Notified:  Yes  No Victim Pregnant:  Yes  No  
 Violation Of Restraining Order:  Yes  No Case #: \_\_\_\_\_  
 Prior History Of Domestic Violence:  Yes  No  
 Alcohol Or Drugs Involved:  Yes  No  Unknown

**Victim Contact Information:**

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Employer: Retired  
 Relative Name: Stephanie Davis Phone: 4044327896  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_

State Of Florida  
 County Of Palm Beach

Appeared before me, V. Adea, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

 #980  
 Signature Of Arresting Officer

Sworn to and subscribed to me before this 03 day of JAN, 2018

 #925  
 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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**JAN 04 2018**

**VICTIM NOTIFICATION FORM**

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

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

1. Incident Report #: 18-000655 Agency: Boynton Beach Police Department  
 Offense: DOMESTIC BATTERY  
 Suspect/Offender: Davis, Deven Michael  
 DOB: 04/18/1990 Race: W Sex: MALE

2. Warrant # (s): \_\_\_\_\_

3. Complete one (1) of the following:

A. Victim's Name: DAVIS, RONALD D.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

B. Victim's Next of Kin: Stephanie Davis  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Home #: 4044327896 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

C. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify):  
 \_\_\_\_\_

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.**

Signature of Victim: \_\_\_\_\_

Printed Name of Victim: DAVIS, RONALD D.

Officer's Name: V. Adea I.D.# 980 Date: 01/03/2018

SUSPECT/OFFENDER:

Davis, Deven Michael

COURT CASE/ WARRANT #:  
(FOR WARRANTS USE ONLY)

**SCANNED**  
**JAN 04 2018**