

0490486

ARREST / NOTICE TO APPEAR

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

1

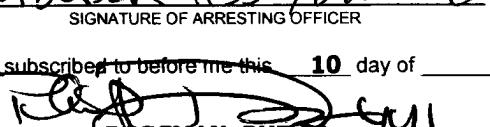
JUVENILE

OBTS Number			ARREST / NOTICE TO APPEAR						1952			
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)								
0500400		Delray Beach Police Department		4 0 17-012605								
Charge Type:		<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				If Weapon Seized Enter Type: None/not Applicable				
Check as many as apply.								Multiple Clearance Indicator 1				
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)								
1700 S OCEAN BLVD				1700 S OCEAN BLVD 22, DELRAY BEACH, FL 33483								
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date		Jail Time		Location of Vehicle			
08/10/2017		08:43	08/10/2017	09:03								
Name (Last, First, Middle) NYBERG, STEFAN AUSTIN												
Alias: NYBERG, STEFAN AUSTIN												
Race		Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build			
W - White B - Black		M	08/05/1996	5'11	150	BROWN	BLOND OR	LIGHT	Med			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												
Marital Status		Religion			Indication of:							
					<input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Drug Influence			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.				
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Residence Type:					
1700 S OCEAN BLVD 22, DELRAY BEACH, FL 33483					(561) 430-4334		1. City 2. County					
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		3. Florida 4. Out of State					
1700 S OCEAN BLVD 22, DELRAY BEACH, FL 33483					(561) 430-4334		Address Source					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation					
PF CHANGS,							Bus Boy					
D/L Number, State		Soc. Sec. Number	INS Number		Place of Birth (City, State)		Citizenship					
N162781962850 / FL					, United Arab Emirates							
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"/> Other: _____ <input type="checkbox"/> Legal Custodian Name (Last, First, Middle)												
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone												
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:												
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							Description of Property		Value of Property			
Drug Activity		S. Sell N. N/A D. Buy P. Possess	R. Smuggle D. Deliver E. Use	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate C. Cocaine A. Amphetamine	H. Hallucinogen M. Marijuana E. Heroin	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
CHARGE SIMPLE BATTERY(TOUCH OR STRIKE)												
Charge Description							Statute Violation Number		Violation of ORD #			
SIMPLE BATTERY(TOUCH OR STRIKE)							784.03(1A1)		No B.			
Drug Activity Drug Type Amount / Unit Offense # 17-012605 Counts 1 Domestic Violence Y N Warrant / Capias Number									Bond			
Charge Description							Statute Violation Number		Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Y N Warrant / Capias Number									Bond			
Charge Description							Statute Violation Number		Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Y 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"/> T.O.T. County Jail							PROPERTY - Received By		Released By		Released To	
Transported By							Date Transported // : :	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) South County 200 W Atlantic Ave Delray Beach, FL 33444				No Photo Available	
							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 COMTEMPT 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				Name Verification (Printed by Arresting Officer)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				I.D. # 55 (PRINT)				
Intake Deputy I.D. # 5246				Name of Arresting Officer (Print) CULBERSON, ANDREW E.				I.D. # 1135				
Pouch #				Transporting Officer CULBERSON				Agency DBPD				
Witness here if subject signed with an "X".												

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 08/10/2017 09:56	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-012605
D E F	Name (Last, First, Middle) NYBERG, STEFAN AUSTIN	Alias	Race W Sex M Date of Birth 08/05/1996
C R I G H T	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)		
V I C T I M	Victim's Name (Last, First, Middle) NYBERG, KRISTY ANNE	Race W Sex F Date of Birth 04/26/1966	Address Source
A D D I T I O N A L I N F O R M A T I O N	Local Address (Street, Apt. Number) 1700 S OCEAN BLVD 22, DELRAY BEACH, FL 33483	(City) (State) (Zip)	Phone (561) 330-4334
	Business Address (Name, Street)	(City) (State) (Zip)	Phone
	Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET/CRYING	
	DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
	VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
RELATIONSHIP BETWEEN VICTIM & SUSPECT SON			
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/> <input type="checkbox"/>		
Victim:	<input checked="" type="checkbox"/> <input type="checkbox"/>		
911 CALL:	<input checked="" type="checkbox"/> <input type="checkbox"/>	CALLER: VICTIM	
WEAPON USED:	<input checked="" type="checkbox"/> <input type="checkbox"/>	TYPE: HANDS/BOX	
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 type="checkbox"/> <input checked="" type="checkbox"/>	NAMES/AGES:	
H. R. S. NOTIFIED:	<input type="checkbox"/> <input checked="" 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 08/10/2017, I responded to 1700 S Ocean Blvd in reference to a domestic disturbance. Upon arrival I made contact with the Victim, Kristy Nyberg, while Ofc Casarez made contact with Stefan Nyberg. Kristy stated that when she woke up her son, Stefan Nyberg, this morning he became very aggressive towards		
STATE OF FLORIDA COUNTY OF PALM BEACH	Appeared before me, <u>I</u> 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>10</u> day of <u>August</u> , <u>2017</u> .			
 DORFMAN, PHILIP NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

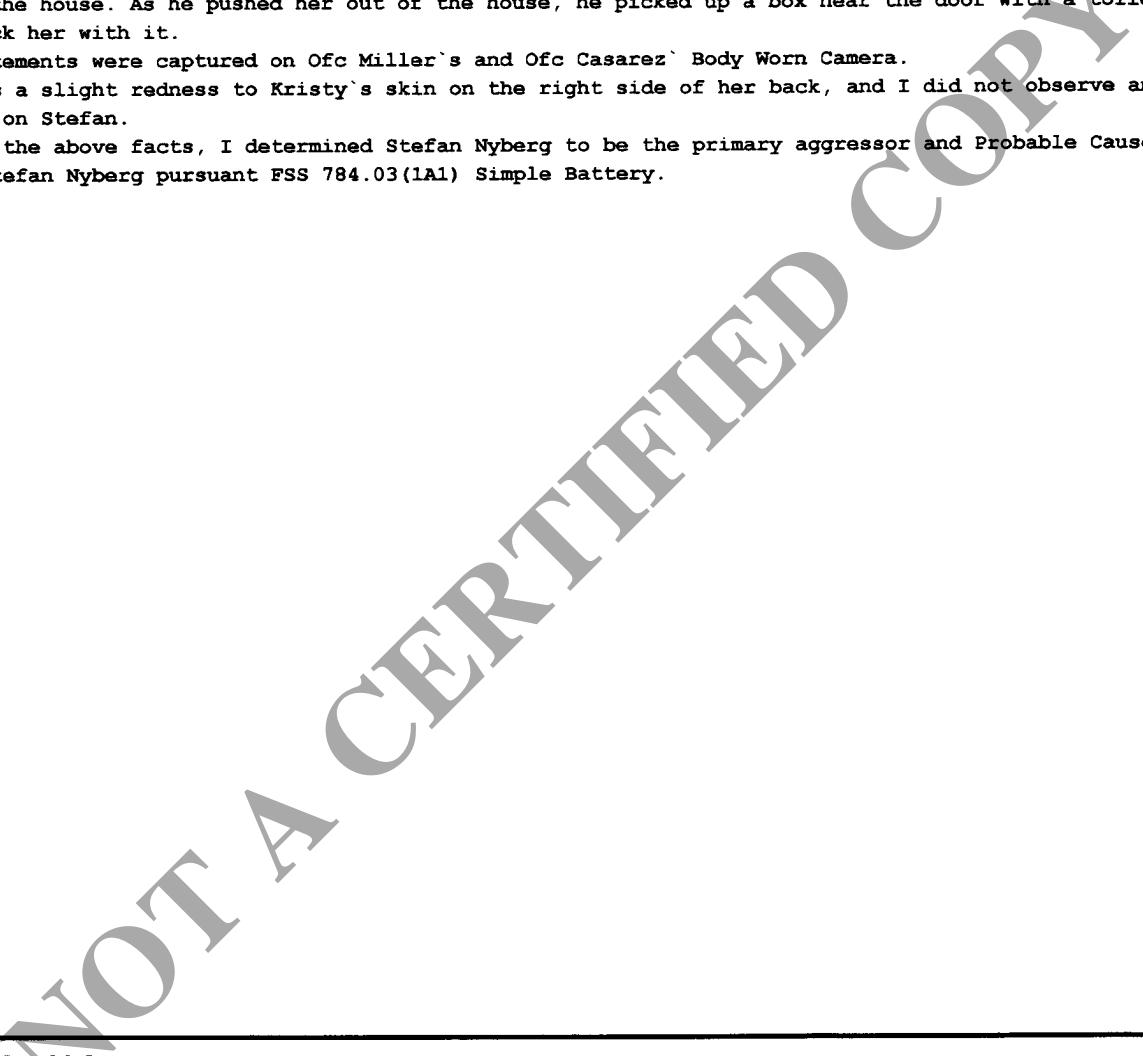
P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

. AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 08/10/2017 09:56		
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-012605
<p>her. She said she woke him up and told him that she was leaving, she also asked him about laundry that he left out and opening new orange juice before finishing the old one. Stefan told her not now and to leave him alone, he then got up and came towards her aggressively saying to leave the house while she was saying I'm leaving already. He kept yelling at her to leave and to get a job, and she told him to not talk to her like that. He opened the outer door and pushed her out the door, and grabbed a box near the door with a toilet golf set in it and struck her with the box a few times, causing the contents to come out of the box. I spoke with Ofc Casarez who advised me of Stefan's statement. Stefan stated that his mother woke him up this morning and he was mad because he could not fall back asleep. He exited the room yelling at her telling her don't wake me up and to leave the house. He said she pushed him in the chest and in the chin, and he pushed her out the house. As he pushed her out of the house, he picked up a box near the door with a toilet golf set and struck her with it. Both statements were captured on Ofc Miller's and Ofc Casarez' Body Worn Camera. There was a slight redness to Kristy's skin on the right side of her back, and I did not observe any marks or bruising on Stefan. Based on the above facts, I determined Stefan Nyberg to be the primary aggressor and Probable Cause exists to charge Stefan Nyberg pursuant FSS 784.03(1A1) Simple Battery.</p>			
			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, <u>J</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><u>Culberson 1135</u> <u>Ash Culberson</u> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>10</u> day of <u>August</u>, <u>2017</u>.</p> <p><u>Dorman, Phifer</u> DORPMAN, PHIFER NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

COURT

STATE ATTORNEY

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JAIL

CRIME ANALYSIS

P. I. O.