

0483220

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

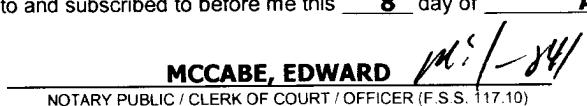
3331

OBTS Number			ARREST / NOTICE TO APPEAR						1 JUVENILE										
Agency ORI Number		Agency Name				Agency Report Number (N.T.A.'s only)													
0500400		Delray Beach Police Department				4 0 17-005698				Multiple Clearance Indicator 1									
Charge Type: S 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 Hands/fist/feet/teeth													
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) 502 NW 9TH ST, DELRAY BEACH, FL 33444																	
Date of Arrest 04/08/2017		Time of Arrest 19:59		Booking Date 04/08/2017		Booking Time 20:09		Jail Date // : :		Jail Time									
Location of Vehicle																			
Name (Last, First, Middle) LIVESAY, LYLE STEPHEN																			
Alias: 																			
Race W - White B - Black		Sex M		Date of Birth 09/11/1987		Height 6'00		Weight 190		Eye Color BLUE									
Marital Status M		Hair Color BROWN		Complexion LIGHT		Build MEDIUM													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																			
Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>																			
Local Address (Street, Apt. Number) 502 NW 9TH ST, DELRAY BEACH, FL 33444		(City)		(State)		(Zip)		Phone (404) 788-5543		Residence Type: 1. City 3. Florida 2. County 4. Out of State I									
Permanent Address (Street, Apt. Number) 502 NW 9TH ST, DELRAY BEACH, FL 33444		(City)		(State)		(Zip)		Phone (404) 788-5543		Address Source RMS									
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation Stockbroker									
D/L Number, State L120537873310 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) ATHENS, GA, United		Citizenship US											
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 <input type="checkbox"/> Other: _____		Name (Last, First, Middle)																	
<input type="checkbox"/> Legal Custodian		Residence Phone																	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone											
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION													
Released To: (Name)		Relationship		Date		1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated													
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.		Name (Last, First, Middle)		Date		School Attended				Grade									
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No:		Date		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. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other									
Drug Type N		Amount / Unit /		Offense # 17-005698		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		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)										Violation of ORD #							
Drug Activity N		Drug Type N		Amount / Unit /		Offense # 17-005698		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond			
Charge Description		Statute Violation Number										Violation of ORD #							
Drug Activity N		Drug Type N		Amount / Unit /		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond			
Charge Description		Statute Violation Number										Violation of ORD #							
Drug Activity N		Drug Type N		Amount / Unit /		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		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 type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Explain:																	
Transported By		Date Transported // : :		Time Transported		Released To													
<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 IF I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Date Signed										No Photo Available							
Signature of Defendant (or Juvenile and Parent Custodian)																			
HOLD for Other Agency				Signature of Arresting Officer STEED, DAVID				Name Verification (Printed by Arrestee) STEED, DAVID				Name Verification (Printed by Arrestee) STEED, DAVID							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				I.D. # 0944				(PRINT)							
Transporting Officer STEED, DAVID				I.D. # 944				Agency DBPD				PAGE 1 OF 1							
Witness here if subject signed with an "X".																			

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Date / Time 04/08/2017 21:43		Agency Name DELRAY BEACH POLICE DEPARTMENT			Agency Report Number 4 0 17-005698		
Agency ORI Number FL 0500400		Name (Last, First, Middle) LIVESAY, LYLE STEPHEN		Alias		Race W	Sex M
Name (Last, First, Middle) LIVESAY, LYLE STEPHEN		Alias				Date of Birth 09/11/1987	
Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
VICTIM INFORMATION							
<p>DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Oral</p> <p>VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING AND UPSET</p>							
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]							
<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> YES NO</p> <p>Victim: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER [REDACTED]</p> <p>WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE: [REDACTED]</p> <p>WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: [REDACTED]</p> <p>Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: [REDACTED]</p>							
<p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGE [REDACTED]</p> <p>H. R. S. NOTIFIED: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: [REDACTED]</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/></p>							
<p>The following incident occurred in the city of Delray Beach, Palm Beach County, Florida. On the above date and time, I was dispatched to [REDACTED] in reference to a domestic dispute. Upon my arrival, I met with [REDACTED] (complainant) who stated the following: she and [REDACTED], Lyle Livesay, had some of their friends and family over to their residence for an Easter Celebration.</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> 944</p> <p>SIGNATURE OF ARRESTING OFFICER</p>							
<p>Sworn to and subscribed to before me this <u>8</u> day of <u>April</u>, <u>2017</u>.</p> <p> MCCABE, EDWARD 105-1841</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>							

SCAN

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS 2017

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A	Date / Time
D	04/08/2017 21:43
M	
I	
N	

Agency ORI Number

FL 0500400

Agency Name

DELRAY BEACH POLICE DEPARTMENT

Agency Report Number

4 0 17-005698

N The party broke up and [REDACTED] and Lyle made plans to spend some time with their friends at another location.
 A The babysitter, [REDACTED] was going to watch their children, [REDACTED] until the couple's return
 R later that evening.

R Suddenly, Lyle announced that he was going to Ft. Lauderdale. One of Lyle's children, [REDACTED] started to cry.
 A [REDACTED] told Kyle to take his son, [REDACTED] with him. Lyle agreed and began to put the child seat inside his
 T vehicle that was parked inside the garage. Suddenly, for no apparent reason, Lyle became angry and removed the
 I child seat from his vehicle and threw it out the opened garage door where it landed on the front lawn.
 V

E Lyle and [REDACTED] began to have a verbal altercation. The altercation escalated to the point that Lyle shoved
 Lyle with both hands to the front of her chest causing her to fall back against the parked vehicle that was
 inside the garage as [REDACTED] looked on.

The couple continued to argue. [REDACTED] went into the living room and took out her cell phone and attempted to
 call the police. Lyle took [REDACTED]'s cell phone. A struggle ensued and Lyle started to yell and push [REDACTED].
 The babysitter observed the incident and got scared. She gathered the children and went upstairs into a
 bedroom and called the police.

At the scene, I spoke to all the parties involved to include: Lyle, [REDACTED] and [REDACTED]. I observed that a
 picture on the dining room wall was tilted as if there was a struggle and the picture got knocked around. The
 front of Lyle's shirt was torn as if he was in a physical altercation. He stated that [REDACTED] had grabbed him
 and tore his shirt.

I then spoke to [REDACTED]. She stated that Lyle attacked her. He pushed her in the chest and threw her to the
 floor. [REDACTED] then produced surveillance footage that shows Lyle wrestling with [REDACTED]. He is attempting to
 pull her phone away from her and at one point the video shows him picking her up and throwing her to the floor
 in the dining room. This is where [REDACTED] is knocked back against the picture and it gets tilted.
 I called for crime scene to photograph [REDACTED]. I then had [REDACTED] write a sworn statement and
 downloaded the surveillance video footage. I advised Lyle Livesay that he appears to be the primary
 aggressor.

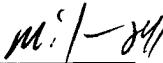
Based on the above facts, I find probable cause exists to charge, Lyle Livesay with FSS. 784.03(1) Domestic
 Simple Battery.

STATE OF FLORIDA
 COUNTY OF PALM BEACH

Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my
 investigation, are true.

 944
 SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8 day of April, 2017.

MCCABE, EDWARD 
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED

APR 09 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **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 single dwelling.)

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

1. Incident Report #: 17-005698 Agency: DBPD
Offense: Simple BATTERY
Suspect/Offender: LYIY LIVESAY
D.O.B. 9/11/87 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim:

Address:

City:

Home:

b. Victim's next of kin:

Address:

City:

State:

Zip:

Home #:

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.

SCANNED

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

APR 09 2017

Officer's Name: D STEED

I.D.: 844 Date: 4/8/17