

50-2020-CF-010052-AMB
 056 052021 NR #3401

ARREST / NOTICE TO APPEAR
 Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 20-136404	
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No N/A	
Location of Arrest (Including Name of Business) 3228 GUN CLUB ROAD, WEST PALM BEACH FLORIDA		Location of Offense (Business Name, Address) 12941 MIZNER WAY #N/A, WELLINGTON/FL/33414					
Date of Arrest 12/13/2020	Time of Arrest 2:29	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A	
Name (Last, First, Middle) Mcallister, Michael, Wayne		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian	Sex W	Date of Birth 02/04/1969	Height 6'00	Weight 200	Eye Color BLUE	Hair Color GRAY	Complexion MED
Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status Married	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 12941 Mizner Way, Wellington, FL 33414		(City) (State) (Zip)		Phone (401) 640 2484		Residence Type 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Address Source FL DL	
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation SALES	
DL Number, State M242559690440, FL		Sec. Exp. Number		INS Number		Place of Birth (City, State) MANHASSET NY	
Citizenship USA		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<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 Legal Custodian Other		Address (Street, Apt. Number)		(City) (State) (Zip)	Residence Phone Business Phone		
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Referred to Probation Dept. and Released. 2. Prob. Hrs. 3. Incarcerated		NOTICE NOTIFICATION REQUIRED	
Released To: (Name)		Relationship		Time		No Bond	
The above address 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 (Phone 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. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DOMESTIC BATTERY STRANGULATION		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.041(3)(a)		Violation of ORD #	
Drug Activity Drug Type Amount / Unit		Offense # 20-136404		Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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)							
Court Date and Time Month Day Year Time AM PM							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE DESCRIBED. 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 12/13/2020							
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed	
HOLD for other Agency Name:		Signature of Arresting Officer D/S W. Amadon #9440		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S W. AMADON		I.D. # 9440		(PRINT)	
Transporting Officer Wilson		ID # 9440		Agency PBSO		PAGE 1 OF 1	

DEC 13 PM 10:19

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	Agency Name	Agency Report Number					
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 20-136404					
CHARGES	Charge Type: Check as many as apply.	1. Felony <input type="checkbox"/>	2. Traffic Felony <input type="checkbox"/>	3. Misdemeanor <input type="checkbox"/>	4. Traffic Misdemeanor <input type="checkbox"/>	5. Ordinance <input type="checkbox"/>	6. Other <input type="checkbox"/>	Special Notes:
DEF	Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth	
	Mcallister, Michael, Wayne				W	M	02/04/1969	
CHARGES	Charge Description			Charge Description				
	DOMESTIC BATTERY STRANGULATION			784.041(2a)				
VICTIM	Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth		
	Saabye, Lisa,			W	F	04/09/1968		
VICTIM	Local Address (Street, Apt. Number)			(City)	(State)	(zip)	Phone	Address Source
	12941 Mizner Way, Wellington, FL 33414						(865) 384 8443	
VICTIM	Business Address (Name, Street)			(City)	(State)	(zip)	Phone	Occupation
<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 type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 13TH day of DECEMBER 2020 at 1900 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I responded to the Publix located at Forest Hill and South Shore Blvd to meet with the complainant on a Domestic Disturbance that occurred at 12941 Mizner Way, Village of Wellington, Palm Beach County Florida.</p> <p>I was provided a sworn statement from the victim identified by her Florida Driver License as Lisa Saabye (04/09/1968) who stated that her husband Michael W. Mcallister (02/04/1969) after being involved in a verbal dispute about their marriage that he "dragged me across the foyer and threw me into the glass doors screaming "I'm going to fucking kill you" and "are you fucking scared yet" He was strangling me against the door. I was sure he was going to kill me and and he kept telling me he was going to kill me. I was gasping and couldn't breathe and thought I would pass out. He then dragged me and threw me on a table still strangling me. I was able to get him to came down and was able to get away."</p> <p>Based on the above statements and the visible injury to the victims neck that were documented by photos I find that probable cause exists for the charge of Domestic Battery Strangulation a violation of FSS 784.041 (2a)</p> <p>I made contact with the suspect and his counsel and it was agreed to meet at the Criminal Justice Complex located at 3228 Gun Club Road whereupon Mcallister surrendered without incident and was turned over to correctional staff.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <i>D/S W. Amadon #9440</i> D/S W. AMADON (Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13th</u> day of <u>December</u> 20 <u>20</u> by <u>D/S W. Amadon #9440</u> (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced <u>known to me</u>)							
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								PAGE 1 OF 1

NOT A CERTIFIED COPY

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Mcallister, Michael, Wayne DOB: 02/04/1969 Case #: 20-136404

Victim: Saabye, Lisa, DOB: 04/09/1968 Race: W Sex: F

Relationship between Victim and Defendant: SPOUSE

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Saabye, Lisa,

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: MARKS ON NECK CONSISTANT WITH CHOKING

Medical Treatment: Yes No

At Scene: Yes No Paramedics: PALM BEACH COUNTY FIRE RESCUE

At Hospital: Yes No Hospital: N/A Physician: N/A

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: _____ DOB: / /

Name: _____ DOB: / /

Name: _____ DOB: / /

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written _____ recorded _____ oral _____

First words Defendant said when you responded to scene: _____

Victim's Statements Yes No If yes, written _____ recorded _____ oral _____

First words Victim said when you responded to scene: HE TRIED TO KILL ME

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone () - _____

Observations of Victim (Physical & Emotional): UPSET/DISTRAUGHT/CRYING/SHAKING/AFRAID

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 12941 Mizner Way, Wellington, FL 33414

Phone: Home (865) 384 8443 Work () - _____ Cell () - _____

Employer: _____

Name of Relative: _____ Phone () - _____

Address: _____

VICTIM NOTIFICATION FORM

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)
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

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

1. Incident Report #: 20-136404 Agency: _____
Offense: DOMESTIC BATTERY STRANGULATION
Suspect/Offender: Mcallister, Michael, Wayne
D.O.B. 02/04/1969 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Saabye, Lisa, D.O.B. 04/09/1968 Race: W Sex: F
Address: 12941 Mizner Way
City: Wellington, FL 33414
Home #- (865) 384 8443 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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: Saabye, Lisa,

Deputy's Name: D/S W. Amadon #9440 I.D.# 9440 Date: 12/13/2020
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: **Mcallister, Michael, Wayne** COURT CASE/WARRANT# _____
(FOR WARRANTS USE ONLY)



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"/>	(viii) 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020029167	Date: 12/14/2020
	Specialist Name/ID: T Howard/7185