

J#0485056

17MM 1423 #3069

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. Required For Warrant 2. N.T.A. 4. Request For Capias		1 Juvenile	
CBTS Number		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06 17035274	
Agency ORI Number FLG 5 0 0 0 0 0							
Charge Type: Check as many as apply 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance 6. Other				# Weapon Seized Enter Type	
Location of Arrest (Including Name of Business) 4811 CARVER ST LAKE WORTH FL 33461							
Date of Arrest Feb 3, 2017	Time of Arrest 2320	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) GALVEZ FEVY							
Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 08/06/85	Height 5-00	Weight 100	Eye Color BROWN	Hair Color BROWN
Complexion LIGHT							
Build SMALL							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE							
Marital Status SINGLE		Religion NONE		Indication of Alcohol Influence Drug Influence Y N <input type="checkbox"/> <input checked="" type="checkbox"/>			
Local Address (Street, Apt. Number) 41 PICKWICK PARK DR E GREENACRES FL 33463							
State FL		Zip 33463	Phone 561-201-8910	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2			
Permanent Address (Street, Apt. Number)							
City		State	Zip	Phone	Address Source VERBAL		
Business Address (Street, Apt. Number)							
City		State	Zip	Phone	Occupation		
DL Number, State N/A		Social Security Number N/A		INS Number	Place of Birth GUATEMALA		Citizenship
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)					
Address (Street, Apt. No.) No Bond							
City							
State FL							
Business Phone							
Notified By (Name) No Bond		Date	Time	Juvenile Department: 1. Handcuffed/Assaulted 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 address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No. (Reason)							
School Attended							
Grade							
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					
Value of Property							
Drug Activity N. MA P. Possess 1. Traffic		S. Sell R. Smuggle B. Buy D. Deliver E. Use	K. Dispense/ Distribute M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. MA A. Amphetamine	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana
P. Paraphernalia/ Equipment		U. Unknown Z. Other					
Charge Description DOMESTIC -SIMPLE BATTERY							
Drug Activity N/A		Drug Type N/A	Amount/Unit	Offense # 17035274	Counts <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1A1)
Violation or ORD. #							
Drug Activity N/A		Drug Type N/A	Amount/Unit	Offense # 17035274	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Warrant/Capias Number							
Bond							
Violation or ORD. #							
Drug Activity		Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Warrant/Capias Number							
Bond							
Violation or ORD. #							
Drug Activity		Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Warrant/Capias Number							
Bond							
Violation or ORD. #							
Drug Activity		Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Warrant/Capias Number							
Bond							
Violation or ORD. #							
Location (Court, Address, Room Number)							
Court Date and Time							
Month	Day	Year	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>	1	
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 SCA DS LIZCANO				Date Signed 2/17/17			
Name SCA DS LIZCANO				Name Verification (Printed by Arrestee) 17			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			
Name of Arresting Officer SCA DS LIZCANO				ID # 19476			
Intake Deputy Cpl. Hardemon 4716				Transporting Officer FEB 04 DS LIZCANO			
ID # 4716				Agency PBSO			
Page 1 of 1							
Witness here if subject signed with an 'X'							

FEB 4 AM 12:37

OBTIS Number

PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For CapiasJuvenile

Agency ORI Number FLO 6 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17035274		
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____			Special Notes		
Defendant Name (Last, First, Middle) GALVEZ FEVY			Race W	Sex F	Date of Birth 08/06/85
Charge DOMESTIC -SIMPLE BATTERY		Charge			
Charge		Charge			
Victim Name (Last, First, Middle) DE LEON ERVIN			Race B	Sex W	Date of Birth 08/20/89
Local Address (Street, Apt. Number) 4805 CARVER ST		City LAKE WORTH FL 33461	State 	Zip 	Phone 561-502-2200
Business Address (Street, Apt. Number)		City	State	Zip	Phone
Occupation					
<p>The undersigned 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 type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>					
On the	03	day of	FEB	20 17 at 11:32	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

ON 02/03/16 AT APPROX 2300 HRS I WAS DISPATCHED TO 4805 CARVER ST IN THE UNINCORPORATED AREA OF WEST PALM BEACH, PALM BEACH COUNTY, FL IN REFERENCE TO A DOMESTIC DISPUTE.

UPON MY ARRIVAL I MADE CONTACT WITH THE VICTIM, ERVIN B DE LEON, WHO STATED THAT HE AND HIS GIRLFRIEND OF ONE YEAR AND A HALF, FEVY GALVEZ, GOT INTO A VERBAL DISPUTE. ERVIN STATED THAT HE WAS AT HIS NEIGHBOR HOUSE AT 4811 CARVER ST; DRINKING A BEER WITH HIS NEIGHBOR. ACCORDING TO ERVIN, FEVY CAME KNOCKING ON THE DOOR IN A VERY AGGRESSIVE MANNER. AS SOON AS ERVIN OPENED THE DOOR FEVY SNATCHED HIS CHAIN FROM HIS NECK SCRATCHING HIM. HE THEN STEPPED OUT TO CALM HER DOWN BUT SHE STARTED BITING HIM. HE HAD A BITE MARK ON HIS LEFT AND RIGHT ARM. FEVY WAS HIGHLY INTOXICATED. SHE HAD A STRONG ALCOHOLIC SMELL COMING FROM HER PERSON. SHE HAD SLURRED SPEECH, BLOODSHOT EYES AND HAD HARD TIME KEEPING HER BALANCE WHEN STANDING. FEVY WAS VERY VAGUE STATING THE FACTS SURROUNDING THE INCIDENT. I CHECKED HER BODY FOR POTENTIAL MARKS BUT I OBTAINED NEGATIVE RESULTS.

PICTURES WERE TAKEN OF ERVIN'S INJURIES SUSTAINED DURING THE INCIDENT AND UPLOADED TO THE DOMESTIC VIOLENCE WEBSITE.

ERVIN REFUSED EMS.

AT THIS TIME BASED ON THE ABOVE INFORMATION THERE IS PROBABLE CAUSE FOR THE ARREST OF FEVY GALVEZ FOR SIMPLE BATTERY DOMESTIC VIOLENCE CONTRARY TO FSS 784.03(1A1).

The foregoing instrument was sworn to and affirmed before me this 03 day of FEB 20 17 , by:					
DS PHERSON 13024			DS LIZCANO 19476		
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) FEVY 13024			Name of Arresting/Investigating Officer 19476		
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Signature of Arresting/Investigating Officer		