

J# 0095600

PH 994

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N
OBTS Number		Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-17-022141</b>		
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		Multiple Clearance Indicator <b>2</b>		
Location of Arrest (Including Name of Business) <b>1601 S Federal Hwy. Boynton Beach, Florida (Valero)</b>		Location of Offense (Business Name, Address) <b>1601 S Federal Hwy. Boynton Beach, Florida (Valero)</b>						
Date of Arrest <b>04/19/2017</b>		Time of Arrest <b>1921hrs</b>		Booking Date		Booking Time		Location of Vehicle
Name (Last, First, Middle) <b>Dancer, Tyler, Edmond</b>		Alias (Name, DOB, Soc. Sec. #, Etc)						
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/28/1966</b>	Height <b>509</b>	Weight <b>175</b>
				Eye Color <b>BLU</b>	Hair Color <b>BRO</b>	Complexion <b>FAIR</b>	Build <b>MED</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Single</b>		Religion <b>None</b>		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.
Local Address (Street, Apt. Number) <b>AT LARGE</b>				(City)		(State)		(Zip)
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)
Business Address (Street, Apt. Number)				(City)		(State)		(Zip)
D/L Number, State <b>D526805663080</b>		Soc. Sec. Number		INS Number		Place of Birth <b>Boynton Beach, FL</b>		Citizenship <b>Yes</b>
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Name (Last)		(First)		(Middle)
Address (Street, Apt. Number)				(City)		(State)		(Zip)
Notified by: (Name)				Date		Time		Juvenile Disposition
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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property		Value of Property		
Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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 <b>Simple Battery</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>F.S.S 784.03(1)(a)(1)</b>
Drug Activity <b>N</b>				Drug Type <b>N</b>		Amount/Unit <b>N/A</b>		Offense # <b>17-022141</b>
Charge Description <b>Disorderly Intoxication</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>F.S.S 856.011</b>
Drug Activity <b>N</b>				Drug Type <b>N</b>		Amount/Unit <b>N/A</b>		Offense # <b>17-022141</b>
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number
Drug Activity				Drug Type		Amount/Unit		Offense #
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number
Drug Activity				Drug Type		Amount/Unit		Offense #
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number
Drug Activity				Drug Type		Amount/Unit		Offense #
<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.				Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>				
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.				
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed				
HOLD for other Agency Name				Signature of Arresting Officer				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				
Intake Deputy <b>Col. Henderson</b>				Pouch #				
Name of Arresting Officer (Print) <b>Ofc. Vazquez</b>				I.D. # <b>976</b>				
Name Verification (Printed by Arrestee) <b>BU#108784</b>				Agency <b>BBPD</b>				
Witness here is subject Signed with an "X"				Page <b>1 OF 1</b>				

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-17-022141</b>				
Charge Type Check all that 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		
Name (Last, First, Middle) <b>Dancer, Tyler, Edmond</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/28/1966</b>		
Charge Description <b>Simple Battery</b>				Charge Description <b>Disorderly Intoxication</b>				
Victim's Name (Last, First, Middle) <b>Faust, Greg, Luke</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/06/1972</b>		
Local Address (Street, Apt Number) <b>520 SE 20th Ave</b>				(City) <b>Boynton Beach</b>	(State) <b>FL</b>	(Zip) <b>33435</b>	Phone <b>561-350-6337</b>	Address Source <b>Verbal</b>
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation <b>Unemployed</b>
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... <input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by      Who told      That he/she saw the arrested person commit the below acts. <input type="checkbox"/> Confessed to      Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On The <b>19th</b> Day Of <b>April</b> 20 <b>17</b> At <b>7:03</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.								

Occurring in the city of Boynton Beach in the county of Palm Beach in the state of Florida the above named defendant did commit the above offense.

I responded to 1601 S Federal Hwy. (Valero) in reference to an assault in progress. Upon my arrival, I met with W/M victim Faust, Greg who stated the following: a W/M unknown to him, later identified as Dancer, Tyler, grabbed his friend's girl friend (unknown information). When he saw this happen he confronted Dancer and told him not to grab the female and that she was his friend's girl friend. Dancer then began to punch him in his face. He did nothing to provoke the attack.

Faust had several marks on his face and a laceration on his forehead above his left eye, which are consistent with his account of events.

Faust filled out a sworn statement attesting to the above facts, was provided with a case card and corresponding case number and a victim's rights packet.

There was a B/F on scene who witnessed the attack but did not want to give her information or fill out a statement. The witness stated the following: she saw the two in a verbal argument and then witnessed Dancer begin to punch Faust several times in the face. Faust then fell to the ground and Dancer began to kick him.

While on scene Dancer spontaneously uttered: "I punched him in his shit for talking shit".

Through my investigation I found the following: a show up was conducted on scene and Faust was able to identify Dancer as the W/M who attacked him. Both Faust and Dancer were extremely intoxicated and admitted to drinking heavily throughout the evening. Photographs were taken of Faust's injuries and will be uploaded into BBPD evidence. Dancer had a strong odor of alcohol emitting from his person and displayed several signs of intoxication: blood shot eyes, slurred speech and difficulty keeping his balance.

Based on the above facts and information I find probable cause to charge Faust with Simple Battery pursuant to F.S.S 784.03(1)(a)(1) and Disorderly Intoxication pursuant to F.S.S 856.01.

Faust was later transported and TOT to PBCJ.

The foregoing instrument was sworn to or affirmed and subscribed before me

*TEAN 851*

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

**04/19/2017**

Date

(Signature of Arresting/Investigative Officer)

Otc. Vazquez

(Print name of Arresting/Investigative Officer)

**4/19/17**

Date

**APR 20 2017**