

0483220

3331

## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 17-005698</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE			
D E F E N D A N T	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: <b>Hands/fist/feet/teeth</b>		Multiple Clearance Indicator <b>1</b>									
	Location of Arrest (Including Name of Business) <b>502 NW 9TH ST</b>						Location of Offense (Business Name, Address) <b>502 NW 9TH ST, DELRAY BEACH, FL 33444</b>							
	Date of Arrest <b>04/08/2017</b>		Time of Arrest <b>19:59</b>		Booking Date <b>04/08/2017</b>		Booking Time <b>20:09</b>		Jail Date <b>// ::</b>		Jail Time			
	Location of Vehicle													
J U V E N I L E	Name (Last, First, Middle) <b>LIVESAY, LYLE STEPHEN</b>													
	Alias:													
	Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>09/11/1987</b>		Height <b>6'00</b>		Weight <b>190</b>		Eye Color <b>BLUE</b>		Hair Color <b>BROWN</b>	
	Complexion <b>LIGHT</b>		Build <b>MEDIUM</b>		Marital Status <b>M</b>		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)													
	Local Address (Street, Apt. Number) <b>502 NW 9TH ST, DELRAY BEACH, FL 33444</b>						(City)		(State)		(Zip)		Phone <b>(404) 788-5543</b>	
	Permanent Address (Street, Apt. Number) <b>502 NW 9TH ST, DELRAY BEACH, FL 33444</b>						(City)		(State)		(Zip)		Phone <b>(404) 788-5543</b>	
	Business Address (Name, Street) <b>Stockbroker</b>						(City)		(State)		(Zip)		Phone	
	D/L Number, State <b>L120537873310 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>ATHENS, GA, United</b>		Citizenship <b>US</b>					
	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		
C O D E	Name (Last, First, Middle) <b>[REDACTED]</b>													
	Residence Phone													
	Address (Street, Apt. Number) <b>[REDACTED]</b>													
	(City) (State) (Zip)													
	Business Phone													
	Notified by: (Name)													
	Released To: (Name) Relationship													
	Date Time													
	JUVENILE DISPOSITION 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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No: <b>[REDACTED]</b>													
C H A R G E	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 <b>SIMPLE BATTERY(TOUCH OR STRIKE)</b>													
	Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #											
	Drug Activity		Drug Type		Amount / Unit		Offense # <b>17-005698</b>		Counts <b>1</b>		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		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
	Bond													
I N T A K E	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													
	Explain:													
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail													
	PROPERTY - Received By													
	Released By													
	Released To													
	Transported By													
	Date Transported <b>// ::</b>													
	Time Transported													
N O T I C E  T O A P P E A R	<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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>													
	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 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													
	HOLD for Other Agency													
	Name Verification (Printed by Arrestee) <b>[REDACTED]</b>													
	(PRINT)													
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspect		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>STEED, DAVID</b>		I.D. # <b>0944</b>		Agency <b>DBPD</b>					
	Pouch # <b>7136</b>		Transporting Officer <b>STEED, DAVID</b>		I.D. # <b>944</b>		Witness here if subject signed with an "X".							
	PAGE <b>1 OF 1</b>													

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

APR 09 2017

NEW 41142

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

AD MI N	Date / Time <b>04/08/2017 21:43</b>	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   17-005698</b>		
	Name (Last, First, Middle) <b>LIVESAY, LYLE STEPHEN</b>				Alias	Race <b>W</b>	Sex <b>M</b>
CH AR GE D ESC R I P T	Charge Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>						
	[REDACTED]						
V I C T I M	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>CRYING AND UPSET</b>			
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
A D D I T I O N A L I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]						
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input 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 type="checkbox"/> <input checked="" type="checkbox"/> TYPE: WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGE: [REDACTED] H. R. S. NOTIFIED: <input checked="" type="checkbox"/> <input 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 type="checkbox"/> <input checked="" type="checkbox"/>						
N A R R	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.						
	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.  _____ SIGNATURE OF ARRESTING OFFICER  Sworn to and subscribed to before me this <u>8</u> day of <u>April</u> , <u>2017</u> .  <u>MCCABE, EDWARD</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

SCAN

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME APR 10 2017

P.I.O.


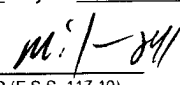
## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>04/08/2017 21:43</b>	Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 17-005698</b>
	<p>The party broke up and [REDACTED] and Lyle made plans to spend some time with their friends at another location. The babysitter, [REDACTED] was going to watch their children, [REDACTED] until the couple's return later that evening.</p> <p>Suddenly, Lyle announced that he was going to Ft. Lauderdale. One of Lyle's children, [REDACTED] started to cry. [REDACTED] told Kyle to take [REDACTED] with him. Lyle agreed and began to put the child seat inside his vehicle that was parked inside the garage. Suddenly, for no apparent reason, Lyle became angry and removed the child seat from his vehicle and threw it out the opened garage door where it landed on the front lawn.</p> <p>Lyle and [REDACTED] began to have a verbal altercation. The altercation escalated to the point that Lyle shoved [REDACTED] 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Based on the above facts, I find probable cause exists to charge, Lyle Livesay with FSS. 784.03(1) Domestic Simple Battery.</p>			

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.	
 SIGNATURE OF ARRESTING OFFICER	
Sworn to and subscribed to before me this <u>8</u> day of <u>April</u> , <u>2017</u> .	
<u>MCCABE, EDWARD</u>  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: LYLE LIVESLEY  
D.O.B. 9/11/87 Race: W Sex: M

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

3. Complete one (1) of the following:

a. Victim's  
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.

Signature of person waiving notification: \_\_\_\_\_  
Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: D STEED I.D.: 984 Date: 4/8/17

White-Warrants Division

Yellow-Corrections or State Attorney (Warrant Application)

Pink-Central Records

SUSPECT/OFFENDER: \_\_\_\_\_

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

SCANNED

APR 09 2017