

0330553

ARREST - NOTICE TO APPEAR

17mm6623 3057

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A. only) 4 0 17-008599		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 UNKNOWN WEAPON		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 2747 SW 6TH ST DELRAY BEACH				Location of Offense (Business Name, Address) 2747 SW 6TH ST, DELRAY BEACH, FL 33445			
Date of Arrest 05/30/2017	Time of Arrest 21:29	Booking Date 05/30/2017	Booking Time 21:39	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) YOCUM, LAWRENCE EDWARD JR				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 07/18/1979	Height 6'01	Weight 195	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT
Build MEDIUM				Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
Local Address (Street, Apt. Number) 2747 SW 6TH ST, DELRAY BEACH, FL 33445				Phone (561) 886-8744		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) 2747 SW 6TH ST, DELRAY BEACH, FL 33445				Phone (561) 886-8744		Address Source	
Business Address (Name, Street) MARIDIAN,				Phone		Occupation Processor	
D/L Number, State Y250525792580 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BALTIMORE MD	
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 Custodian <input checked="" type="checkbox"/> Other (1) NO BOND				Name (Last, First, Middle)			
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Residence Phone
Business Phone							
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/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							
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. Disperse/ 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 SIMPLE BATTERY (TOUCH OR STRIKE)						Statute Violation Number 784.03(1A1)	
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number						Bond	
Charge Description						Statute Violation Number	
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number						Bond	
Charge Description						Statute Violation Number	
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number						Bond	
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 checked="" type="checkbox"/> T.O.F. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By	
Transported By				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) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time			
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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Signature of Arresting Officer Name of Arresting Officer (Print) FERREIRO, DANIEL C. I.D. # 1100		Name Verification (Printed by Arrestee) (PRINT) MAY 31 AM 12:28 #30	
Intake Deputy PLS Williams 7/14 I.D. # Pouch #				Transporting Officer Ferreiro I.D. # 1100		Witness here if subject signed with an "X". PAGE 1 OF 1	

MAY 31

Ferreiro

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 05/30/2017 21:38		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-008599	
	Name (Last, First, Middle) YOCUM, LAWRENCE EDWARD JR						Race W	Sex M
C H A R G E S	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) SAVINO, TIFFANY LEE						Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 2747 SW 6TH ST, DELRAY BEACH, FL 33445				Phone (561) 702-5552		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
A D D I T I O N A L I N F O R M A T I O N	Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> DEFENDANT'S STATEMENTS:			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VICTIM'S STATEMENTS:			UPSET.				
N A R R	RELATIONSHIP BETWEEN VICTIM & SUSPECT CO-HABITANT							
	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: [REDACTED] WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: WOODEN CHAIR. WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/> AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES: H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/> VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>							
N A R R	This incident occurred in the City of Delray Beach, Palm Beach County FL.							
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. _____ 1100 SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>30th</u> day of <u>May</u> , <u>2017</u> . _____ #82 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. §17.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N I S T R A T I V E	Date/Time 05/30/2017 21:38	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-008599
	<p>On 5/30/17 at 8:40 PM I was dispatched to 2747 SW 6th St in reference to a domestic complaint. An [REDACTED] complainant, who did not want to provide any personal information, called 911 to report that a W/M, later identified as Lawrence Yocum Jr., and a W/F, later identified as Tiffany Savino, were yelling and causing a disturbance outside of this location. The caller also stated that both subjects appeared to be damaging each other's vehicle with a hammer.</p> <p>I made contact with Lawrence who stated the following: He and his girlfriend were outside at the pool during the day. They both had been drinking and were intoxicated. When they got back to their residence, they began to argue about Tiffany "partying" too much. Tiffany then went into a room where Lawrence keeps his belongings and she started throwing his stuff around the house. Tiffany then began to throw other items in the house including some glass and electronics. Lawrence went outside of the house to get away from Tiffany. While outside, Tiffany came out and Lawrence noticed that she was bleeding from her forehead but did not know how it happened. Lawrence denied ever physically touching Tiffany. Lawrence was grabbing some belongings to put in his vehicle and leave the house to leave his residence and that is when Tiffany started to damage his vehicle with a hammer.</p> <p>I made contact with Tiffany who stated the following: She and her boyfriend Lawrence were at the pool earlier in the day. They both came back to their residence and began arguing about an unknown reason. During the argument, Lawrence became angry and started throwing items around the residence. Lawrence managed to throw a wooden chair which struck Tiffany in the forehead causing a minor laceration. Lawrence also grabbed Tiffany by the arms and threw her on the ground causing a minor scrap on her left elbow. Lawrence then went outside to leave the area. Before Lawrence could leave, Tiffany damaged his vehicle with a hammer.</p> <p>It should be noted that Lawrence and Tiffany have been Co-Habitants for the past couple years and are currently in a relationship.</p> <p>Based upon the above facts probable cause exists to charge W/M Lawrence Yocum Jr. with one count of Domestic Battery per F.S.S. 784.03(1A1).</p>				
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p>_____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>30th</u> day of <u>May</u>, <u>2017</u>.</p> <p>_____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.