

049/198

Rough Arrest Only

ADMINISTRATION	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 3. Request for Warrant		1		Juvenile		N							
	Agency ORI Number FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06. 17-123948													
DEFENDANT	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other												Weapon Seized/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							
	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												Alias (Name, DOB, Soc. Sec. #, Etc.)							
CO-DEF	Race W - White I - American Indian		Sex M		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 Y N Unk		Drug Influence Y N Unk	
	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							
JUVENILE	Business Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Occupation property management							
	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"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
	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							
CHARGE	<input type="checkbox"/> Parent Name (Last) (First) (Middle) Residence Phone <input checked="" type="checkbox"/> Legal Custodian () <input type="checkbox"/> Other ()												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 Grade							
CHARGE	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																			
	Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other Drug Type B. Barbituate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A B. Buy D. Deliver Distribute Produce/ C. Cocaine M. Marijuana Equipment Z. Other P. Possess T. Traffic E. Use Cultivate A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic																			
	Charge Description DOMESTIC BATTERY				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03(1)(A)(i)				Violation of ORD # NONE							
	Drug Activity N/A		Drug Type N/A		Amount/Unit N/A		Offense # 17-123948		Warrant/Capias Number				Bond							
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD #							
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond							
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD #							
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond							
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD #							
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond							
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD #							
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond							
NOTICE TO APPEAR	<input 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 reverse side.				Location (Court, Room Number, Address)															
					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.																			
ADMIN.	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed															
	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Signature of Arresting Officer Name of Arresting Officer (Print) St Cloud				Name Verification (Printed by Arrestee) (PRINT)											
	Intake Deputy JBS		I.D. #		Pouch #		Transporting Officer Moores		I.D. # 22071		Agency PBSD		PAGE 1 OF 1							
	Witness (If subject agrees with no "X")																			

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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							
	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		Special Notes:					
DEF	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							
	Charge Description		Charge Description							
VICTIM	[REDACTED]		Race W		Sex F	Date of Birth 11-22-76				
			Address Source FL DL		Occupation unemployed					
Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()					
<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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> confessed to F. St. Cloud ID#8382 admitting to the below facts. </div> <div> <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 my (described) investigation. </div> </div> <p>On the 06 day of September 20 17 at 4:05 <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 style="text-align: center;">D/S. F. St. Cloud #8382 </p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 06 day of September 20 17 by D/S. F. St. Cloud 8382</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known</p> <p> 22071</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									

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VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **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.)

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

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: _____

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
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# _____