

0492563

ARREST / NOTICE TO APPEAR

2899

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 17-016086</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>	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 <b>Hands/fist/feet/teeth</b>		Multiple Clearance Indicator <b>2</b>			
Location of Arrest (Including Name of Business) <b>1126 N VISTA DEL MAR DR DB</b>				Location of Offense (Business Name, Address) <b>1126 N VISTA DEL MAR DR, DELRAY BEACH, FL 33483</b>				
Date of Arrest <b>10/14/2017</b>	Time of Arrest <b>22:17</b>	Booking Date <b>10/14/2017</b>	Booking Time <b>22:27</b>	Jail Date <b>// ::</b>	Jail Time	Location of Vehicle		
Name (Last, First, Middle) <b>SNYDER, MARK DOUGLAS</b>				Alias:		Alias (Name, DOB, Sex, Sec. #, Etc.)		
Race W - White B - Black <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/25/1957</b>	Height <b>6'04</b>	Weight <b>230</b>	Eye Color <b>BROWN</b>	Hair Color <b>GRAY OR</b>	Complexion <b>FAIR</b>	Build <b>LARGE</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>M</b>	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>1126 N VISTA DEL MAR DR, DELRAY BEACH, FL 33483</b>				(City)	(State)	(Zip)	Phone <b>(248) 767-2799</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>
Permanent Address (Street, Apt. Number) <b>1126 N VISTA DEL MAR DR, DELRAY BEACH, FL 33483</b>				(City)	(State)	(Zip)	Phone <b>(248) 767-2799</b>	Address Source <b>DL</b>
Business Address (Name, Street) <b>BLUE ANCHOR, 804 E ATLANTIC AVE</b>				(City)	(State)	(Zip)	Phone <b>(561) 272-7272</b>	Occupation <b>Owner</b>
D/L Number, State <b>S536544572650 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>DELRAY BEACH, FL.</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
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone				
Legal Custodian <input type="checkbox"/>				Business Phone				
Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip)								
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 _____				
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property		Value of Property	
Drug Activity S. Sell N. N/A P. Possess				S. Sell 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 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 <b>N</b>	Amount / Unit	Offense # <b>17-016086</b>	Counts <b>2</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond
Charge Description				Statute Violation Number <b>OCT 15 AM 1:25</b>		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
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
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"/> F.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By		Released To
Transported By				Date Transported <b>// ::</b>	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) <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 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.				No Photo Available 2017 OCT 15 AM 5:30				
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed				
Signature of Arresting Officer				Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>MITCHELL, RICKEY</b>		I.D. # <b>0947</b>		(PRINT)
Intake Deputy <b>Sammy S...</b>		I.D. #	Pouch #	Transporting Officer <b>MITCHELL</b>		I.D. # <b>947</b>	Agency <b>DBPD</b>	Witness here if subject signed with an "X"

SCANNED  
OCT 15 2017

NO PHOTO AVAILABLE  
2017 OCT 15 AM 5:30  
#38  
PAGE 1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>10/15/2017 00:03</b>		Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4   0   17-016086</b>			
	Name (Last, First, Middle) <b>SNYDER, MARK DOUGLAS</b>					Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/25/1957</b>	
C H A R G E	Charge Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>									
	Victim's Name (Last, First, Middle) <b>SNYDER, LINSIE LUE</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/22/1993</b>		
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1126 N VISTA DEL MAR DR, DELRAY BEACH, FL 33483</b>				Phone <b>(561) 389-0402</b>		Address Source <b>DL</b>			
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation			
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>CRYING</b>							
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral									
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>FATHER</b>									
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: <b>LINSIE SNYDER</b>		WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A D D I T I O N A L	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
I N F O R M A T I O N	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	N A R R The following incident occurred in the City of Delray Beach Palm Beach County Florida.									
S T A T E	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>15</u> day of <u>October</u> , <u>2017</u> .									
DEBBIE MICHAEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)										

NOT A CERTIFIED COPY

**SCANNED**  
**10-15-2017**

DOMESTIC VIOLENCE PROBABLE CAUSE  
AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>10/15/2017 00:03</b>	Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   17-016086</b>
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On the above date and time, I was dispatch to the residence of 1126 N Vista Del Mar Dr in reference to a domestic battery. Upon my arrival, I made contact with a crying victim who was later identified as Linsie Snyder. Linsie stated she left her sub sandwich in the refrigerator earlier that day. Linsie stated later that night when she attempted to retrieve it she noticed it was half eaten. Linsie confronted her father/ Defendant, Mark Snyder about the sandwich which resulted in a physical altercation. Linsie stated during the argument her mother/ second victim, Margaret Snyder attempted to defuse the incident by standing between the two when defendant pushed passed Margaret knocking her into the refrigerator. The defendant then spat in Linsie's face. Margaret corroborated Linsie's counts of the incident stating the defendant became aggressive when Linsie called him a "fucking liar". The defendant then in retaliation called Linsie a "cunt" before spitting in her face.

I then interviewed the defendant who informed officers that the argument started over a half-eaten sub sandwich. The defendant stated when Linsie called him a "Fucking liar" he became upset and spit in her face.

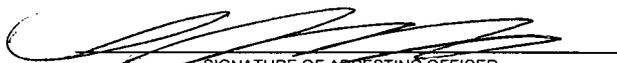
Once both victims` realized the defendant was being placed in custody for the Domestic battery they became uncooperative and refused to assist officers with the investigation. They refused to write witness statements of the incident. They both no longer wanted to continue speaking with officers on what occurred.

Based on the above listed facts, there is Probable Cause to charge the defendant with Domestic battery F.S.S. 784.03 (1A1)

NOT A CERTIFIED COPY  
SCANNED  
OCT 15 2017

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 15 day of October, 2017.

DEBREE, MICHAEL  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)