

18CF922

ARREST / NOTICE TO APPEAR

| | | | | | | | | | |
|---|---|---|--|--|---|---|--|---|--|
| OBTS Number | Agency ORI Number 0502300 | | Agency Name North Palm Beach Police Department | | Agency Report Number (N.T.A.'s only) 7, 0 18-00097 | Request for Warrant <input checked="" type="checkbox"/> | Request for Capias <input type="checkbox"/> | JUVENILE <input checked="" type="checkbox"/> | |
| 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 | If Weapon Seized Enter Type NONE | | Multiple Clearance Indicator | | | |
| Location of Arrest (Including Name of Business) 130 DOOLEN COURT | | | | Location of Offense (Business Name, Address) 130 DOOLEN CT 208, NORTH PALM BEACH, FL 33408 | | | | | |
| Date of Arrest 01/30/2018 | Time of Arrest 17:26 | Booking Date 01/30/2018 | Booking Time 17:36 | Jail Date // : : : | Jail Time | Location of Vehicle | | | |
| Name (Last, First, Middle) VALINEZHAD, MICHAEL AFSHEEN | | | | Alias: _____ | | | | | |
| Race W - White B - Black O - Oriental/Asian | Sex M | Date of Birth 06/29/1993 | Height 6'03 | Weight 185 | Eye Color BROWN | Hair Color BLACK | Complexion MEDIUM | Build Thin | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | Martial Status S | Religion | Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> | | | |
| Local Address (Street, Apt. Number) (City) (State) (Zip) 130 DOOLEN COURT 208, NORTH PALM BEACH, FL 33408 | | | | Phone (561) 876-4052 | | Residence Type: 1 City 2 County 3 Florida 4 Out of State 1 | | | |
| Permanent Address (Street, Apt. Number) (City) (State) (Zip) 130 DOOLEN COURT 208, NORTH PALM BEACH, FL 33408 | | | | Phone (561) 876-4052 | | Address Source FLDL | | | |
| Business Address (Name, Street) (City) (State) (Zip) SCHOOL, | | | | Phone | | Occupation Unemployed | | | |
| D/L Number, State V452541932290 / FL | | INS Number | | Place of Birth (City, State) BOWLING GREEN, | | Citizenship US | | | |
| Co-Defendant Name (Last, First, Middle) | | | | Race | Sex | Date of Birth | | | |
| Co-Defendant Name (Last, First, Middle) | | | | Race | Sex | Date of Birth | | | |
| Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle) | | | | Residence Phone | | Business Phone | | | |
| Address (Street, Apt. Number) (City) (State) (Zip) | | | | Business Phone | | Business Phone | | | |
| Notified by (Name) | | | | Date | Time | JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT JAC 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 | | | |
| <input type="checkbox"/> Yes, by <input type="checkbox"/> No | | | | Property, Crime* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property STREET SIGN | | Value of Property \$350 | |
| Drug Activity S Sell N N/A P Possess | | | | R Smuggle D Deliver E Use | K Disperse/Distribute | M Manufacture/Producer/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 Synthetic | U Unknown Z Other | | |
| Charge Description THEFT - GRAND \$300-\$20,000 | | | | Statute Violation Number 812.014(2)(C)(1) | Violation of ORD # | | | | |
| Drug Activity | Drug Type N | Amount / Unit / | Offense # 18-000097 | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | | Bond | |
| Charge Description THEFT - GRAND \$300-\$20,000 * Possession of Stolen Property | | | | Statute Violation Number 812.014(2)(C)(1) | Violation of ORD # | | | | |
| Drug Activity | Drug Type N | Amount / Unit / | Offense # 18-000097 | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | | Bond | |
| Charge Description VIOLATION OF INJUNCTION (RETURN DWELLING) | | | | Statute Violation Number 741.31(4A)(2) | Violation of ORD # | | | | |
| Drug Activity | Drug Type N | Amount / Unit / | Offense # 18-000097 | Counts 1 | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Warrant / Capias Number | | Bond | |
| 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"/> Other | | | | | |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond | | | | <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health | | <input checked="" type="checkbox"/> TOT County Jail | | PROPERTY - Received By | |
| Transported By | | | | Date Transported // : : : | Time Transported | Other | | | |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. | | | | Location (Court, Room) | | Court Date and Time | | | |
| 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 | | | | Name Verification (Printed by Arrestee) | | | | | |
| HOLD for Other Agency | | | | Signature of Arresting Officer BEARSBY, KEVIN | | Name of Arresting Officer (Print) BEARSBY, KEVIN | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | ID # 9777 | | | |
| Intake Deputy ID # | | Pouch # | | Transporting Officer K. BEARSBY | | ID # 9777 | | Agency NORTH | |
| Witness here if subject signed with an "X" | | | | PAGE 1 OF 1 | | | | | |

1-2000
2-3000
NONE

2018 JAN 31 AM 6:54
SOUTH COUNTY JAIL BRANCH

No Photo Available

SCANNED
JAN 31 2018

JAN 31 2018 8:47

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

| | | | | |
|---------------------------------------|--|---|---|---|
| OBTS Number | Agency ORI Number FL 0502300 | | Agency Name NORTH PALM BEACH POLICE | Agency Report Number 7 0 18-00097 |
| Charge Type Check as many as apply | <input checked="" type="checkbox"/> 1 Felony | <input checked="" type="checkbox"/> 3 Misdemeanor | <input type="checkbox"/> 5 Ordinance | Special Notes |
| | <input type="checkbox"/> 2 Traffic Felony | <input type="checkbox"/> 4 Traffic Misdemeanor | <input type="checkbox"/> 6 Other | |

| | | | | |
|--|-------|------------------|-----------------|------------------------------------|
| Name (Last, First, Middle) VALINEZHAD, MICHAEL AFSHEEN | Alias | Race W | Sex M | Date of Birth 06/29/1993 |
|--|-------|------------------|-----------------|------------------------------------|

| | |
|---|--|
| Charge Description 741.31(4A)(2) | Charge Description 812.014(2)(C)(1) THEFT - GRAND \$300-\$20,000 |
| Charge Description 812.014(2)(C)(1) POSSESSION OF STOLEN PROPERTY | Charge Description |

| | | | |
|---|------------------|-----------------|------------------------------------|
| Victim's Name (Last, First, Middle) VALINEZHAD, MOOSA | Race O | Sex M | Date of Birth 05/07/1954 |
| Local Address (Street, Apt. Number) 130 DOOLEN CT 208, NORTH PALM BEACH, FL 33408 | (City) | (State) | (Zip) |
| Business Address (Name, Street) | (City) | (State) | (Zip) |
| Phone (561) 744-5467 | Address Source | Phone | Occupation UNEMPLOYED |

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 30 day of January, 2018 at 17:26 (Specifically include facts constituting cause for arrest.)

On January 30, 2018 at 1654 hours I was dispatched to 130 Doolen Court in reference to an unwanted guest in unit #208.

Upon arrival I made contact with Moosa Valinezahd in unit #208 who stated his son Michael Valinezahd was in the residence in the back bedroom packing his clothes and invited me in. Michael Valinezahd was arrested by this department for Domestic Violence against his father Moosa Valinezahd yesterday (01/29/2018). Michael was released today (01/30/2018) with a no contact order. Per court order, Michael Valinezahd was not to have contact with his father Moosa Valinezahd. Michael had his release papers with him which included the court order of no contact signed by him (Michael Valinezahd). I made contact Michael Valinezahd in the back bedroom where he has been living. Michael was arrested for violating the no contact order which was ordered by the court. F.S.S. 741.31(4A)(2) VIOLATE INJUNCTION - DOMESTIC VIOLENCE (return to dwelling).

Found in Michaels bedroom was a Castlewood Drive road sign belonging to the Village of North Palm Beach. Michael's father, Moosa Valinezahd, stated his son Michael brought that sign (Castlewood Drive road sign) in to the residence but could not remember the date he brought it home. Michael Valinezahd was arrested for Grand Theft contrary to F.S.S. 812.014(2)(C)(1) and Possession of Stolen Property F.S.S. 812.014(2)(C)(1).

NOTICE

| | |
|--|--|
| SWORN AND SUBSCRIBED BEFORE ME | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  |
| LERNER, EVERETT NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) | BEARSBY, KEVIN (9777) NAME OF OFFICER (PLEASE PRINT) |
| <u>01/30/2018</u> DATE | <u>01/30/2018</u> DATE |

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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 000097 Agency: North Palm Beach
Offense: Viol. injunction
Suspect/Offender: Valinezhad, Michael
D.O.B. 6/29/93 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: MOOSA Valinezhad D.O.B. _____ Race: W Sex: M
Address: 130 DeLeon Court #208
City: NPB State: FL Zip: 33408
Home #: 561-629-8462 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: N/A
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO FS. 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: _____

Deputy's Name _____ ID.# _____ Date: _____

Title/Corrections or State Attorney: _____

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