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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

juvenile

CBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report										1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias								
Agency ORU Number FLO 5 0 0 0 0 0			Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06			17-083474			1. Juvenile									
Charge Type: Check as many as apply			<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			<input type="checkbox"/> If Heaps Seized <input type="checkbox"/> Enter Type			Multiple Clearance Indicator 0 1									
Location of Arrest (Including Name of Business) 2138 BELLCREST CT			ROYAL PALM BEACH FL 33411			Location of Offense (Including Name of Business) 2138 BELLCREST CT			ROYAL PALM BEACH FL 33411												
Date of Arrest May 29, 2017		Time of Arrest 0245		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) CHANAY LYNDA H												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black D - Oriental/Asian		Sex W		Date of Birth 02/12/1985		Height 5'06"		Weight 100		Eye Color BLUE		Hair Color BROWN		Complexion LIGHT		Build THIN					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A												Marital Status MARRIED		Religion CHRIST		Indication of Alcohol Influence Drug Influence		Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 2138 BELLCREST CT			City ROYAL PALM BEACH			State FL		Zip 33411		Phone 703-554-5236		Residence Type: 1. City 2. County		3. Florida 4. Out of State		1					
Permanent Address (Street, Apt. Number) 2138 BELLCREST CT			City ROYAL PALM BEACH			State FL		Zip 33411		Phone 703-554-5236		Address Source		VERBAL							
Business Address (Street, Apt. Number)			City			State		Zip		Phone		Occupation									
DL Number, State C-500-528-85-552-0 / FL			Social Security Number [REDACTED]			INS Number			Place of Birth Fairfax, VA		Citizenship		USA								
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 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 HR/DOYS 3. Incarcerated									
Released To (Name)						Relationship				Date		Time									
The above address was provided by <input type="checkbox"/> defendant under <input type="checkbox"/> defendant's parole. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2329) 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. Posse		B. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispensed Distributes		M. Manufacture/ Product Culture		L. Other		Drug Type N. N/A A. Amphetamine		G. Hallucinates C. Cocaine E. Heroin		H. Hallucinogens M. Marijuana A. Heroin		I. Paraphernalia/ Equipment		J. Unknown Z. Other	
Charge Description		BATTERY - DOMESTIC				Offense # 17-083474		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)		Violation or ORD. #							
Drug Activity N	Drug Type N	Amount/Unit		Offense # 17-083474				Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant/Capias Number		Bond							
Charge Description								Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #							
Drug Activity	Drug Type	Amount/Unit		Offense #				Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant/Capias Number		Bond							
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Drug Activity	Drug Type	Amount/Unit		Offense #				Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant/Capias Number		Bond							
Location (Court, Address, Room Number)												2011 MAY 29 AM 11:58:53									
Court Date and Time												Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/> 11:58:53									
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 P. ECKES						Name Verification (Printed by Arrestee)									
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						Name of Arresting Officer P. ECKES						(PRINT)									
Inmate Deputy		ID #		Pouch #		Reporting Officer P. ECKES		ID # 19473		Agency		Page									
												Witness here if not acknowledged with a signature									

Date Signed:

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. 21

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Scanned with CamScanner

MAY 29 2017

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17-083474				
Charge Type <small>Check as many as apply</small>	<input checked="" 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) CHANAY	LYNDA	H	Race	W	Sex	F	Date of Birth 02/12/1985
Charge BATTERY - DOMESTIC	Charge						
Charge	Charge						
Victim Name (Last, First, Middle) [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	W	M	Date of Birth 11/12/1979	
Local Address (Street, Apt. Number) [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Address Source [REDACTED]	
Business Address (Street, Apt. Number) [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Phone [REDACTED]	Occupation [REDACTED]		
<p>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...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>							
On the 29TH day of MAY 20 17 at 0245	AM <input checked="" 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.

SCANNED

The foregoing instrument was sworn to and affirmed before me this **29th** day of **May** 20 **17**, by: **MAY 29 2017**

DHS Ferguson #8473

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Jespan

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

P. ECKES

Name of Arresting/Investigating Officer

19473

19473

Signature of Arresting/Investigating Officer

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: CHANAY LYNDA H
 DOB: 02/12/1985 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: ██████████ DOB: 11/12/1979 Race: W Sex: M
 Address: ██████████
 City: ██████████
 Home #: ██████████ 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