
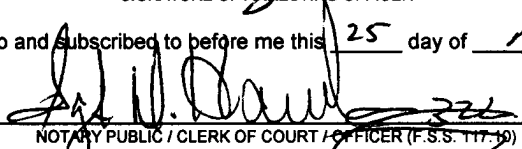


A D M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	N							
	Agency ORI Number 0502600		Agency Name Palm Beach Gardens Police Department				Agency Report Number (N.T.A.'s only) 7 8 17-003089													
	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 Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator											
	Location of Arrest (Including Name of Business) SAME AS ABOVE 4429 CRESTDALE ST						Location of Offense (Business Name, Address) 4429 CRESTDALE ST, PALM BEACH GARDENS, FL 33410													
	Date of Arrest 05/24/2017		Time of Arrest 23:48		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle							
	Name (Last, First, Middle) SCIARRA, MICHAEL ANTHONY												Alias:							
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex W M		Date of Birth 06/20/1984		Height 5'06		Weight 150		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Medium	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT BACK; TATT U ARM						Marital Status M		Religion CHRISTIAN		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>									
	Local Address (Street, Apt. Number) 4429 CRESTDALE ST, PALM BEACH GARDENS, FL 33410						(City) (State) (Zip)		Phone (561) 262-3823		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1									
	Permanent Address (Street, Apt. Number) 4429 CRESTDALE ST, PALM BEACH GARDENS, FL 33410						(City) (State) (Zip)		Phone (561) 262-3823		Address Source FL DL									
Business Address (Name, Street) CAPITAL GRILL,						(City) (State) (Zip)		Phone		Occupation Server										
D/L Number, State S600541842200 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WARWICK, RI, United		Citizenship US												
D E F E N D A N T	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian						Name (Last, First, Middle)						Residence Phone							
	Address (Street, Apt. Number)						(City)		(State)		(Zip)		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.						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property									
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:																			
	Drug Activity N. N/A P. Possess						S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other					
	Drug Type N. N/A A. Amphetamine						C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other							
C H A R G E	Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)						Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #											
	Drug Activity		Drug Type N		Amount / Unit /		Offense # 17-003089		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
	Charge Description						Statute Violation Number		Violation of ORD #											
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
	Charge Description						Statute Violation Number		Violation of ORD #											
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries													
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond						<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To							
	Transported By						Date Transported		Time Transported		Other									
	N O T I C E T O A P P E A R	<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) North County - PALM BEACH GARD		Court Date and Time 06/28/2017 10:00:00		2017 MAY 25 AM 5 29		No Photo Available						
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								
HOLD for Other Agency						Signature of Arresting Officer 428		Name Verification (Printed by Arrestee) 428												
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) BASINGER, STEVEN		I.D. # 428										
Intake Deputy						I.D. #		Pouch #		Transporting Officer SAME AS ABOVE		I.D. # PAGPH								
												Witness here if subject signed with an "X".								
												PAGE 1 OF 1								

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 05/24/2017 23:48		Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 17-003089																																																																																																																								
	Name (Last, First, Middle) SCIARRA, MICHAEL ANTHONY						Race W	Sex M	Date of Birth 06/20/1984																																																																																																																						
CHARGE	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)																																																																																																																														
	Victim's Name (Last, First, Middle) SCIARRA, HANNAH R						Race W	Sex F	Date of Birth 01/26/1984																																																																																																																						
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) 4429 CRESTDAL ST, PALM BEACH GARDENS, FL 33410				Phone (401) 263-3046		Address Source																																																																																																																								
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation																																																																																																																								
DEFENDANT	Written <input type="checkbox"/>		Taped <input checked="" type="checkbox"/>		Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):																																																																																																																								
	DEFENDANT'S STATEMENTS:		VICTIM'S STATEMENTS:																																																																																																																												
RELATIONSHIP	RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE																																																																																																																														
	<table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene:</td> <td>YES <input type="checkbox"/></td> <td>NO <input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER:</td> <td colspan="3">NEIGHBOR</td> </tr> <tr> <td></td> <td>WEAPON USED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TYPE:</td> <td colspan="3">HANDS</td> </tr> <tr> <td></td> <td>WITNESSES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(If YES, attach witness list)</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PARAMEDICS:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NAMES/AGES:</td> <td colspan="3">ANDREW (2), GABRIEL (6)</td> </tr> <tr> <td></td> <td>H. R. S. NOTIFIED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> </table>								PHOTOGRAPHS:	Scene:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>						Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:	NEIGHBOR				WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE:	HANDS				WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)					INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:					Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:					ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:	ANDREW (2), GABRIEL (6)				H. R. S. NOTIFIED:	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>			
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NARRATIVE	On 5/24/2017 at 9:57 p.m., I was dispatched to 4429 Crestdale St, Palm Beach Gardens, Palm Beach County, FL., reference to a suspicious incident. My BWC was used during this entire encounter. Upon arrival, I met with the caller Michael Nall, who resides at 9457 Birdwood St. Nall advised that he could hear his neighbor Hannah Sciarra, yelling for help from her backyard at 9457 Birdwood St. Nall advised that he attempted to go over																																																																																																																														
	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 <u>25</u> day of <u>May</u> , 2017.  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117-10)																																																																																																																														

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 05/24/2017 23:48		
	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 17-003089

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to the Sciarra residence, when her heard a loud bang. Nall stated that he then returned to his home, and retrieved his shotgun. Nall advised that he then, proceeded to go to the Sciarra residence, and contacted both Hannah and her husband Michael Sicarra. Nall advised that both individuals appeared to be intoxicated and Hannah was saying that Michael struck her. Nall advised that he then told Michael Sicarra, that he called the police, and that he better leave. Nall advised that Michael left the area in a dark colored Kia SUV. Nall would later advised that he did not fire his shotgun. See case number 17-003090 for further.

I then contacted Hannah Sicarra. Hannah was very visially upset, and appeared to have swelling around her eyes, especially her left eye. Hannah asked myself, and other responding officers to step inside her home so that we could discuss the incident that occurred. Upon speaking with Hannah I noticed a strong odor of alcohol coming from her. The inside of Hannah's home was covered with broken glass on the floor, and appeared that a struggle had occurred in the home.


Hannah advised that she and Michael, along with their children Andrew and Gabriel were sitting at the table having dinner. Hannah advised that Michael became very agitated with their conversation. Hannah advised that she was telling Michael about an achievement she earned at work. Hannah also advised that she and Michael were discussing marital issues they were having, and that Michael had found out that Hannah was seeing another man, behind his back. Hannah advised that Michael suddenly "flipped out", and began to attack her. Hannah advised that she was holding onto Andrew, and Michael struck her with a closed fist on the left side of her face. Hannah advised that Andrew was yelling "daddy stop hitting mommy". Hannah advised that Michael kept grabbing her arms, and shoving her, to the point where she eventually went on the back porch and began to yell for help. Hannah advised that at that time Michael Nall crossed the road, and shot off one round out of his shotgun, to gain Michael and Hannah's attention.

Sgt. Hawkins (ID322), was able to contact Michael Sicarra, and convince Michael to return to the residence, to talk with officers. Upon arrival and first contact with Michael, I noticed the smell of alcohol coming from him as well. Michael was agitated, and quickly turned around and placed his hands behind his back, telling myself and other officers to arrest him. Due to his behavior Michael was placed into handcuffs, which were checked for tightness and detained. Michael was then read his Miranda rights from a department issued Miranda card. Post Miranda Michael advised that he and Hannah did get into a verbal argument. Michael advised that he did punch pictures, and damage property in the residence, as well as throw a water bottle at Hannah, but did deny striking Hannah. Michael did advise that he and Hannah had been drinking, and due to him finding out that Hannah was seeing another man, he lost his temper. Michael was sorry that this incident happened in front of his children. Michael said he left after his neighbor Michael Nall came across the street and fired his shotgun into the air.

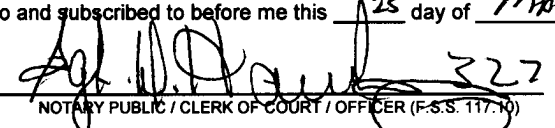
Based on statements from all parties involved, I believe there is probable cause for the arrest of Michael Sciarra for violating F.S.S 784.03(1) (A) (1) Battery - Simple, Domestic Violence.

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.

 428
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 25 day of May, 2017.

 327
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.