

J#0480550

P#870

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1 Juvenile N

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report								
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06	17088300			
Charge Type: Check as many as apply 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		If Weapon Seized 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>				Multiple Clearance Indicator 0 1				
Location of Arrest (Including Name of Business) 5297 HELENE CIR		Location of Offense (Including Name of Business) 5246 HELENE CIR				BOYNTON BEACH, FL33472				
Date of Arrest Jun 9, 2017	Time of Arrest 2346	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) LYNCH MICHAEL						Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black M - American Indian O - Oriental/Asian	Sex W	Date of Birth 9/24/1975	Height 5'10"	Weight 200	Eye Color BRN	Hair Color BRN	Complexion LIGHT	Build MED		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT ARM BASKETBALL, RIGHT CALF				Marital Status MARRIED	Religion CATHOLIC	Indication of Influence Y <input type="checkbox"/> N <input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>				
Local Address (Street, Apt. Number) 5297 HELENE CIR		City BOYNTON BEACH	State FL	Zip 33472	Phone 2674968067	Residence Type: 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>				
Permanent Address (Street, Apt. Number) SAME AS ABOVE		City	State	Zip	Phone	Address Source				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation				
DL Number, State L-520-540-75-344-0	Social Security Number		INS Number	Place of Birth PHILADELPHIA, PA		Citizenship US				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone				
Address (Street, Apt. No.)		City	State	Zip	Business Phone					
Notified By (Name)			Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released <input type="checkbox"/> 2. TOT HRS/DYS <input type="checkbox"/> 3. Incarcerated <input type="checkbox"/>					
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 address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)						School Attended				
						Grade				
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property					Value of Property				
Drug Activity 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. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description BATTERY			Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)		Violation or ORD. #			
Drug Activity N	Drug Type N	Amount/Unit	Offense # 17088300		Warrant/Capias Number	Bond				
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number	Bond				
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number	Bond				
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number	Bond				
Location (Court, Address, Room Number) South County Courthouse, 200 W. Atlantic Avenue, Courtroom #1, Delray Beach, FL 33444										
Court Date and Time	Month JULY	Day 20	Year 2017	Time 8:30	AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>				
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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) 2017						Date Signed				
HOLD for Other Agency JUN			Signature of Arresting Officer			Name Verification (Printed by Arrestee)				
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			Name of Arresting Officer D/S SCHWARTZ			(PRINT) JUN 10 AM 1:00				
Intake Deputy Thomas P. B. 100			Transporting Officer D/S SCHWARTZ			Agency PBSO				
Page 1 of 1 Witness here if subject signed with an "X"										

OBT Number

PROBABLE CAUSE AFFIDAVIT

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Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17088300		
Charge Type: Check as many as apply <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			Special Notes		
Defendant Name (Last, First, Middle) LYNCH MICHAEL			Race W	Sex M	Date of Birth 9/24/1975
Charge BATTERY		Charge			
Charge			Charge		
Victim Name (Last, First, Middle) SAUER COLLEEN			Race W	Sex F	Date of Birth 02/22/1974
Local Address (Street, Apt. Number) 411 54TH ST		City WEST PALM BEACH	State FL	Zip 33407	Phone 2673534994
Business Address (Street, Apt. Number)		City	State	Zip	Phone
Occupation					
<p>I, the undersigned, swear 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...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>					
<p>On the 9 day of JUNE 20 17 at 2306 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>					

I responded to a residence in Rainbow Lakes located at 5297 Helene Cir., Boynton Beach, FL 33472, in reference to a battery.

Upon my arrival, I met with the victim, Colleen Sauer, who advised her friend's husband, Michael Lynch, punched her in the face. Colleen and her friend, Jennifer Lynch, went out to dinner and returned to Jennifer's neighborhood to use the restroom at the clubhouse. Colleen stated she and Jennifer have been friends for over 30 years and that she has always had issues with Michael. At approximately 2200hrs, Colleen and Jennifer went to the clubhouse and Michael walked from his house to make contact. Michael asked Jennifer why she was at the clubhouse when she said she was out with friends, and Jennifer responded that Colleen had to use the restroom before she drove home. Colleen advised Michael became irate with Jennifer and grabbed her phone and keys. Michael then went to Jennifer's vehicle and started throwing items out of it. Colleen went over to the vehicle and grabbed Jennifer's phone from the driver's seat and placed it in her back pocket. Michael realized she retrieved the phone, so he approached Colleen beside the vehicle and said, "Hit me, Hit me". Colleen attempted to back away from him, in which he attempted to grab his wife's phone out of her pocket and punched her in the right side of her jaw. Colleen advised after she was punched, she punched Michael back to get him away from her and told him she was calling the police. Michael walked home prior to my arrival at the clubhouse. I observed redness to the right side of Colleen's face and she was visibly upset. Jennifer advised she did not see the physical altercation occur.

Based on the facts of my investigation, I find there to be probable cause to charge Michael Lynch w/m DOB 09/24/1975, with Battery, FSS 784.03(1a1). Colleen completed and signed a Sworn Written Statement, and she was provided a copy for her records. This case is cleared by arrest.

SCANNED
JUN 11 2017

The foregoing instrument was sworn to and affirmed before me this	9 day of JUNE 20 17 , by:	D/S LENNERTZ 7166
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	D/S SCHWARTZ	13670
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Signature of Arresting/Investigating Officer
		Signature of Arresting/Investigating Officer
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