

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		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 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	
Location of Arrest (Including Name of Business) 5297 HELENE CIR		BOYNTON BEACH, FL33472		Location of Offense (Including Name of Business) 5246 HELENE CIR		BOYNTON BEACH, FL33472		Multiple Clearance Indicator 0 1	
Date of Arrest JUN 9, 2017		Time of Arrest 2346		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle) LYNCH		MICHAEL		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M		Date of Birth 9/24/1975		Height 5'10"		Weight 200	
Eyes 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 Alcohol Influence 1. City 2. County 3. Florida 4. Out of State		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 5297 HELENE CIR		City BOYNTON BEACH		State FL		Zip 33472		Phone 2674968067	
Permanent Address (Street, Apt. Number) SAME AS ABOVE		City		State		Zip		Address Source	
Business Address (Street, Apt. Number)		City		State		Zip		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		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		City		State		Zip	
Address (Street, Apt. No.)		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 561 355-2526) informed of any address change		School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
Drug 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 N. 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	
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	
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	
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	
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) THOMAS Date Signed JUN 10 2017									
Signature of Arresting Officer D/S SCHWARTZ ID # 13670									
Name Verification (Printed by Arrestee) JUN 10 AM 1:00									
Name D/S SCHWARTZ ID # 13670									
Transporting Officer D/S SCHWARTZ Agency PBSO									
Witness here if subject signed with an "X"									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1	Juvenile N
Agency ORI Number FLO 5 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 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					
Defendant Name (Last, First, Middle) LYNCH MICHAEL				Race W	Sex M	Date of Birth 9/24/1975			
Charge BATTERY				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		Address Source VERBAL	
Business Address (Street, Apt. Number)		City		State	Zip	Phone		Occupation	
The undersign 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 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 to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.									
On the 9 day of JUNE 20 17 at 2306 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

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	D/S SCHWARTZ 13670
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
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