

0491198

Rough Arrest Only

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile N									
ADMINISTRATION	Agency ORI Number FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE						Agency Report Number 06-17-123948											
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Felony <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Weapon Seized/Type Type:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Multiple Clearance Indicator 0 1										
Location of Arrest (Including Name of Business) 16597 SAGAMORE BRIDGE WAY								Address, (Street, City, State, Zip)												
Date of Arrest Sep 6, 2017		Time of Arrest 1627		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle N/A								
Name (Last, First, Middle) Lippman, Steve																				
DEFENDANT	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 08/28/1963	Height 6'0	Weight 185	Eye Color BR	Hair Color BR	Complexion white	Build Med										
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status Married		Religion Jewish		Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>									
Local Address (Street, Apt. Number) 17086 WHITEHAVEN DR		(City) DELRAY BEACH		(State) Florida		(Zip) 33496		Phone (561) 441-9431		Residence Type 1. City 3. Florida 2. County 4. Out of State 1										
Permanent Address (Street, Apt. Number) SAME AS LOCAL		(City)		(State)		(Zip)		Phone ()		Address Source LICENSE										
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ()		Occupation property management										
CO-DEF	D/L Number, State L155780633080		Florida		INS Number		Place of Birth Montreal Canada		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										
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											
JUVENILE	<input type="checkbox"/> Parent <input checked="" type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)				Residence Phone ()													
	Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ()											
Notified by: (Name)		Date		Time		Juvenile Disposition		1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated												
Released To: (Name)		Relationship		FCIC/NCIC		Date		Time												
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										School Attended										
CODE	Grade SEP 6 PW 7-2-1																			
	Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other																			
CHARGE	Drug Activity S. Sell B. Buy P. Possess		R. Smuggle D. Deliver T. Traffic		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description DOMESTIC BATTERY						Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03(1)(AX)		Violation of ORD # None							
CHARGE	Drug Activity N/A		Drug Type N/A		Amount/Unit N/A		Offense # 17-123948				Warrant/Capis Number		Bond							
	Charge Description						Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD #							
CHARGE	Drug Activity		Drug Type		Amount/Unit		Offense #				Warrant/Capis Number		Bond							
	Charge Description						Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD #							
CHARGE	Drug Activity		Drug Type		Amount/Unit		Offense #				Warrant/Capis Number		Bond							
	Charge Description						Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD #							
CHARGE	Drug Activity		Drug Type		Amount/Unit		Offense #				Warrant/Capis Number		Bond							
	Charge Description						Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD #							
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)										Date Signed							
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		Court Date and Time		Month		Day		Year		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.													CO							
Signature of Defendant (or Juvenile and Parent/Custodian)													SCANNED							
ADMIN.	HOLD for other Agency Name: JOB 8044				Signature of Arresting Officer X <i>John M. Moore</i>				Name Verification (Printed by Arrestee) (PRINT)											
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				I.D. # St Cloud 8382											
Intake Deputy JOB 8044				I.D. #		Pouch #		Transporting Officer Moore		I.D. # 22071 PSD		Agency PSD								
Witness that the subject signed with an 'X' CO													PAGE 1 OF 1							

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OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N	
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 17123948							
DEF	ChargeType: Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:						
CHARGES	Name (Last, First, Middle) LIPPMAN Steve	Alias			Race W	Sex M	Date of Birth 08-28-63			
CHARGES	Charge Description Simple Domestic Battery 784.03.1.A1	Charge Description								
VICTIM	Charge Description	Charge Description			Race W	Sex F	Date of Birth 11-22-76			
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone ()	Address Source FL DL				
						Occupation unemployed				
<p>The undersigned certifies and 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 checked="" type="checkbox"/> confessed to <u>F. St. Cloud ID#8382</u> 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.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>										
PROBABLE CAUSE STATEMENT	<p>On the <u>06</u> day of <u>September</u> <u>2017</u> at <u>4:05</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Wednesday September 6 2017, at approximately 1605 hours, I was dispatched to [REDACTED] in the subdivision of St. Andrew, in unincorporated Palm Beach County FL regarding a domestic battery complaint. Upon arrival I met and spoke with the victim [REDACTED] W/F D.O.B 12-22-76, who stated the following: in a sworn written statement [REDACTED] said [REDACTED] Steve Lippman, W/M D.O.B 08-28-63 came to the house when he was not supposed to be there and started an argument with her. [REDACTED] said when they started to argue she took out her phone and started video taping the argument. [REDACTED] said during the argument Steve spit on her. [REDACTED] said Steve grabbed her phone while she was video taping him and hide it behind him. [REDACTED] said Steve then threw her phone across the street and got in his vehicle and left the area.</p> <p>[REDACTED] told other deputies who responded that Steve has a house located at 16575 Sagamor Bridge Way, in the subdivision of the Bridges, Boca Raton, in unincorporated, Palm Beach County FL. Sgt. Myers ID# 24994 responded and met and spoke with Steve Lippman. Sgt. Myers told me Steve told him he did not spit on [REDACTED]. I then met and spoke with Steve Lippman who stated the following: he went to his house located at [REDACTED] to board up his house because of the hurricane. When he arrived, he and [REDACTED] started arguing. Steve said [REDACTED] started to video tape him and he took her phone and threw it in the garbage. I asked Steve did you spit on [REDACTED]; he said no, he did not. Steve said [REDACTED] spit on him.</p> <p>I reviewed the video and saw that Steve did spit on [REDACTED]; that constitutes battery. Also the fact that Steve admitted he took her phone and threw the phone in the garbage, also constitutes Tampering with Witnesses or Victim. Therefore, I have probable cause to arrest Steve Lippman and charge him with Simple Battery Domestic and Tampering with a Witnesses or Victim.</p> <p>Steve was placed in handcuffs by D/S Ruiz ID#14262 and transported to Palm Beach County Sheriff office District 4 to complete his arrest paperwork. Once completed Steve was then transported to the County Jail where his was placed and booked.</p>									
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D/S. F. St. Cloud <u>#8382</u> </p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>06</u> day of <u>September</u> <u>2017</u> by <u>D/S. F. St. Cloud 8382</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Personally Known</u></p> <p><u>22071</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
	<p>SCANNED SEP 07 2017</p>									
	<p>PAGE 1 OF 1</p>									

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

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.)

**Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.**

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#.

1. Incident Report #: 17123948 Agency: PBSO

Offense: Simple Domestic Battery

Suspect/Offender: LIPPMAN Steve

D.O.B. 08-28-63 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: _____ D.O.B. 11-22-76 Race: W Sex: F

Address: _____

City: _____

Home: _____

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 BE 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: _____

SCANNED

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Printed name of person waiving notification: _____

Deputy's Name: D/S. F. St. Cloud I.D.# 8382 Date: 09/06/17
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records