

## ARREST / NOTICE TO APPEAR

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

1

JUVENILE

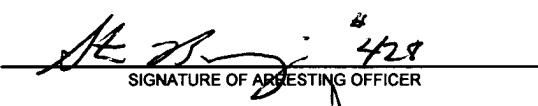
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A D M I N I S T R A T I O N			OBTS Number <b>0502600</b>			Agency ORI Number <b>Palm Beach Gardens Police Department</b>			Agency Report Number (N.T.A.'s only) <b>7 8 17-003089</b>								
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" 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			If Weapon Seized			Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) <b>SAME AS ABOVE</b>			Location of Offense (Business Name, Address) <b>4429 CRESTDALE ST, PALM BEACH GARDENS, FL 33410</b>			Enter Type <b>Hands, Feet, Fist, Teeth</b>											
Date of Arrest <b>05/24/2017</b>		Time of Arrest <b>23:48</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle					
Name (Last, First, Middle) <b>SCIARRA, MICHAEL ANTHONY</b>																	
Alias: <b>Alias:</b>																	
Race <b>W - White</b>		Sex <b>M</b>		Date of Birth <b>06/20/1984</b>		Height <b>5'06</b>		Weight <b>150</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT BACK; TATT U ARM</b>										Marital Status <b>M</b>		Religion <b>CHRISTIAN</b>					
Local Address (Street, Apt. Number) <b>4429 CRESTDALE ST, PALM BEACH GARDENS, FL 33410</b>		(City) <b></b>		(State) <b></b>		(Zip) <b></b>		Phone <b>(561) 262-3823</b>		Residence Type: <b>1. City 3. Florida 2. County 4. Out of State</b>		1					
Permanent Address (Street, Apt. Number) <b>4429 CRESTDALE ST, PALM BEACH GARDENS, FL 33410</b>		(City) <b></b>		(State) <b></b>		(Zip) <b></b>		Phone <b>(561) 262-3823</b>		Address Source							
Business Address (Name, Street) <b>CAPITAL GRILL,</b>		(City) <b></b>		(State) <b></b>		(Zip) <b></b>		Phone <b></b>		Occupation <b>Server</b>							
D/L Number, State <b>S600541842200 / FL</b>			Soc. Sec. Number <b></b>			INS Number			Place of Birth (City, State) <b>WARWICK, RI, United</b>			Citizenship <b>US</b>					
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					
Name (Last, First, Middle) <b>Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian</b>												Residence Phone					
Address (Street, Apt. Number) <b></b>												Business Phone					
Notified by: (Name) <b></b>						Date <b></b>		Time <b></b>		JUVENILE DISPOSITION							
										1. Handled/Processed within Department and Released      2. TOT JAC 3. Incarcerated							
Released To: (Name) <b></b>						Relationship <b></b>		Date <b></b>		Time <b></b>							
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property		Value of Property			
Drug Activity <b>S. Sell</b> <b>R. Smuggle</b> <b>K. Disperses/ Distribute</b> <b>M. Manufacture/ Produce/ Cultivate</b> <b>Z. Other</b>						Drug Type <b>N. N/A</b> <b>C. Cocaine</b> <b>E. Heroin</b>		Drug Type <b>E. Barbiturate</b> <b>H. Hallucinogen</b> <b>P. Paraphernalia/ Equipment</b>		Drug Type <b>M. Marijuana</b> <b>O. Opium/Deriv.</b> <b>S. Synthetic</b>		U. Unknown <b>Z. Other</b>					
Charge Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>												Statute Violation Number <b>784.03(1)(A)(1)</b>		Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b></b>		Amount / Unit <b>/</b>		Offense # <b>17-003089</b>		Counts <b>1</b>		Domestic Violence <b>X Y N</b>		Warrant / Capias Number					
Charge Description												Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <b>Y N</b>		Warrant / Capias Number					
Charge Description												Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <b>Y N</b>		Warrant / Capias Number					
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					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail												PROPERTY - Received By		Released By		Released To	
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## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>05/24/2017 23:48</b>	Agency Name <b>PALM BEACH GARDENS POLICE</b>	Agency Report Number <b>7   8   17-003089</b>
D E F	Name (Last, First, Middle) <b>SCIARRA, MICHAEL ANTHONY</b>	Alias	Race <b>W</b> Sex <b>M</b> Date of Birth <b>06/20/1984</b>
C H R G	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>		
V I C T I M	Victim's Name (Last, First, Middle) <b>SCIARRA, HANNAH R</b>	Race <b>W</b> Sex <b>F</b> Date of Birth <b>01/26/1984</b>	
Local Address (Street, Apt. Number) <b>4429 CRESTDALE ST, PALM BEACH GARDENS, FL 33410</b>		(City) (State) (Zip)	Phone <b>(401) 263-3046</b> Address Source
Business Address (Name, Street)		(City) (State) (Zip)	Phone Occupation
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Written <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Taped <input type="checkbox"/> <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):	
VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Written <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Taped <input type="checkbox"/> <input type="checkbox"/> Oral			
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>SPOUSE</b>			
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: <b>NEIGHBOR</b>		
	911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: <b>HANDS</b>		
	WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)		
	WITNESSES: <input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)		
	INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)		
	MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/> AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	AT: Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: <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: <b>ANDREW (2), GABRIEL (6)</b>		
	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"/>			
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  428			
Sworn to and subscribed to before me this <u>25</u> day of <u>May</u> , <u>2017</u>			
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117-19)			

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 <b>05/24/2017 23:48</b>	Palm Beach County Narrative Continuation	
	Agency ORI Number <b>FL 0502600</b>	Agency Name <b>PALM BEACH GARDENS POLICE</b>	Agency Report Number <b>7   8   17-003089</b>
<p>N 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 Sciarra. Nall advised that both individuals appeared to be intoxicated and Hannah was saying that Michael struck her. Nall advised that he then told Michael Sciarra, 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.</p> <p>I then contacted Hannah Sciarra. Hannah was very visibly 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.</p> <p>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.</p> <p>Sgt. Hawkins (ID322), was able to contact Michael Sciarra, 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.</p> <p>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.</p>			
<p><b>STATE OF FLORIDA</b> <b>COUNTY OF PALM BEACH</b></p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><i>AT 28 428</i> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>25</u> day of <u>May</u>, <u>2017</u>.</p> <p><i>227</i> _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.