

J# 0515454

20MM 2308 MB P# 427

OBTS Number		ARREST NOTICE TO APPEAR Juvenile Referral Report			1 Arrest 2 NTA.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMINISTRATIVE	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 20-048342			
	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		Multiple Clearance Indicator 01	
	Location of Arrest (including Name of Business) 803 Monteclaire Ct. WPB, FL 33411				Location of Offense (Business Name, Address) 803 Monteclaire Ct. WPB, FL 33411			
	Date of arrest 03/11/2020	Time of Arrest 2104	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Haber, Melissa Marie								
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 11/21/1980	Height 507	Weight 130	Eye Color Brown	Hair Color Bln	Complexion FAIR	Build THIN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Chinese symbol on hip				Marital Status M	Religion N/A	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) 803 Monteclaire Ct		(City) WPB	(State) FL	(zip) 33411	Phone (561) 753-3510	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 1		
Permanent Address (Street, Apt. Number) 803 Monteclaire Ct		(City) WPB	(State) FL	(zip) 33411	Phone (561) 753-3510	Address Source FL DL		
Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation None		
D/L Number, State H160553809210		Soc. Sec. Number		INS Number		Place of Birth (City, State) WPB, FL		Citizenship US
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 <input type="checkbox"/> 5. Juvenile
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 <input type="checkbox"/> 5. Juvenile
Parent Name (Last)		(First)	(Middle)		Residence Phone			
Legal Custodian								
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/DYS 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 type="checkbox"/> No		Description of Property			Value of Property			
Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	
							B. Barbiturate C. Cocaine	
							H. Hallucinogen M. Marijuana O. Opium/Deriv	
							P. Paraphernalia/Unknown Equipment S. Synthetic Other	
Charge Description Misuse 911		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 365.172(14)		Violation of ORD # (7649)		
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 20-048342	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Location (Court, Room Number, Address) 3228 Gun Club Rd WPB, FL 33406								
Court Date and Time Month March Day 31 Year 2020 Time 0830 AM P.M.								
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 03/11/2020		
HOLD for other Agency Name		Signature of Arresting Officer			Name Verification (Printed by Arrestee)			
<input checked="" type="checkbox"/> Detachable Arrest Sign		Name of Arresting Officer (Print) D/S Maccarone			I.D. # 36183		(PRINT)	
Intake Dept.	Pouch #	Transporting Officer	I.D. # 36183	Agency PBSO	Witness here if suspect signed with			PAGE 1 OF 1

NOTICE TO APPEAR
MARCH 12 AM 6:35
PALM BEACH COUNTY SHERIFF'S OFFICE

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA

3 Request for Warrant
4 Request for Capias

1

Juvenile

ADMIN	OBTS Number	Agency ORI Number FL 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 20-048342
	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) Haber, Melissa Marie	Alias	Race W	Sex F	Date of Birth 11/21/1980
	Charge Description Misuse 911	Charge Description	Charge Description	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle) State of Florida	Race	Sex	Date of Birth
	Local Address (Street, Apt Number) (City) (State) (Zip) Phone ()	Address Source		
	Business Address (Name, Street) (City) (State) (Zip) Phone ()	Occupation Government		

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

committed the below acts in my presence.

confessed to _____

admitting to the below facts.

was observed by _____ who told _____

that he/she saw the arrested person commit the below acts.

was found to have committed the below acts, resulting from my (described) investigation.

On the 11 day of March 20 20 at 2104 A.M P.M (Specifically include facts constituting cause for arrest.)

I arrived at 803 Monteclaire Ct. WPB, FL 33411 in reference to a 911 call. I was previously at this residence approximately ten minutes prior in reference to a Domestic Dispute, were both parties were separated with no incident. As I arrived the second time, I met with Haber and asked if there was an emergency, at which time she stated no.

Based on the above information and facts, I believe probable cause exists for the arrest of, Melissa Haber, for violation of F.S.S. 365.172(13) Misuse of 911. Haber did unlawfully and knowingly access the number 911 for the purpose of making a false alarm or complaint or reporting false information that could result in the emergency response of any public safety agency; or knowingly used or attempted to use such service for a purpose other than obtaining public safety assistance; or knowingly used or attempted to use such service in an effort to avoid any charge for service, contrary to Florida Statute 365.172(13).

For further detailed information on this case, please refer to my Offense Report.

Haber's handcuffs were double locked and checked for proper spacing. She was transported to Palm Beach County Jail without further incident.

It should be noted, while in my custody, Haber did not receive or complain of any injuries in reference to the arrest.

NOTARIZED

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH	(Signature of Arresting/Investigative Officer)
	The foregoing instrument was sworn to, read and subscribed before me this 11 day of March 20 20 by D/S Maccarone 36183	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced
	Notary Public, Clerk of Court, Officer (F.S.S.)	PAGE 1 OF 1



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(vii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020008082	Date: 03/12/2020
	Specialist Name/ID: T Howard/7185

SCANNED
MAR 12 2020