

0517448

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ARREST / NOTICE TO APPEAR

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

1

JUVENILE

ADMI STR AR TION	OBTS Number	Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) J 0 20-009521	Multiple Clearance Indicator 2	
DEF END ANT	Charge Type: Check as many as apply <input checked="" 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		Enter Type Hands/fist/feet/teeth		If Weapon Seized	
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)	
D E F E N D A N T	Location of Arrest 1460 AUGUSTA CIR		Date of Arrest 07/12/2020		Time of Arrest 14:33	
	Booking Date		Booking Time		Jail Date	
C O D E F	Name (Last, First, Middle) ANWER, MUATAZ WATHEK		Alias:		Place of Birth (City, State) BAGHDAD, Iraq	
	Race W - White B - Black W		Sex M - Male F - Female M		Date of Birth 03/14/1989	
J U V E N I L E	Height 5'09		Weight 140		Eye Color BROWN	
	Hair Color BLACK		Complexion FAIR		Build	
C H A R G E	Local Address (Street, Apt. Number) 1460 AUGUSTA CIR 134, DELRAY BEACH, FL 33445		Phone (619) 430-8008		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
	Permanent Address (Street, Apt. Number) 1460 AUGUSTA CIR 134, DELRAY BEACH, FL 33445		Phone (619) 430-8008		Address Source FL DL	
I N T E R V I E W	Business Address (Name, Street) 1460 AUGUSTA CIR 134, DELRAY BEACH, FL 33445		Phone (619) 430-8008		Occupation	
	DVL Number, State A560559890940 / FL		INS Number		Citizenship	
C O D E F	Co-Defendant Name (Last, First, Middle)		Race		Sex	
	Co-Defendant Name (Last, First, Middle)		Race		Sex	
J U V E N I L E	Name (Last, First, Middle)		Relationship		Date	
	Address (Street, Apt. Number)		(City)		(State)	
C H A R G E	Notified by: (Name)		Date		Time	
	Released To: (Name)		Relationship		Date	
I N T E R V I E W	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.		School Attended		Grade	
	The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
C H A R G E	Drug Activity		Drug Type		B. Barbiturate	
	S. Sell		R. Smuggle		K. Disperse/Distribute	
C H A R G E	Charge Description SIMPLE BATTERY (TOUCH OR STRIKE)		Statute Violation Number 784.03 (1A1)		Violation of ORD #	
	Drug Activity		Drug Type		Amount / Unit	
C H A R G E	Charge Description CHILD ABUSE WITHOUT GREAT HARM		Statute Violation Number 827.03(1)		Violation of ORD #	
	Drug Activity		Drug Type		Amount / Unit	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #	
	Drug Activity		Drug Type		Amount / Unit	
I N T E R V I E W	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By	
N O T I C E	Transported By		Date Transported		Time Transported	
	INSTRUCTION NO. 1 - Mandatory appearance in court		INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	
A P P E A R	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	
	MOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
A D M I N I S T R A T I O N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) MARSEILLE, ANGELO		LD # 1132	
	Pouch #		Signature of Arresting Officer MARSEILLE		Agency 1132	
Witness here if subject signed with an "X".		PAGE 1 OF 1		CRIME ANALYSIS		

STATE ATTORNEY AGENCY GENERAL RECORDS JAIL CRIME ANALYSIS

JUL 13 2020

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County

ADMIN	Date / Time 07/12/2020 14:41	Agency Report Number 4 0 20-009521	
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	
OFFENSE	Name (Last, First, Middle) ANWER, MUATAZ WATHEK	Race W	Sex M
	Charge Description 784.03(1A2) BATTERY CAUSE BODILY HARM	Date of Birth 03/14/1989	
VICTIM	Victim's Name (Last, First, Middle) [REDACTED]	Race W	Sex F
	Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]	Phone [REDACTED]	Address Source
	Business Address (Name, Street) (City) (State) (Zip) [REDACTED]	Phone [REDACTED]	Occupation

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SHAKING AND SCARED.
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	

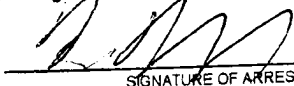
RELATIONSHIP BETWEEN VICTIM & SUSPECT
[REDACTED]

PHOTOGRAPHS:	Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CALLER: [REDACTED]
	Victim:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TYPE:
	911 CALL:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	(If YES, attach witness list)
WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
INJURIES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
AT: Scene:		<input type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:
Hospital:		<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES: [REDACTED]
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	

The following incident occurred in the City of Delray Beach, Palm Beach County Florida.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 12 day of July, 2020

DEBREE, MICHAEL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
JUL 13 2020

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

A D M I N	Date / Time 07/12/2020 14:41	Agency Report Number 4 0 20-009521
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT

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On 7/12/2020 I responded to [redacted] in reference to a domestic dispute. Upon arrival, I made contact with Muatza Anwer and [redacted] who were standing in the parking lot area of their residence. [redacted] appeared to be shaking up and scared as she was holding [redacted] whom the couple [redacted] in her arms. [redacted] advised Anwer became angry at her because she left her make up within the reach of [redacted] and proceeded to [redacted] advised Anwer started yelling aggressively toward her which prompted her to grab [redacted] and proceeded to the upstairs bathroom. [redacted] advised Muatza followed behind her and forced his way inside of the bathroom where he grabbed the right arm of [redacted] and pushed her to the ground while she held [redacted] in her arms. While on the floor, Anwer started dragging her while she continued holding onto [redacted]. [redacted] advised she kept a tight grip on [redacted] as she was being pushed to the ground by Anwer. [redacted] stated, once on the ground, Anwer started dragging her by her hair and arms toward the stairway as she continued to scream and beg him to stop. [redacted] advised Anwer stopped dragging her once he reached the top of the stairs.

[redacted] continued stating she ran downstairs to the living room area of the residence as Anwer followed. [redacted] stated Anwer forcefully removed [redacted] from her grips and proceeded upstairs with [redacted]. [redacted] advised [redacted] was crying the entire time which prompted her to contact law enforcement.

I made contact with Muatza Anwer. Post Miranda, Anwer advised the arguing occurred over [redacted] make up being left within the reach of [redacted]. Anwer admitted to grabbing [redacted] but only to assist her with exiting the bedroom because she was yelling at him.


I observed redness to both the medial and later right side of [redacted] arm. [redacted] did not appear to have any visible injuries from the incident as [redacted] advised her main concern was to protect [redacted].

Based on the above facts, Probable Cause exist to charge Muatza Anwer with Domestic Simple Battery Pursuant to F.S.S 784.03 (1A1) and Child Abuse Without Great Harm Pursuant to F.S.S 827.03(1).

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.



SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 12 day of July, 2020

DEBREE, MICHAEL

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
JUL 13 2020

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 20009521 Agency: Delray Beach
 Offense: Battery Domestic Violence
 Suspect/Offender: Anwar, Myataz
 D.O.B. 3/14/89 Race: white Sex: Male

2. Warrant #(s): N/A

3. Complete one (1) of the following:

a. Victim's name: [REDACTED]
 Address: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
 Home #: [REDACTED] Work #: [REDACTED] Other: [REDACTED]

b. Victim's next of kin:
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
 Printed name of person waiving notification: _____

Officer's Name : Alami I.D.: 1183 Date: 7/12/20

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
 (FOR WARRANTS USE ONLY)

SCANNED
 JUL 13 2020



PALM BEACH COUNTY
SHERIFF'S OFFICE
 Florida State Statute Exemption Sheet

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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020016761	Date: 07/13/2020
	Specialist Name/ID: AM/31562

SCANNED
 JUL 13 2020