

ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-012605			
Charge Type: <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 None/not Applicable		Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) 1700 S OCEAN BLVD		Location of Offense (Business Name, Address) 1700 S OCEAN BLVD 22, DELRAY BEACH, FL 33483							
Date of Arrest 08/10/2017	Time of Arrest 08:43	Booking Date 08/10/2017	Booking Time 09:03	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) NYBERG, STEFAN AUSTIN		Alias: NYBERG, STEFAN AUSTIN		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	Sex M	Date of Birth 08/05/1996	Height 5'11	Weight 150	Eye Color BROWN	Hair Color BLOND OR	Complexion LIGHT	Build Med	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Local Address (Street, Apt. Number) 1700 S OCEAN BLVD 22, DELRAY BEACH, FL 33483		(City) Delray Beach		(State) FL		(Zip) 33483		Phone (561) 430-4334	
Permanent Address (Street, Apt. Number) 1700 S OCEAN BLVD 22, DELRAY BEACH, FL 33483		(City) Delray Beach		(State) FL		(Zip) 33483		Phone (561) 430-4334	
Business Address (Name, Street) PF CHANGS,		(City) Delray Beach		(State) FL		(Zip) 33483		Phone (561) 430-4334	
D/L Number, State N162781962850 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) United Arab Emirates		Citizenship FL DL	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 6. Other	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 6. Other	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		(City)		(State)		(Zip)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone	
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Held/Processed within 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		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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 SIMPLE BATTERY(TOUCH OR STRIKE)		Statute Violation Number 784.03(1A1)		Violation of ORD #			
Drug Activity		Drug Type N		Amount / Unit /		Offense # 17-012605		Counts 1	
Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond No B.					
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					
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"/> T.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 // : : :		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		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.		Signature of Defendant (or Juvenile and Parent Custodian)		Date Signed					
HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Print) CULBERSON, ANDREW E.		I.D. # 1135			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) CULBERSON, ANDREW E.		I.D. # 1135		Agency DBPD			
Intake Deputy S. J. [Signature]		I.D. # 5241		Pouch #		Witness here if subject signed with an "X".		PAGE 1 OF 1	

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMINISTRATIVE	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	
	Name (Last, First, Middle) NYBERG, STEFAN AUSTIN					Race W	Sex M
CHARGE	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)						
	Victim's Name (Last, First, Middle) NYBERG, KRISTY ANNE					Race W	Sex F
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) 1700 S OCEAN BLVD 22, DELRAY BEACH, FL 33483					Phone (561) 330-4334	
	Business Address (Name, Street) (City) (State) (Zip)					Occupation	
DEFENDANT'S STATEMENTS:	Written	Taped	Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UPSET/CRYING			
RELATIONSHIP BETWEEN VICTIM & SUSPECT SON							
ADDITIONAL INFORMATION	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"/>			
NARRATIVE	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. <u>Culberson 1135 / [Signature]</u> SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>10</u> day of <u>August</u> , <u>2017</u> . <u>[Signature]</u> 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.</p> <p>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.</p> <p>Both statements were captured on Ofc Miller's and Ofc Casarez' Body Worn Camera.</p> <p>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.</p> <p>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>				

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, I personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

Culberson 1135 / [Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of August, 2017.

[Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.