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2882

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 19110650				
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Enter Type		Multiple Clearance Indicator 0 1				
Location of Arrest (Including Name of Business) 5600 ATLANTIC AVE DELRAY BEACH FL 33484				Location of Offense (Including Name of Business) 5600 ATLANTIC AVE DELRAY BEACH FL 33484						
Date of Arrest Sep 1, 2019	Time of Arrest 2202	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) Meek, Kyle, Earl				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 08/15/1990	Height 5'11	Weight 175	Eye Color BLUE	Hair Color BROWN	Complexion LIGHT	Build THIN		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO ON LEFT SIDE OF CHEST				Marital Status SINGLE	Religion CHRISTIAN	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>				
Local Address (Street, Apt. Number) 22054 BOCA PLACE DR APT 1024 BOCA RATON FL 33433		State	Zip	Phone 727-709-0492	Residence Type 1. City 2. County 3. Florida 4. Out of State		2			
Permanent Address (Street, Apt. Number) 22054 BOCA PLACE DR BOCA RATON FL 33433		State	Zip	Phone	Address Source					
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation				
D/L Number, State M200505902950		Social Security	INS Number	Place of Birth WEST PALMBEACH	Citizenship US					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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"/>			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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"/>			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)			Phone						
Address (Street, Apt. No.)		City	State	Zip	Business Phone					
Notified By (Name)		Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DAYS 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				School/Attended		Grade				
<input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)		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, Smuggle 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	P, Peripheral Equipment	U, Unknown Z, Other
Charge Description DOMESTIC BATTERY		Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(2) SA		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense # 19110650	Warrant/Capias Number		Bond NONE				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Location (Court, Address, Room Number)										
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/>										
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)				Date Signed						
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer SHANE ANDERSON		ID # 32400		Name Verification (Printed by Arrestee) (PRINT)				
Mute Deputy DS Thompson		Transporting Officer SHANE ANDERSON		ID # 32400		Agency PBSO				
Witness here if subject signed with an "X"						Page 1 of _____				

NOTIFICATION
REQUIRED

2019 SEP -2 AM 5

SCANNED
SEP 02 2019

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06 19110650				
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 _____			Special Notes				
Defendant Name (Last, First, Middle) Meek Kyle Earl						Race W	Sex M	Date of Birth 08/15/1990	
Charge DOMESTIC BATTERY			Charge						
Charge			Charge						
Victim Name (Last, First, Middle) PAIGE TISA						Race W	Sex F	Date of Birth 09/27/1994	
Local Address (Street, Apt. Number) 5558 WEST ATLANTIC AVENUE APT 207		City DELRAY BEACH	State FL	Zip 33484	Phone 561-		Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
The undersign 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 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 to the below facts.					<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.				
On the <u>1</u> day of <u>SEPTEMBER</u> 20 <u>19</u> at <u>2115</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

I was dispatch to 5600 Atlantic Ave in unincorporated Delray Beach in reference to a domestic battery. The anonymous caller stated that there was a female that was being assaulted by her boyfriend in a black jeep.

Upon my arrival I made contact with a w/f who I identified by her FL DL as Paige Tisa. Tisa was sitting in the front passenger seat of the jeep without a shirt on. I asked Tisa why she did not have a shirt on and she stated that her boyfriend had taken it off. while speaking to Tisa I observed that she had bruising on both sides of her neck as well as a swollen bloody lip. Tisa stated that she had an argument with her boyfriend. Tisa stated the argument began because she was going through his phone and became upset that Kyle had taken a screen shot of a message she sent him and then forwarded it to one of his friends. Tisa said that while they were arguing he requested that they enter his vehicle to have a conversation about it. Tisa said she refused to enter the vehicle and as he was attempting to push her towards the vehicle she fell into the car door causing her to hit her lip on the front passenger door. Tisa stated she does not remember how she obtained the scratches on her neck.

I made contact with a w/m who I identified by his FL DL as Kyle Meek, I asked Meek what transpired between him and Tisa and he refuse to cooperate. While speaking to Meek I observed that he had a open cut on his right pinkey. I asked how he received the cut and he stated that he happened when he was taking his luggage out of his vehicle.

Based on my investigation I found Meek's to be in violation of FSS 784.03(2)(1A)(2)

The foregoing instrument was sworn to and affirmed before me this <u>1</u> day of <u>SEPTEMBER</u> 20 <u>19</u> , by:	
<i>D/S G. Phillippe</i> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	SHANE ANDERSON Name of Arresting/Investigating Officer
<i>Phillippe 32410</i> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<i>[Signature]</i> Signature of Arresting/Investigating Officer
	32400
	Page <u>1</u> of <u>1</u>

SEP 02 2019

VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 single dwelling.)
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

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

1. Incident Report #: 19110650 Agency: Palm Beach County Sheriff's Office
Offense: DOMESTIC BATTERY
Suspect/Offender: Meek Kyle Earl
DOB: 08/15/1990 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: PAIGE TISA DOB: 09/27/1994 Race: W Sex: F
Address: 5558 WEST ATLANTIC AVENUE APT 207
City: DELRAY BEACH State: FL Zip: 33484
Home #: 385-544-478-687 Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request

(Check applicable boxes)

- Waiver: I choose not to be notified when the arrestee is released from custody.
- Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: SHANE ANDERSON ID #: 32400 Date: 9-1-19

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SCA
SEP 02

**PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER: 19110650

DEFENDANT'S NAME: Ryle Meek

DEFENDANT'S STATEMENT: YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: _____

VICTIM'S NAME: Raige Tisa

VICTIM'S STATEMENTS: YES NO (IF YES: WRITTEN TAPED ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Crying, Swollen Lips, Scratching on both sides of her neck

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: _____

PHOTOGRAPHS: SCENE: YES NO VICTIM(S): YES NO

911 CALL: YES NO WHO CALLED: Anonymous

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO

VICTIM PREGNANT: YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: N/A PHONE: _____

RELATIVE/FRIEND ADDRESS: _____

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SEP 02 2019



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)(l)	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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019028635	Date: 9/2/2019
	Specialist Name/ID: LaToya Rouse/ #6673

SCANNED
SEP 02 2019