

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 **NH** N

OBTS Number	Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 18-046179	
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	Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) 9513 Lake Serena Drive, Boca Raton, Florida, 33496			Location of Offense (Business Name, Address) 9513 Lake Serena Drive, Boca Raton, Florida, 33496			
Date of Arrest 03/05/2018	Time of Arrest 0031	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Attia, Medhat, Adly						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 09/07/1962	Height 5'08	Weight 150	Eye Color Brown	Hair Color Black	Complexion Light	Build Small	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) 2900 N Palm Aire Dr #201, Pompano Beach, FL 33069			Phone (954) 309-9738			Residence Type: 1. City 2. County 3. Florida 4. Out of State 3			Marital Status Married		
Permanent Address (Street, Apt. Number)			Phone			Address Source Florida DL			Religion CHRISTIAN		
Business Address (Name, Street)			Phone			Occupation U.S Postal Office Employee			Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
D/L Number, State A300-541-62-327-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) EGYPT		Citizenship U.S.			

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

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last)	(First)	(Middle)	Residence Phone
Address (Street, Apt. Number)				Business Phone
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released
Released To: (Name)		Relationship	TOT HRS / DYS	Incarcerated
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 Simple battery intentional touch-strike (Domestic)					Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 18-046179	Warrant / Capias Number		Bond		MAR 5 AM 2:38		
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		2018 MAR -5 AM 4:00		
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		2018 MAR -5 AM 4:00		

Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996			
Court Date and Time Month 03 Day 05 Year 2018 Time 0031 AM			

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 03/05/2018	
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee) MR
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) Deputy Garcia	I.D. # 21280
Intake Deputy SMANN 8101		Transporting Officer COARETA 21280	Agency BSU
Witness here if subject signed with an -X"			PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

N

OBTS Number	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 18-046179
Agency ORI Number FLO 500000			
Charge Type: Check as many as apply.	Special Notes:		
<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	
<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) Attia, Medhat, Adly	Alias	Race W	Sex M	Date of Birth 09/07/1962
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Charge Description Simple battery intentional touch-strike (Domestic)	784.03(1)(a)(1)	Charge Description	
Charge Description		Charge Description	

Victim's Name (Last, First, Middle) Adly, Gina, M	Race O	Sex F	Date of Birth 07/22/1987
Local Address (Street, Apt. Number) 9513 Lake Serena Dr, Boca Raton, FL 33496	(City)	(State)	(zip)
Phone (954) 7984384	Address Source		
Business Address (Name, Street)	(City)	(State)	(zip)
Phone ()	Occupation		

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. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

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

On the **04** day of _____ 20__ at _____ A.M. P.M. (Specifically include facts constituting cause for arrest.)

On the above mention date and time I responded to 9513 9513 Lake Serena Dr, Boca Raton, Florida reference a domestic Disturbance.

Upon arrival I meet with a white female who I observed crying historically, the female Identified herself as Gina M. Adly. Gina stated that earlier on the night her father, Later identified as Attia Adly along with her Mother entered her house, as her mother have a key to her house since she babysits for her. She stated she was having problems with her mother because she does not like the way her mother babysits for her. Gina advised that Attia attempted to talk to her, but told him she did not wanted to talk to him and locked herself into her bedroom. Gina said that Attia opened the door of the bedroom and enter the bedroom and pushing her multiple times on to the bed while screaming and cursing at her. Gina said that Attia swung at her multiple times but her mother got in the middle of them and he was unable to hit her. Gina stated that Attia told her that she was not going keep her daughter away from him, if she did, he was going to hurt her and her husband. I did not observed any visible injuries on Gina.

I made contact with Attia Adly via telephone. I told Attia to return to the residence in order for me for me to get his side of the story in order to continue my investigation.

I interviewed Attia once he arrived, Attia admitted entering the house and arguing with Gina, but he denied pushing her around and cursing at her.

Based on my investigation and statements from the Gina, I find that Attia did actually and intentionally touch or strike Gina Adly against her will and Gina was a family or household member of Attia contrary to Florida Statute 784.03(1)(a)(1).

This case was cleared by arrest.

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
Deputy Garcia

(Signature of Arresting/Investigative Officer)

SCANNED
MAR 05 2013

The foregoing instrument was sworn to or affirmed and subscribed before me this **5** day of **MARCH** 20 **18** by **Carlos Garcia**

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced _____

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

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

Suspect: Attia, Medhat, Adly DOB: 09/07/1962 Case #: 18-046179

Victim: Adly, Gina, M DOB: 07/22/1987 Race: O Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: ATTALLA, NARTIN

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

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

Injuries: Yes No Description: _____

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

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

Name: ATTALLA, NARTIN DOB: 03 06 /2016

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: DEFENDANT NOT PRESENT

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

First words Victim said when you responded to scene: MY FATHER HIT ME

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

Yes No If yes, name: ATTALLA, NARTIN phone (954) 643 3417

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 9513 Lake Serena Dr, Boca Raton, FL 33496

SCANNED

MAR 05 2018

Phone: Home (954) 7984384 Work () _____ Cell () _____

Employer: _____

Name of Relative: _____ Phone () _____

Address: _____

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: **Attia, Medhat, Adly**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

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 #: 18-046179 Agency: PBSO
Offense: Simple battery intentional touch-strike (Domestic)
Suspect/Offender: Attia, Medhat, Adly
D.O.B. 09/07/1962 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Adly, Gina, M D.O.B. 07/22/1987 Race: O Sex: F
Address: 9513 Lake Serena Dr
City: Boca Raton, FL 33496
Home #- (954) 7984384 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: Adly, Gina, M

Deputy's Name: Carlos Garcia I.D.# 21280 Date: 03/05/2018

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records