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17CF396 3237

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>				Agency Report Number <b>34-17-002208</b>				
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		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>209 SE 6th St #3, Boynton Beach, FL 33435</b>						Location of Offense (Business Name, Address) <b>209 SE 6th St #3, Boynton Beach, FL 33435</b>				
Date of Arrest <b>01/12/2017</b>		Time of Arrest <b>2241</b>		Booking Date		Booking Time		Jail Date		Jail Time
Name (Last, First, Middle) <b>Molden, Michael John</b>						Alias (Name, DOB, Soc. Sec. #, Etc)				
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/01/1964</b>	Height <b>600</b>	Weight <b>170</b>	Eye Color <b>Grn</b>	Hair Color <b>Gry</b>
Complexion <b>Light</b>						Build <b>Med</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>209 SE 6th St #3, Boynton Beach, FL 33435</b>						Phone <b>(561)699-8347</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State		
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone ( ) -		Address Source <b>Verbal</b>		
Business Address (Street, Apt. Number) (City) (State) (Zip)						Phone ( ) -		Occupation <b>Unemployed</b>		
D/L Number, State <b>M435-550-64-081-0</b>				Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth <b>Lincoln, Nebraska</b>		Citizenship <b>Yes</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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Residence Phone		Business Phone				
Address (Street, Apt. Number) (City) (State) (Zip)		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 561-355-2526) 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 D. Deliver T. Traffic		R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		
B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other				
Charge Description <b>Aggravated Assault on a LEO</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>784.07.2C</b>		Violation of ORD#		
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>N/A</b>		Offense # <b>17-002208</b>		Warrant/Capias Number		Bond <b>2017 JAN 13</b>
Charge Description <b>Resisting Arrest</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>843.02</b>		Violation of ORD#		
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>N/A</b>		Offense # <b>17-002208</b>		Warrant/Capias Number		Bond <b>2017 JAN 13</b>
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#		
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond
<input 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 instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>								
		Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.								
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 <b>Off. Loshelder #941</b>								
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Off. Loshelder #941</b>								
Make Deputy		Pouch #		Transporting Officer <b>Strony #958</b>		I.D. # <b>941</b>		Agency <b>BU#108147</b>		Page <b>1</b>

SCANNED

JAN 13 2017

JAN 13 AM 2:47

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile		N	
Agency ORI Number <b>FL0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>				Agency Report Number <b>34-17-002208</b>							
Charge Type Check all that 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		Special Notes					
Name (Last, First, Middle) <b>Molden, Michael John</b>						Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>03/01/1964</b>			
Charge Description <b>Aggravated Assault on a LEO</b>						Charge Description <b>Resisting Arrest</b>							
Charge Description						Charge Description							
Victim's Name (Last, First, Middle) <b>State of Florida</b>						Race		Sex		Date of Birth			
Local Address (Street, Apt Number) <b>100 E. Boynton Beach Blvd</b>						(City) <b>Boynton Beach</b>		(State) <b>FL</b>		(Zip) <b>33435</b>		Phone <b>561-742-6100</b>	
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..													
<input checked="" type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by      Who told      That he/she saw the arrested person commit the below acts. <input type="checkbox"/> Confessed to      Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.													
On The <b>12</b> Day Of <b>January</b> 20 <b>17</b> At <b>10:21</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.													

On 1/12/2017 at approximately 2221 hours, I responded to 209 SE 6th St #3 in reference to a suicide threat. The caller (later identified as Michael Molden) advised he had a knife and just continued to cry over the phone. BBPD dispatch attempted to gain more information from Molden but were unsuccessful.

Upon arrival, officers attempted to make contact with Molden at his front door and rear sliding glass door. Molden refused to answer either door and continued yelling and screaming. Let it be noted that officers on scene were unable to determine what Molden was yelling or why he was screaming. At this time, officers on scene were able to look partially inside the apartment (living room area) through the rear sliding glass door where the blinds were slightly left open. Inside the residence, I observed Molden sitting on the living room couch with a knife to his chest. Molden was hunched over and screaming while holding the knife in his chest. It appeared that Molden had stabbed himself in the chest.

While standing on other side of the sliding glass door, officer tried several times to yell commands to Molden in order from him to "stop" and "put the knife down". Molden continued to hold the knife to his chest and began crying hysterically. Due to Molden's actions, officers believed that Molden was actively harming himself and trying to kill himself.

Officers then attempted to slide open the sliding glass door but due to the fact that Molden had placed a wood 2x4 behind the sliding glass door (in tracks) it was impossible to slide the door completely open without removing the 2x4. Officers continued to tell Molden to put the knife down while trying to slide the door open and knock wood out of the tracks. However, officers were unsuccessful.

Ofc. Castro proceeded to pull the sliding glass door back off the tracks (bending the door frame) so officers could gain entry into the apartment in order to prevent Molden from further harming himself. Ofc. Castro continued to pull the door back enough so officers could stand in the door frame of the apartment. Once, officers were in the door way I observed Molden still holding a large kitchen knife to his chest. I could only observe a handle of the knife in Molden's hands and it appeared that the entire blade was inside Molden's chest.

The foregoing instrument was sworn to or affirmed and subscribed before me

**Wam 89**  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

**1 /12/2017**  
Date

**OK. LOSHELDER**  
(Signature of Arresting / Investigative Officer) #941

**Ofc. Loshelder #941**  
(Print name of Arresting/Investigative Officer)

**1 /12/2017**  
Date

Page

**2**

**SCANNED**

**JAN 13 2017**

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile		N	
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Charge Type Check all that 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) <b>Molden, Michael John</b>						Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>03/01/1964</b>			
Charge Description <b>Aggravated Assault on a LEO</b>						Charge Description <b>Resisting Arrest</b>							
Charge Description						Charge Description							
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Local Address (Street, Apt Number) <b>100 E. Boynton Beach Blvd</b>						(City) <b>Boynton Beach</b>		(State) <b>FL</b>		(Zip) <b>33435</b>		Phone <b>561-742-6100</b>	
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..													
<input checked="" type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by _____ Who told _____ That he/she saw the arrested person commit the below acts.													
<input type="checkbox"/> Confessed to _____ Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.													
On The <b>12</b> Day Of <b>January</b> 20 <b>17</b> At <b>10:21</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.													

Seconds, later Molden began pulling the knife back from his chest while yelling "Fuck you, I'm doing it". Molden proceeded to turn the knife around to now have the blade pointed to PD in a manner that I feared he was going to quickly stand up and stab an officer with the knife. Therefore, I immediately deployed my department issued Taser (serial # C41049DF3) hitting Molden in his left shoulder and chest area. which proved to be effective by stopping his assault Afterwards, officers gave a lawful command for Molden to "lay on the ground" and "drop the knife". Molden did drop the knife onto the ground but he refused to lie on the ground and get off the couch. As officers, grabbed Molden of the couch and placed him to the ground; I quickly retrieved the knife so Molden could not gain possession of it again. After a short struggle, officers were able to detain and handcuff (D/L and Spaced) Molden (See officers supplements for further).

Based on Molden actions, Molden is being charged with one count of Aggravated Assault on a LEO and one count of Resisting Arrest without Violence. Molden was transported to JFK Hospital for medical clearance then TOT to PBCJ.

The foregoing instrument was sworn to or affirmed and subscribed before me

*T. Loshelder*

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

**1 / 12 / 2017**

Date

*OKC. LOSHELDER #941*  
(Signature of Arresting / Investigative Officer)

**Ofc. Loshelder #941**

(Print name of Arresting/Investigative Officer)

**1 / 12 / 2017**

Date

Page  
**2 OF 2**

**SCANNED**

**JAN 13 2017**