

DELRAY BEACH POLICE DEPARTMENT
 MISCONDUCT INVESTIGATIVE REPORT
 FINAL RESOLUTION

LA#	10-008
SR#	

cc: Officer D. Steed 2/10/11

To: Chief of Police
 From: Lieutenant Ed Flynn
 Employee: Officer David Steed ID #944
 Complainant: Anthony Evans
 Alleged Violation(s): R & R #5 Obedience to Laws, Ordinances and Standards
 (Excessive Force)

Inquiry Date: 9/16/10
 Time and Date of Violation: 9/13/10 @ 2113 hrs.

This inquiry has been investigated by:
 Lt. E. Flynn 330 01/11/11
 Investigator I.D. Number Date
 F I N D I N G S
 Sustained Not Sustained
 Unfounded Exonerated RR #5
 Attach Narrative Report

I have reviewed the inquiry investigation and understand that I have 48 hours to respond in writing with any additions.
 I have reviewed the inquiry investigation and have nothing to add.
 Employee Signature: [Signature] I.D. Number: 944 Date: 1/12/10

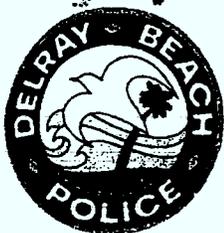
I have, reviewed the investigation on the involved employee and recommend the following action:
 FINDINGS: Agree Violation: R & R #5 Discipline: N/A
 Disagree
 (Reasons for dissenting the findings must be attached.)
 Sergeant/Supervisor: [Signature] ID Number: [Number] Date: 1/12/11

Lt. [Signature] / [Signature] / [Signature]	642	<input checked="" type="checkbox"/> Agree	1/12/11
Lieutenant/Section Supervisor	I.D. Number	<input type="checkbox"/> Disagree	
Capt. [Signature] / [Signature]	449	<input checked="" type="checkbox"/> Agree	1/14/11
Captain/Division Commander	I.D. Number	<input type="checkbox"/> Disagree	
Acting Capt. [Signature] / [Signature]	505	<input checked="" type="checkbox"/> Agree	1/21/2011
Assistant Chief	I.D. Number	<input type="checkbox"/> Disagree	
Chief of Police [Signature]	AWJ/412	<input checked="" type="checkbox"/> Agree	01/24/2011
Chief of Police	I.D. Number	<input type="checkbox"/> Disagree	<input type="checkbox"/> Schedule for Hearing

I have read the above allegations, findings and recommendations and accept this action.
 I wish to have a hearing (formal discipline cases only) with the Chief of Police. To appeal disciplinary action: To appeal finding:
 Employee: [Signature] I.D. Number: [Number] Date: [Date]

Final Resolution
 Rules & Reg. Violation: R & R #5 Discipline: NONE / EXONERATED
 Rules & Reg. Violation: N/A Discipline: N/A
 Chief of Police: [Signature] Date: 01/24/11

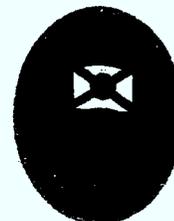
Results made available to the complainant by mail on: _____
 Date Name ID #
 If applicable, the date Notice of Disciplinary Action was served: _____
 Calendar date(s) of suspension: _____
 The employee has complied with the recommended action.
 Name Rank / I.D. # Date Rev. 11/04/2009



Anthony W. Strianese
Chief of Police

Delray Beach Police Department

300 West Atlantic Avenue
Delray Beach, Florida 33444-3695
(561) 243-7888 Fax (561) 243-7816



Accredited
Since 2004



1993
2001

August 16, 2012

→ Mr. Anthony Evans
D.C. # 187491
Century Correctional Institution
400 Tedder Road
Century, FL 32535

Dear Mr. Evans:

We are in receipt of your request for documents. Color copies of photos are \$11.00 each or they may be put on a CD for \$25.00. There is a CD in our evidence department which is available for \$25.00. Copies of all reports are charged at 15 cents per copy. If you are indigent, please provide us with a copy of the Court's order and the documents and photos will be sent to you free of charge.

Sincerely yours,

Catherine M. Kozol
Police Legal Advisor
Asst. City Attorney

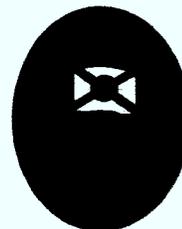
/ath



Anthony W. Strianese
Chief of Police

Delray Beach Police Department

300 West Atlantic Avenue
Delray Beach, Florida 33444-3695
(561) 243-7888 Fax (561) 243-7816



Accredited
Since 2004



1993
2001

October 24, 2012

Mr. Anthony Evans
D.C. #187491
Century Correctional Institution
400 Tedder Road
Century, FL 32535

Dear Mr. Evans:

The following is in response to your Document Request dated **September 19, 2012**:

1. *Requesting Documents on Lt. Michael Moschette and Officer David Steed mental battery and psychological evaluation results from personnel file.*

It is unclear what is meant by "mental battery". However, these medical records, if any, are exempt from public records requests pursuant to FS 119.07(4)(b)(2).

2. *Requesting a copy of the Chief Anthony Strianese Accreditation Protocol Policy and Procedure on the Use of Excessive Force from 2004 until now 2012.*

All General Orders (2120) in regard to the Use of Force are enclosed. (See Tab #1)

3. *How many civil actions has been brought against David Steed?*

None.

4. *Requesting 5 color copies of each photograph taken of my injuries on January 26, 2012.*

As previously advised, the photos are no longer available as they were destroyed in accordance with our destruction orders (copies previously supplied to you). (See Tab # 2.)

*Serving with P.R.I.D.E.
Professionalism, Respect, Integrity, Diversity and Excellence*

5. *The name of Lt. Moschette's supervisor on 01/26/12 and a copy of his report and a copy of Moschette's report.*

This information was provided to you on September 19, 2012, pursuant to your public records request dated September 10, 2012.

6. *Requesting 5 color copies of each photograph taken of David Steed and Michael Moschette.*

There are no photos as all evidence has been destroyed in accordance with our destruction orders. (See Tab #2.)

7. *Requesting copies of all complaints filed on David Steed by Evans and copies of all Internal Affairs results.*

This information was provided to you on September 19, 2012, pursuant to your public records request dated September 10, 2012.

The following is in response to your Document Request dated **October 2, 2012**:

1. *I'm requesting a color copy of the CD in your Evidence Department under federal rules of civil procedure rule (26) discovery.* #

See number 6 above. (See Tab # 2.)

2. *Enclosed with the 09/25/12 requested documents was no orders of destruction forms. Please send these forms to me ASAP.*

These forms were provided to you in the 09/25/12 package, but I am supplying them to you again. (See Tab # 2.)

3. *Enclosed in the package was no photographs of Lt. Michael Moschette and Officer David Steed. Why?*

See number 6 above.

4. *Who gave the orders to destroy the photographs? Who destroyed the photographs?*

Assistant State Attorney Cynthia Green gave the order (see enclosure). The Evidence Custodian destroyed the photographs in compliance with the destruction order.

5. *Requesting a copy of your Accreditation General Order protocol, policy and procedure manual under use of excessive force and your pepper spray policy.*

General Order 2120 (Use of Force) is enclosed. (See Tab #1.)

6. *Requesting accurate copy of Lt. Moschette disciplinary record of reprimand from complaints against him.*

Lieutenant Michael Moschette's Disciplinary Action History is enclosed. (See Tab # 3.)

7. *Requesting a copy of Lt. Moschette's report to Captain Battiloro of the night 01/26/12 of Anthony Evan's arrest.*

There was no report submitted to Captain Battiloro by Lt. Moschette. *Why?*

8. *Request complete copies of Moschette and Steed psychological evaluation test and scores.*

These records, if any, are exempt from public records requests pursuant to FS 119.07(4)(b)(2) as well as FS 119.071(a).

Sincerely,



Catherine M. Kozol
Police Legal Advisor
Assistant City Attorney

CMK/ath
Enclosures

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: 2011DR003202XXXXSB
Division: F2

ANTHONY EVANS
Petitioner,

and

DAVID STEED
Respondent.

SHARON R. BOGGS
PALM BEACH COUNTY CLERK
SOUTH CITY BRANCH - FILE

2011 MAR 17 PM 1:32

PETITION FOR INJUNCTION FOR PROTECTION AGAINST REPEAT VIOLENCE

I, {full legal name} ANTHONY GEORGE EVANS, being sworn, certify that the following statements are true:

SECTION I. PETITIONER (This section is about you. It must be completed.)

1. Petitioner currently lives at: {address, city, state, zip code} 196 N.W. 8TH AVE
DELRAY BEACH FL 33444
[if applies]

Petitioner seeks an injunction for protection on behalf of a minor child.
Petitioner is the parent or legal guardian of {full legal name} ANTHONY EVANS
a minor child who is living at home.

2. Petitioner's attorney's name, address, and telephone number is: NONE
(If you do not have an attorney, write "none.")

SECTION II. RESPONDENT (This section is about the person you want to be protected from. It must be completed.)

1. Respondent currently lives at: {address, city, state, and zip code} DeLray Beach
Police Department 300 West Palmetto Ave
Respondent's Driver's License number is: {if known} DeLray Beach, FL

2. Petitioner has known Respondent since: {date} _____

3. Respondent's last known place of employment: DeLray Beach Police
Employment address: Department
Working hours: _____

ON 3-14-11 I WAS STANDING ON THE CORNER OF N.W 10TH AVE AND ATLANTIC AVE, WAITING ON A RIDE FROM A BIRTHDAY PARTY. NEXT THING I KNEW STEED PULLS UP JUMPS OUT CAR GRABS ME STATING A TRESPASS INVESTIGATION. I SAID PLEASE REMOVE YOUR HANDS OFF ME AND STOP PUSHING ME I HAVE SCREWS IN MY FOOT. STEED STATED I DO NOT GIVE A SHIT AND SHUT THE FUCK UP BEFORE I

Check here if you are attaching additional pages to continue these facts.

5. Other prior incidents (including dates and location) are described below:

On {date} 9-10-2010 9-13-10, at {location} ATLANTIC AVE

Respondent David Steed Delray Beach Police Officer was excessive force when he tackled me in and put his foot on my face and kept pulling the trigger. ON 9-13-10 Steed arrested me for no reason place me in the police car with me not sitting. Just to hurt is what had happened. Did not get out fast enough Police Smith MR SAID TO ADD CAR AND CHARGE ME WITH RESISTING

Check here if you are attaching additional pages to continue these facts.

6. Petitioner genuinely fears repeat violence by Respondent? Explain: _____

7. Additional Information

[all that apply]

a. Respondent owns, has, and/or is known to have guns or other weapons.

Describe weapon(s): GUNS

b. This or prior acts of repeat violence have been previously reported to: {person or agency}

SECTION IV. INJUNCTION (This section must be completed.)

THROW YOU TO THE GROUND
ASS HOLE. OFFICER STEED CRABBED
ME SPUNN ME AROUND AS SLAMED ME
AGAINST HIS CAR. I WENT TO MY
FOOT DOCTOR TODAY 3-17-11 TO HAVE
X-RAYS TAKEN AND X-RAY RAY REVELED
DUE TO OFFICER DAVID STEED
ABUSE OF AUTHORITY, WITH THE USE
OF EXCESSIVE FORCE ONE OF THE SCREENS
& DISLODGE FROM THE BONE IN ME FOOT
AND HAD TO HAVE SURCURY AGAIN
OFFICER STEED HAS BEEN HARRSSING EVANS
SINCE FEBUARY 2010. STEED STATED
TO EVANS I WILL FOLLOW YOU HARRASS
YOU, AND PROVOKE YOU TO DO SOMETHING
STUPID TO GIVE ME A REASON TO
HURT YOU. MY JOB IS SECURED THERE
IS NOTHING THE CHIEF OR CITY
CAN DO TO ME OR PROTECT YOU FROM
ME YOU ASS HOLE. I WANT THIS
COURT SYSTEM TO KEEP THIS
CORRUPTED ROQUE COP AWAY FROM
AS I HEAL FROM SURCURY



CERTIFIED FOOT & ANKLE SPECIALISTS, P.L.

Kyle J. Kinmon, MS, DPM

Fellow, American College of Foot & Ankle Surgeons
Diplomate, American Board of Podiatric Surgery
Board Certified, Foot Surgery
Board Certified, Reconstructive Rearfoot & Ankle Surgery

Alan A. MacGill, DPM

Associate, American College of Foot & Ankle Surgeons
Board Eligible, Foot Surgery
Board Eligible, Reconstructive Rearfoot & Ankle Surgery

Arin J. Sheingold, DPM

Associate, American College of Foot & Ankle Surgeons
Board Eligible, Foot Surgery

Note for ANTHONY EVANS on 3/17/2011 - Chart 12862.1

Subjective: Patient returning for followup status post hallux valgus repair on the left foot. He complains of pain to the foot and feels that there is a screw that is sticking against the skin. He notes he was recently involved in an altercation in a convenience store and was questioned by police officers. He feels that this may have contributed to the condition and the foot. He presents today with surgical shoe and states he's been trying to put weight down on his heel. He denies any other trauma to his foot. He says after the altercation happened, he presented to Delray Medical Center for evaluation. He was told that he could not be seen unless he had an open wound and he was now thoroughly evaluated, nor were x-rays taken. He denies any nausea, vomiting, fever, or chills.

Physical exam: Neurovascular status is intact with palpable pedal pulses. There is edema appreciated to the left first MPJ. There is a very prominent and painful area tenting the skin near the osteotomy site. The hallux remains rectus and there is no instability noted. Muscle strength is 5 out of 5 but is slightly guarded because of the patient's recent injury. Protective and epicritic sensorium remain intact. Capillary refill time is less than 3 seconds to all digits. No open lesions are appreciated. There is mild pain with range of motion of the first MPJ but this is secondary to swelling and stiffness.

X-rays: 3 views of the left foot are reviewed. The dorsal plantar and oblique projections do show good alignment of the first metatarsal head osteotomy without any rotation or displacement. The lateral projection does show near complete backing out of one of the screws with tenting of the skin. There is no elevation of the osteotomy appreciated.

Assessment: Failed hardware left first metatarsal status post hallux valgus repair, painful foot, edema

Treatment plan: A thorough discussion is held with patient regarding the condition. Today the foot was anesthetized with 1% lidocaine plain (the proximally 5 mL). The foot was then prepped with Betadine scrub. A linear incision was made utilizing a #15 blade directly over the screw head and the screw was removed with a hemostat. The tip of the screw was cultured and the wound was irrigated with copious amounts of sterile normal saline. The small incision was closed with 4-0 nylon stitches. Dry sterile dressing was applied and the pneumatic walking boot was dispensed for immobilization purposes. I recommended that the patient minimize his walking as much is possible. He should keep the leg elevated while at rest. He will followup in one week for reevaluation or sooner problems arise.

ALAN A. MACGILL, DPM, AACFAS

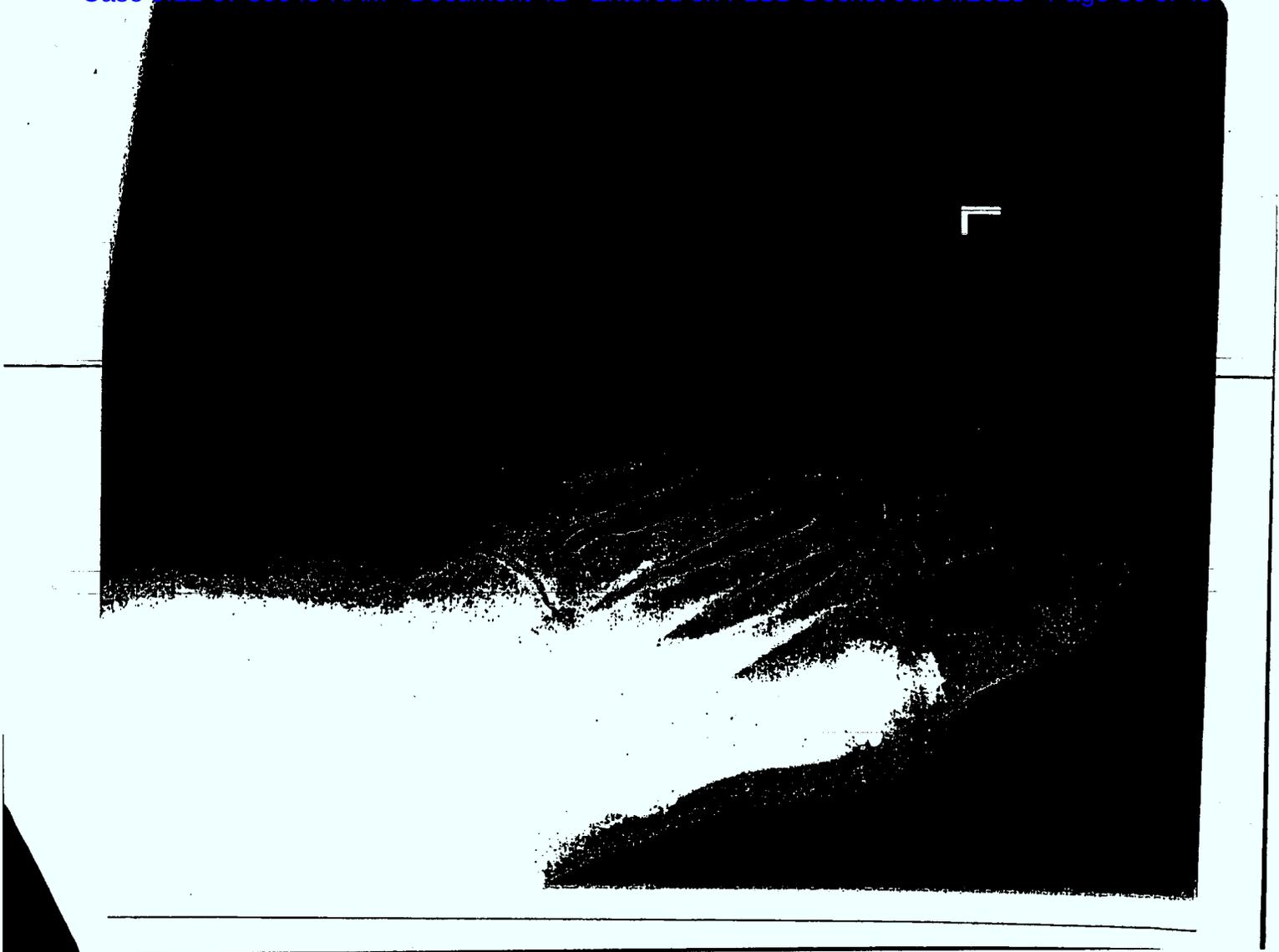
Advanced, Comprehensive Conservative and Surgical Treatment of the Foot, Ankle and Lower Leg

Boca Raton: 1601 Clint Moore Road • Suite 130 • Boca Raton, FL 33487 • Phone (561) 995-0229 • Fax (561) 989-0775
East Boynton: 2828 S. Seacrest Blvd. • Suite 204 • Boynton Beach, FL 33435 • Phone (561) 369-2199 • Fax (561) 989-0775
West Boynton: 10301 Hagen Ranch Road. • Suite D3 • Boynton Beach, FL 33437 • Phone (561) 369-2199 • Fax (561) 989-0775

www.certifiedfoot.com



7

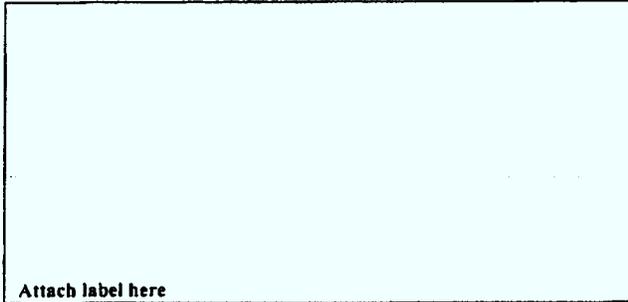




If paying by check, please make payable to "Florida Bracing Centers"

Florida Bracing Centers, Inc.
PATIENT PRODUCT AGREEMENT & RX

Prescription



Attach label here

Doctor Name Dr. Alan McGill
Address 1601 Clint Moore Rd.
City Boca Raton State FL Zip 33487
Phone: 561-995-0229
NPI: 1225070416
Diagnosis ICD-9 Code: V54.01

Product Description: COMWALKER Limb: RT LT
Doctor's Signature: _____ Date: _____

Patient Information (Must be filled out) Please attach a copy of ALL insurance information.

Last Name: EVANS First Name Anthony MI _____
Billing Address: 196 NW 9th Ave
City: Delray Beach State FL Zip 33444 Date of Birth: 3/14/58
Home Phone: 301-5734290 Cell Phone: _____ Work Phone: _____
Patient's SSN: [REDACTED] Relationship to Subscriber: _____
Name of Subscriber: ICD Subscriber's Date of Birth: 03/15/58

I permit a copy of this authorization to be as valid as the original. I agree to use all products only in the manner for which they were intended and not to attempt to make any modifications or changes of any kind or description in the product. These products are prescription only. The products are to be utilized only as directed by my Health Care Provider. I agree that Florida Bracing Centers, Inc. (hereinafter, "FBC") is not responsible for defects in, or damages caused by, the products.

CONSENT FOR TREATMENT, PROOF OF DELIVERY, AUTHORIZATION TO RELEASE INFORMATION AND PERMIT PAYMENT OF INSURANCE BENEFITS TO FLORIDA BRACING CENTERS, PROOF OF RECEIPT OF SUPPLIER STANDARDS, PROOF OF RECEIPT OF PRIVACY PRACTICES and PHOTOGRAPH RELEASE

I acknowledge and I authorize FBC to deliver, teach, administer, or perform, as necessary, the product and treatment prescribed by my Health Care Provider, and that I have received the product and such services. I authorize FBC to submit a claim for such product to my insurer on my behalf, and I assign the benefits payable by my insurer for such product to FBC. I authorize my Health Care Provider and FBC to release any of my medical information required by my insurer to process the claim. I understand that I am responsible for, and I agree to pay, any portion of the amount due for such product not paid by my insurer, whether resulting from deductibles, copays, or otherwise. I acknowledge that I have reviewed and understand my Patient Rights and Responsibilities. I also acknowledge that I have received and understand the information included on the "Important Information About the Medical Product You are About to Receive" which is listed on the back of this form. I acknowledge that I have received FBC's Privacy Practices Statement. In addition, I acknowledge that I have received the Supplier Standards, which is located on back of this form. I agree that if FBC or my Health Care Provider takes a photograph of me in connection with a product that I have received from them, I give FBC permission to use this photograph in their attempt to obtain payment for the product.

[Signature] _____
Patient or Guardian's Signature Date Relationship to patient, if other than self

PAYMENT FORM _____ Visa _____ Mastercard _____ Discover _____ American Express
Cardholder: _____ Expiration Date: _____ Amount: \$ _____
Card Number: _____ Signature: _____ Date: _____
CID# _____ Your signature allows us to charge the credit card for the amount shown.

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

You have the right to:

- Be fully informed in advance about the service to be provided, including the qualifications of the individual providing the service
- Participate in the planning and development of your service plan
- Informed consent and refusal of service; however, we request that you contact your healthcare provider if you wish to refuse service
- Know the charge of services including fees covered by the patient and those covered by insurance, third party, Medicare or Medicaid.
- Be treated with respect, consideration, and recognition of your dignity and individuality
- Have your property treated with respect
- Know the name and qualifications of the individual providing services
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information
- Be advised of our policies and procedures regarding the disclosure of patient records
- Receive appropriate service without discrimination in accordance with healthcare provider orders
- Be informed of any service limitations
- Be fully informed of your responsibilities
- Voice complaints regarding treatment, lack of respect or property or recommended changes in policy, staff, or services without restraint, interference, coercion, discrimination, or reprisal by calling Florida Bracing Centers, Customer Service Department, at (954) 917-5655 or 1-877-272-2363.

You are responsible for:

- Not applying or using the product until you are given the property instructions
- Care for and use of the product as instructed
- Not allowing the use of the product by anyone other than yourself, the patient
- Notifying us promptly in the case of a product malfunction and permitting us to repair the product or provide a replacement within an agreed upon timeframe
- Understanding that we are able to provide you with estimates only of the amount your insurance company may pay for the product
- Paying your bill regardless of insurance coverage / non-payment
- Understanding that this product is single patient use only

4. Physical description of Respondent:
Race: B Sex: Male Female _____ Date of Birth: 3-14-68
Height: 6.3 Weight: 175 Eye Color: BROWN Hair Color: BLACK
Distinguishing marks and/or scars: N/A
Vehicle: (make/model) N/A Color: N/A Tag Number: N/A

5. Other names Respondent goes by (aliases or nicknames): NONE

6. Respondent's attorney's name, address, and telephone number is: UNKNOWN

(If you do not know whether Respondent has an attorney, write "unknown." If Respondent does not have an attorney, write "none.")

SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION (This section must be completed.)

1. Has Petitioner ever received or tried to get an injunction for protection against domestic violence, repeat violence, dating violence, or sexual violence against Respondent in this or any other court?
 Yes No If yes, what happened in that case? {include case number, if known}

DENIED 50201DK002319 XXXXS'B

2. Has Respondent ever received or tried to get an injunction for protection against domestic violence, repeat violence, dating violence, or sexual violence against Petitioner in this or any other court?
 Yes No If yes, what happened in that case? {include case number, if known}

UNKNOWN

3. Describe any other court case that is either going on now or that happened in the past between Petitioner and Respondent {include case number, if known}:

FILED RESTRAINING ORDER AGAINST COP IN FEBRUARY

4. Respondent has directed at least two incidents of "violence," meaning assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnaping, or false imprisonment, or any criminal offense resulting in physical injury or death against Petitioner or a member of Petitioner's immediate family. One of these two incidents of "violence" has occurred within 6 months of the date of filing of this petition. The most recent incident (including date and location) is described below.

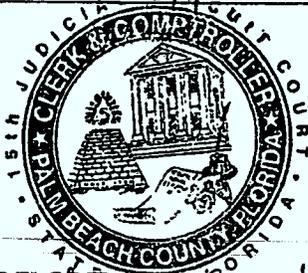
On {date} 3-14-11 at {location} ATLANTIC AVE
Respondent DAVID STEEL

- 1. Petitioner asks the Court to enter an injunction prohibiting Respondent from committing any acts of violence against Petitioner and:
 - a. prohibiting Respondent from going to or within 500 feet of any place Petitioner lives;
 - b. prohibiting Respondent from going to or within 500 feet of Petitioner's place(s) of employment or the school that Petitioner attends; the address of Petitioner's place(s) of employment and/or school is: ANY PLACE THAT HE SEES THE PETITIONER;
 - c. prohibiting Respondent from contacting Petitioner by telephone, mail, by e-mail, in writing, through another person, or in any other manner;
 - d. ordering Respondent not to use or possess any guns or firearms;
 - [√ all that apply]
 - e. prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's immediate family must go to often: _____
 - f. prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner's motor vehicle; and any other terms the Court deems necessary for the safety of Petitioner and Petitioner's immediate family.

I UNDERSTAND THAT BY FILING THIS PETITION, I AM ASKING THE COURT TO HOLD A HEARING ON THIS PETITION, THAT BOTH THE RESPONDENT AND I WILL BE NOTIFIED OF THE HEARING, AND THAT I MUST APPEAR AT THE HEARING.

I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE CLAIMS MADE IN THIS PETITION AND THAT THE PUNISHMENT FOR KNOWINGLY MAKING A FALSE STATEMENT INCLUDES FINES AND/OR IMPRISONMENT.

Dated: 3-17-11



Anthony Evans
Anthony Evans
 Signature of Petitioner
 Printed Name: ANTHONY EVANS
 Address: 1916 NW 8TH AVE
 City, State, Zip: DELRAY BEACH, FL 33444
 Telephone Number: _____
 Fax Number: _____

STATE OF FLORIDA
COUNTY OF Palm Beach

Sworn to or affirmed and signed before me on 3-17-11 by Anthony Evans

[Handwritten Signature]

NOTARY PUBLIC or DEPUTY CLERK

[Handwritten Signature]

[Print, type, or stamp commissioned name of notary or clerk.]

Personally known
 Produced identification
Type of identification produced

FC FD

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: 502011 DR002319 XXXES
Division: FZ

ANTHONY EVANS
Petitioner,

and

DAVID STEED
Respondent.

FEB 28 11:19
FALM BEACH
SOUTH COUNTY

PETITION FOR INJUNCTION FOR PROTECTION AGAINST REPEAT VIOLENCE

I, {full legal name} ANTHONY GEORGE EVANS, being sworn, certify that the following statements are true:

SECTION I. PETITIONER (This section is about you. It must be completed.)

1. Petitioner currently lives at: {address, city, state, zip code} 196 N.W. 8TH AVE DELRAY BEACH, FL 33444

[√ if applies]

Petitioner seeks an injunction for protection on behalf of a minor child. Petitioner is the parent or legal guardian of {full legal name} _____ a minor child who is living at home.

2. Petitioner's attorney's name, address, and telephone number is: _____

(If you do not have an attorney, write "none.")

SECTION II. RESPONDENT (This section is about the person you want to be protected from. It must be completed.)

1. Respondent currently lives at: {address, city, state, and zip code} DELRAY BEACH POLICE DEPARTMENT

Respondent's Driver's License number is: {if known} E152000680940FL

2. Petitioner has known Respondent since: {date} FEBRUARY 2010

3. Respondent's last known place of employment: DELRAY BEACH
Employment address: POLICE DEPARTMENT
Working hours: _____

4. Physical description of Respondent:
Race: B Sex: Male Female Date of Birth: 3-14-68
Height: 6.3 Weight: 200 Eye Color: BROWN Hair Color: BLACK
Distinguishing marks and/or scars: NONE
Vehicle: (make/model) NONE Color: NONE Tag Number: NONE

5. Other names Respondent goes by (aliases or nicknames): NONE

6. Respondent's attorney's name, address, and telephone number is: N/A

(If you do not know whether Respondent has an attorney, write "unknown." If Respondent does not have an attorney, write "none.")

SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION (This section must be completed.)

1. Has Petitioner ever received or tried to get an injunction for protection against domestic violence, repeat violence, dating violence, or sexual violence against Respondent in this or any other court?
 Yes No If yes, what happened in that case? {include case number, if known}
INTERNAL AFFAIRS HEARING, OFFICER WAS CLEARED

2. Has Respondent ever received or tried to get an injunction for protection against domestic violence, repeat violence, dating violence, or sexual violence against Petitioner in this or any other court?
 Yes No If yes, what happened in that case? {include case number, if known}

3. Describe any other court case that is either going on now or that happened in the past between Petitioner and Respondent {include case number, if known}:
3-10-11

4. Respondent has directed at least two incidents of "violence," meaning assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnaping, or false imprisonment, or any criminal offense resulting in physical injury or death against Petitioner or a member of Petitioner's immediate family. One of these two incidents of "violence" has occurred within 6 months of the date of filing of this petition. The most recent incident (including date and location) is described below.
On {date} 2-6-11 2-17-11, at {location} ATLANTIC AVE AND
Respondent S.W 1ST on 9-2010

Check here if you are attaching additional pages to continue these facts.

5. Other prior incidents (including dates and location) are described below:
On {date} September 2010, at {location} Atlantic Ave
Respondent February 17, 2011

II

EVANS WAS THAZZED BY STEED USE OF EXCESSIVE FORCE REFUSED TO CALL PARAMEDICS ON 2-17-11 MADE STATEMENTS WHEN EVER I SEE YOU, I WILL FOLLOW YOU, HARRASS YOU AND ARREST YOU. MY JOB IS SECURED THERE IS NOTHING THE CITY OR CHIEF CAN DO TO ME. & ON 9-2010 MADE STATEMENT DO I HAVE TO KILL YOU TO KEEP YOU OFF THIS PROPERTY?

Check here if you are attaching additional pages to continue these facts.

6. Petitioner genuinely fears repeat violence by Respondent. Explain: I'M GOING SERIOUS RECONSTRUCTION FOOT SURGURY, WITH TITANIUM SCREWS IN LEFT FOOT. I WANT THIS OFFICER TO STAY AWAY FROM ME. BECAUSE STEED IS CONSTANTLY TRYING TO PROVOKE ME TO REACT TO HIS STUPIDITY SO THAT HE CAN SERIOUSLY HARM ME, AND HAVE THE CITY TO BACK HIM UP.

7. **Additional Information**

[all that apply]

___ a. Respondent owns, has, and/or is known to have guns or other weapons.
Describe weapon(s): _____

___ b. This or prior acts of repeat violence have been previously reported to: {person or agency}

SECTION IV. INJUNCTION (This section must be completed.)

- 1. Petitioner asks the Court to enter an injunction prohibiting Respondent from committing any acts of violence against Petitioner and:
 - a. prohibiting Respondent from going to or within 500 feet of any place Petitioner lives;
 - b. prohibiting Respondent from going to or within 500 feet of Petitioner's place(s) of employment or the school that Petitioner attends; the address of Petitioner's place(s) of employment and/or school is: _____;
 - c. prohibiting Respondent from contacting Petitioner by telephone, mail, by e-mail, in writing, through another person, or in any other manner;
 - d. ordering Respondent not to use or possess any guns or firearms;
- all that apply]
 - e. prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's immediate family must go to often: _____;
 - f. prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner's motor vehicle; and any other terms the Court deems necessary for the safety of Petitioner and Petitioner's immediate family.

I UNDERSTAND THAT BY FILING THIS PETITION, I AM ASKING THE COURT TO HOLD A HEARING ON THIS PETITION, THAT BOTH THE RESPONDENT AND I WILL BE NOTIFIED OF THE HEARING, AND THAT I MUST APPEAR AT THE HEARING.

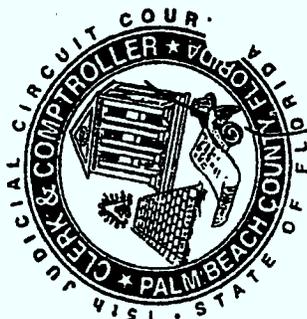
I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE CLAIMS MADE IN THIS PETITION AND THAT THE PUNISHMENT FOR KNOWINGLY MAKING A FALSE STATEMENT INCLUDES FINES AND/OR IMPRISONMENT.

Dated: 2-28-11

Anthony C Evans
 Signature of Petitioner
 Printed Name: ANTHONY EVANS
 Address: 190 NW 8TH AVE
 City, State, Zip: DELRAY BEACH, FL 33444
 Telephone Number: 561-573-4290
 Fax Number: _____

STATE OF FLORIDA
 COUNTY OF Palm Beach

Sworn to or affirmed and signed before me on 2/28/11 by Anthony Evans



Gwenne Chisolm
NOTARY PUBLIC or DEPUTY CLERK
Gwenne Chisolm
[Print, type, or stamp commissioned name of notary or clerk.]

Personally known
Produced identification
Type of identification produced

FY TP

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

Case No.: 502011DR002319XXXXSB
Division: FZ

ANTHONY EVANS,
Petitioner,

And

DAVID STEED,
Respondent.

2011 FEB 28 PM 2:21
SOUTH BEACH
PALM BEACH
SOUTH CITY

**ORDER DENYING PETITION FOR INJUNCTION FOR PROTECTION AGAINST
() DOMESTIC VIOLENCE (X) REPEAT VIOLENCE () DATING VIOLENCE
() SEXUAL VIOLENCE**

The Court has reviewed the Petition for Injunction for Protection Against Domestic, Repeat, Dating, or Sexual Violence filed in this cause and finds that Petitioner has failed to comply with one or more statutory requirements applicable to that petition including the following:

- _____ 1. Petitioner has failed to allege in a petition for domestic violence that Respondent is a family or household member as that term is defined by Chapter 741, Florida Statutes.
- _____ 2. Petitioner has used a petition form other than that which is approved by the Court and the form used lacks the statutorily required components.
- _____ 3. Petitioner has failed to complete a mandatory portion of the petition.
- _____ 4. Petitioner has failed to sign the petition.
- JLM _____ 5. Petitioner has failed to allege facts sufficient to support the entry of an injunction for protection against domestic, repeat, dating, or sexual violence because: The incident described does comport with the requirements of the repeat violence injunction criteria.
- _____ 6. Other: _____

It is therefore, ORDERED AND ADJUDGED that the Petition is denied without prejudice to amend or supplement the petition to cure the above stated defects.

ORDERED on February 28, 2011

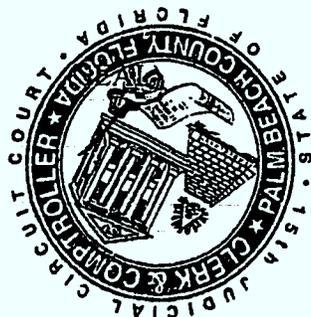


CIRCUIT JUDGE

COPIES TO:

Petitioner: 1 by hand delivery in open Court
 by U.S. mail

I CERTIFY the foregoing is a true copy of the original as it appears on file in the office of Sharon R. Bock, Clerk & Comptroller, Palm Beach County, Florida, and that I have furnished copies of this order as indicated above.



Sharon R. Bock
Clerk & Comptroller

By: *Yvonne Chisolm*
Deputy Clerk