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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1 Arrest	3. Request for Warrant	1	Juvenile				
Agency ORI Number FLO 503300		Agency Name PALM BEACH SHORES POLICE DEPARTMENT			Agency Report Number 80-1700681							
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	Multiple Clearance Indicator			
Location of Arrest (including Name of Business) 115 SANDAL LN # 1, PALM BEACH SHORES, FL 33404				Location of Offense (Business Name, Address) 115 SANDAL LN #1, PALM BEACH SHORES, FL 33404								
Date of arrest 12-05-2017	Time of Arrest 0027	Booking Date 12-05-2017	Booking Time 0042	Jail Date 12-05-2017	Jail Time	Location of Vehicle N/A						
Name (Last, First, Middle) SALHA, MICHAEL ELIAS				Alias (Name, DOB, Soc. Sec. # Etc.) SALA, MICHAEL NMN DOB/09-08-1982								
Race W - White - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 09-08-1981	Height 603	Weight 195	Eye Color BRO	Hair Color BRO	Complexion OLIVE	Build MED				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status SINGLE	Religion NONE	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>						
Local Address (Street, Apt. Number) 115 SANDAL LN # 1 (City) PB SHORES (State) FL (zip) 33404				Phone () UNK	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1							
Permanent Address (Street, Apt. Number) 115 SANDAL LN # 1 (City) PB SHORES (State) (zip)				Phone ()	Address Source DEFENDANT							
Business Address (Name, Street) UNKNOWN (City) (State) (zip)				Phone ()	Occupation UNKNOWN							
D/L Number, State S400-545-81-328-0/FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) BULGARIA		Citizenship UNK				
Co-Defendant Name (Last, First, Middle) NONE				Race	Sex	Date of Birth						
Co-Defendant Name (Last, First, Middle) NONE				Race	Sex	Date of Birth						
<input type="checkbox"/> Parent Name (Last) (First) (Middle) Residence Phone <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				Address (Street, Apt. Number) (City) (State) (zip) Business Phone								
Notified by: (Name)				Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS/DYS 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. Yes, by: (Name) No. (Reason)						School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property							
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. Synthetic.	U. Unknown Z. Other
Charge Description FALSE REPORT OF CRIME				Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 817.49			Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit		Offense #		Warrant / Capias Number			Bond			
Charge Description RESISTING ARREST WITHOUT VIOLENCE				Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 843.02			Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit		Offense #		Warrant / Capias Number			Bond			
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			
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			
Location (Court, Room Number, Address) NORTH COUNTY COURT 3188 PGABLD, PBG, FL 33410												
Court Date and Time Month JANUARY Day 3 Year 2018 Time 10:30 A.M. PM												
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 Name				Signature of Arresting Officer OFC G Lerner 7720				Name Verification (Printed by Arresting Officer) SCANNED				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) OFC. G. LERNER				(PRINT) DEC 05 2017				
Intake Deput		I.D. #		Pouch #		Transporting Officer LERNEL		I.D. # 7720		Agency PBS		
Witness here if suspect signed with an "X"										PAGE 1 OF 1		

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA

3 Request for Warrant
4 Request for Capias

1

Juvenile

ADMIN	OBTS Number	Agency ORI Number FL 5,0,3,3,0,0		Agency Name PALM BEACH SHORES POLICE DEPARTMENT	Agency Report Number 80-1700681
	Charge Type Check as many as apply	<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	Special Notes

DEF	Name (Last, First, Middle) SALHA, MICHAEL ELIAS	Alias	Race W	Sex M	Date of Birth 03-17-1966
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CHARGES	Charge Description FALSE REPORT OF CRIME 817.49	Charge Description
	Charge Description RESISTING ARREST WITHOUT VIOLENCE 843.02	Charge Description

VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA	Race	Sex	Date of Birth	
	Local Address (Street, Apt Number) 247 EDWARDS LN	(City) PB SHORES	(State) FL	(Zip) 33404	Phone ()
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone ()

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 _____

confessed to _____ that he/she saw the arrested person commit the below acts.

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

On the 5TH day of DECEMBER 20 17 at 12:07 A.M P.M (Specifically include facts constituting cause for arrest.)

On the above date and time units were dispatched to 115 Sandal Ln #1, Palm Beach Shores, FL in reference to a reported stabbing. Complainant Michael Salha stated that he'd been stabbed in the neck. Upon arrival, along with Ofc. Novella ID 7740, we met complainant who had no injury but a red mark on the left side of his neck. He verbally identified himself as Michael NMN Sala DOB/09-08-82. I asked Sala what happened and he stated that his roommate stabbed him in the neck with a knife. The roommate was inside the apartment. I entered the apartment and met with the roommate, Elias Akl, who told me the following:

Salha had been drinking all day. While Salah was on the phone with Police, he took a knife and put it to his neck. He then falsely accused Akl of stabbing him.

Salah was placed under arrest for False report of a crime, a misdemeanor, in violation of FSS 817.49 and Resisting Arrest without Violence in violation of FSS 843.02 for providing false information to law enforcement.

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

SCANNED
DEC 05 2017

STATE OF FLORIDA
COUNTY OF PALM BEACH
[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of DECEMBER 20 17 by OFC. G. LERNER

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

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

PAGE
1 OF 1