

0488416

1054

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1 <input type="checkbox"/> Juvenile <input type="checkbox"/>	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 17-083474</b>			
Charge Type: 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		Multiple Clearance Indicator <b>0 1</b>			
Location of Arrest (Including Name of Business) <b>2138 BELLCREST CT ROYAL PALM BEACH FL 33</b>		Location of Offense (Including Name of Business) <b>2138 BELLCREST CT ROYAL PALM BEACH FL 33</b>					
Date of Arrest <b>May 29, 2017</b>	Time of Arrest <b>0245</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>CHANEY LYNDIA H</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W F</b>	Sex <b>F</b>	Date of Birth <b>02/12/1985</b>	Height <b>5'06"</b>	Weight <b>100</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>
Build <b>THIN</b>		Marital Status <b>MARRIED</b>		Religion <b>CHRIST</b>		Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> L	
Local Address (Street, Apt. Number) <b>2138 BELLCREST CT</b>		City <b>ROYAL PALM BEACH</b>	State <b>FL</b>	Zip <b>33411</b>	Phone <b>703-554-5236</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) <b>2138 BELLCREST CT</b>		City <b>ROYAL PALM BEACH</b>	State <b>FL</b>	Zip <b>33411</b>	Phone <b>703-554-5236</b>	Address Source <b>VERBAL</b>	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
DL Number, State <b>C-500-528-85-552-0 / FL</b>		Social Security Number		INS Number	Place of Birth <b>Fairfax, VA</b>	Citizenship <b>USA</b>	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <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)		Phone				
Address (Street, Apt. No.)		City	State	Zip	Business Phone		
Notified By (Name)		Date	Time	Juvenile Disposition: 1. Handled/Processed with Dept. and Released 2. TOT HUSBANDS 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 561-355-2538) 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. N/A P. Possess		B. Sell T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. N/A A. Amphetamines B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana P. Paraphernalia/ Equipment U. Unknown Z. Other
Charge Description <b>BATTERY - DOMESTIC</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1)</b>		Violation or ORD. #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit	Offense # <b>17-083474</b>	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	
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 checked="" 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			
HOLD for Other Agency		Signature of Arresting Officer <b>P. ECKES</b>		Name Verification (Printed by Arrestee) <b>19473</b>		(PRINT)	
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other		Arresting Officer <b>P. Eckes</b>		ID # <b>19473</b>		Page <b>1</b>	
Intake Deputy		ID #	Pouch #	Witness here if arrested with			

MAY 29 2017

OBS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest    3. Request For Warrant 2. N.T.A.   4. Request For Capias <b>1</b> Juvenile <input type="checkbox"/>	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 17-083474</b>	
Charge Type: <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		Special Notes			
Defendant Name (Last, First, Middle) <b>CHANEY LYNDA</b>		<b>H</b>		Race <b>W</b>	Sex <b>F</b> Date of Birth <b>02/12/1985</b>
Charge <b>BATTERY - DOMESTIC</b>		Charge			
Charge		Charge			
Victim Name (Last, First, Middle)		<b>W</b>		Sex <b>M</b>	Date of Birth <b>11/12/1979</b>
Local Address (Street, Apt. Number)		City		State	Zip
Business Address (Street, Apt. Number)		City		State	Zip
Phone		Occupation			
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. 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 <b>29TH</b> day of <b>MAY</b> 20 <b>17</b> at <b>0245</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM					

On May 29th 2017 I responded to [REDACTED] Royal Palm Beach FL 33411 In reference to a domestic dispute in progress.

Upon arrival I made contact with [REDACTED] (W/M 11/12/1979), who I immediately saw to have a worried look on his face and shielding his children while myself and other deputies asked about the current situation. [REDACTED] immediately stated that Lynda Chaney (W/F 02/12/1985) [REDACTED] had been drinking and was acting strange. [REDACTED] stated that Lynda had struck him multiple times in his chest and grabbed his wrists earlier in the morning when they got into an argument over her alcohol consumption. [REDACTED] stated that she became argumentative and threw food around their bedroom and then off their second floor balcony.

Lynda was then located in a laundry room crouched down behind a door hiding. When questioned about why she was hiding she stated that she was just trying to go to sleep. When asked about the events of the night prior to my arrival Lynda stated that there were no problems that night and she was just tired. Lynda stated that she had been drinking because of the holiday weekend. The smell of alcohol was present while asking Lynda about the events of the morning.

It was observed by myself and other deputies that there was food thrown around the master bedroom corroborating the statements made above by [REDACTED]. Dart photos were attempted but declined by the victim along with any sworn statements in relation to the incident. Red marks were observed on the victim during the initial interaction when he answered the front door, without a shirt on.

Based on the above facts of the case and statements provided initially and through investigation, I find defendant Lynda Chaney to be in violation of Florida State Statute 784.03(1) for unlawfully touching or striking [REDACTED] against his will.

The foregoing instrument was sworn to and affirmed before me this <b>29<sup>th</sup></b> day of <b>May</b> 20 <b>17</b> , by: <b>MAY 29 2017</b>		<b>SCANNED</b>	
<b>P. ECKES</b> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		<b>19473</b> Name of Arresting/Investigating Officer	
<b>[Signature]</b> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		<b>[Signature]</b> Signature of Arresting/Investigating Officer	
		Page <b>1</b> of <b>1</b>	

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause Affidavit)

Defendant: CHANEY LYNDA H DOB: 02/12/1985 Case #: 17-083474  
Victim: [REDACTED] DOB: 11/12/1979 Race: W Sex: M

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene ☐ Yes ☒ No Victim ☐ Yes ☒ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No Caller: NEIGHBOR

Weapon Used: ☒ Yes ☐ No Type: HANDS

Witness: ☐ Yes ☒ No Name: \_\_\_\_\_

Victim Pregnant: ☐ Yes ☒ No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries: ☒ Yes ☐ No Description: BRUISING

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: DECLINED

At Hospital: ☐ Yes ☒ No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are children living in the home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No

Name: [REDACTED] DOB: [REDACTED]

Name: [REDACTED] DOB: [REDACTED]

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Injunction: ☐ Yes ☒ No Case #: \_\_\_\_\_

No Contact Order: ☐ Yes ☒ No Case #: \_\_\_\_\_

Alcohol or Drugs: ☐ Yes ☐ No ☒ Unknown

Prior history of Domestic/Dating Violence ☒ Yes ☐ No

Defendant's statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☒ oral

First words Defendant said when you responded to scene: NOTHING HAPPENED AND I AM TIRED AND WANT TO GO TO S

Victim's statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☒ oral

First words Victim said when you responded to scene: SHE HAS BEEN DRINKING AND SHE STRUCK ME MULTIPLE TIMES

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

☐ Yes ☒ No If yes, name: \_\_\_\_\_ phone \_\_\_\_\_

Observations of Victim (Physical & Emotional): \_\_\_\_\_

☒ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☒ Nervous

☐ Complained of pain ☐ Other \_\_\_\_\_

Victim contact information: \_\_\_\_\_

Local Address: [REDACTED]

Phone: Home: [REDACTED] Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: [REDACTED]

Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

## 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 #: 17-083474 Agency: Palm Beach County Sheriff's Office  
Offense: BATTERY - DOMESTIC  
Suspect/Offender: CHANEY LYNDA H  
DOB: 02/12/1985 Race: W Sex: F

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

3.a. Victim's Name: [REDACTED] DOB: 11/12/1979 Race: W Sex: M  
Address: [REDACTED]  
City: [REDACTED]  
Home #: [REDACTED] 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: P. ECKES ID #: 19473 Date: 5/29/17

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #