

6273038

ARREST - NOTICE TO APPEAR

1. Arrest
2. N.T.A
3. Request for Warrant
4. Request for Capias2232
1

JUVENILE

| | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|------|--|
| OBTS Number | | ARREST - NOTICE TO APPEAR | | | | | | 1. Arrest 2. N.T.A 3. Request for Warrant 4. Request for Capias | | | | | | | |
| Agency ORI Number 0500400 | | Agency Name Delray Beach Police Department | | | | | | Agency Report Number (N.T.A.'s only) 4 0 17-009720 | | | | | | | |
| 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 | | | | | | 1. Weapon Seized Enter Type Hands/fist/feet/teeth | | | | | | | |
| Location of Arrest (Including Name of Business) 3000 SW 21ST TER | | Location of Offense (Business Name, Address) 3000 SW 21ST TER 321A, DELRAY BEACH, FL 33445 | | | | | | Multiple Clearance Indicator 1 | | | | | | | |
| Date of Arrest 06/19/2017 | | Time of Arrest 20:32 | | Booking Date 06/19/2017 | | Booking Time 20:42 | | Jail Date | | | | | | | |
| Jail Time | | Location of Vehicle | | | | | | | | | | | | | |
| Name (Last, First, Middle) MAIH, MOHAMMAD ELIAS | | | | | | | | | | | | | | | |
| Alias: Alias: MIAH, MOHAMMAD ELIAS | | | | | | | | | | | | | | | |
| Race W - White B - Black | | Sex M | | Date of Birth 05/10/1971 | | Height 5'06 | | Weight 160 | | | | | | | |
| Eye Color BROWN | | Hair Color BLACK | | Complexion MEDIUM | | Build MEDIUM | | | | | | | | | |
| Marital Status M | | Religion MUSLIM | | Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> | | | | | | | | | | | |
| Local Address (Street, Apt. Number) 3000 SW 21ST TER 321A, DELRAY BEACH, FL 33445 | | (City) | | (State) | | (Zip) | | Phone (561) 715-7266 | | | | | | | |
| Permanent Address (Street, Apt. Number) 3000 SW 21ST TER 321A, DELRAY BEACH, FL 33445 | | (City) | | (State) | | (Zip) | | Phone (561) 715-7266 | | | | | | | |
| Business Address (Name, Street) PUBlix, 4771 W ATLANTIC AVE | | (City) | | (State) | | (Zip) | | Phone | | | | | | | |
| DPL Number, State M000545711700 / FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) DHAKA, Bangladesh | | Citizenship US | | | | | | | |
| Co-Defendant Name (Last, First, Middle) | | | | Race | | Sex | | Date of Birth | | | | | | | |
| Co-Defendant Name (Last, First, Middle) | | | | Race | | Sex | | Date of Birth | | | | | | | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ | | Name (Last, First, Middle) | | | | | | | | Residence Phone | | | | | |
| <input type="checkbox"/> Legal Custodian | | | | | | | | | | | | | | | |
| Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Business Phone | | | | | | | |
| Notified by: (Name) | | | | | | Date | | Time | | JUVENILE DISPOSITION | | | | | |
| Released To: (Name) | | Relationship | | | | Date | | Time | | 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated | | | | | |
| 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 | | | | | |
| | | | | | | | | | | Value of Property | | | | | |
| <input type="checkbox"/> Yes, by: <input type="checkbox"/> No. | | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | Description of Property | | | | | |
| C O D E | | Drug Activity N. N/A D. Possess | | S. Sell B. Buy T. Traffic | | R. Smuggle D. Deliver E. Use | | K. Disperses/ Distribute | | M. Manufacture/ Produce/ Cultivate | | Z. Other | | | |
| Drug Type N | | Amount / Unit / | | Offense # 17-009720 | | Counts 1 | | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | Warrant / Capias Number | | 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 SIMPLE BATTERY(TOUCH OR STRIKE) | | | | | | | | | | Statute Violation Number 784.03(1A1) | | Violation of ORD # | | | |
| Drug Activity N | | Drug Type | | Amount / Unit / | | Offense # 17-009720 | | Counts 1 | | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | Warrant / Capias Number | | Bond | |
| Charge Description | | | | | | | | | | Statute Violation Number | | Violation of ORD # | | | |
| Drug Activity | | Drug Type | | Amount / Unit / | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number | | Bond | |
| Charge Description | | | | | | | | | | Statute Violation Number | | Violation of ORD # | | | |
| Drug Activity | | Drug Type | | Amount / Unit / | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number | | Bond | |
| Health - Apparent Physical Condition of Defendant | | | | | | | | | | Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: HIGH BP | | | | | |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond | | <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health | | T.O.T. County Jail | | PROPERTY - Received By | | | | Released By | | Released To | | | |
| Transported By | | | | | | Date Transported | | Time Transported | | Other | | | | | |
| <input checked="" 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 instructions on Page 2. | | Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 | | | | | | | | Court Date and Time 17-009720 | | No Photo Available | | | |
| 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. | | | | | | | | | | | | | | | |
| Signature of Defendant (or Juvenile and Parent Custodian) | | | | | | | | | | Date Signed APR 20 2017 | | | | | |
| HOLD for Other Agency | | | | Signature of Arresting Officer SITZ, LAN | | | | | | Name Verification (Printed by Arrestee) 5 JUN 20 14236 | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | | | Name of Arresting Officer (Print) SITZ, LAN | | | | | | (PRINT) 5 JUN 20 14236 | | | | | |
| Resisted Arrest <input type="checkbox"/> Other | | | | I.D. # 1107 | | | | | | I.D. # 1107 | | | | | |
| Intake Date 06/19/2017 | | | | Transporting Officer SITZ | | | | | | Agency DBPD | | | | | |
| Pouch # 17-009720 | | | | | | | | | | Witness here if subject signed with an "X" 1 OF 1 | | | | | |

R. Mitchell #947 SCANNED
JUN 20 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

| | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------|----------------------------------------------|--------------------------------------------------|-----------------------------------------|------------------------------------------------------|---------------------------------------------------|
| A D M I N | Date / Time 06/19/2017 21:30 | Agency ORI Number FL 0500400 | Agency Name DELRAY BEACH POLICE DEPARTMENT | Agency Report Number 4 0 17-009720 | | | | |
| D E F | Name (Last, First, Middle) MIAH, MOHAMMAD ELIAS | Alias | Race A | Sex M | Date of Birth 05/10/1971 | | | |
| C H R G | Charge Description 784.03(1A1) SIMPLE BATTERY (TOUCH OR STRIKE) | | | | | | | |
| V I C T | Victim's Name (Last, First, Middle) [REDACTED] | (City) [REDACTED] | (State) [REDACTED] | (Zip) [REDACTED] | Race U | Sex F | Date of Birth 11/15/1980 | |
| I M | Business Address (Name, Street) [REDACTED] | [City] [REDACTED] | [State] [REDACTED] | (Zip) [REDACTED] | Phone [REDACTED] | Address Source (561) 715-7266 | Occupation | |
| DEFENDANT'S STATEMENTS: | | Written <input type="checkbox"/> | Taped <input type="checkbox"/> | Oral <input checked="" type="checkbox"/> | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): | | | |
| VICTIM'S STATEMENTS: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NERVOUS | | | |
| RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED | | | | | | | | |
| A D D I T I O N A L I N F O R M A T I O N | PHOTOGRAPHS: | Scene: <input checked="" type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 911 CALL: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | CALLER: TYPE: (If YES, attach witness list) |
| | WEAPON USED: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | WITNESSES: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | INJURIES: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | MEDICAL TREATMENT: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | AT: | Scene: <input type="checkbox"/> | <input type="checkbox"/> | PARAMEDICS: <input type="checkbox"/> | Hospital: <input checked="" type="checkbox"/> | <input type="checkbox"/> | PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/> | |
| | ACT COMMITTED IN PRESENCE OF MINOR(S): | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NAMES/AGES: [REDACTED] | | | | |
| | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| N A R R | The following occurred in the city of Delray Beach, Palm Beach County, Florida. | | | | | | | |
| | On June 19, 2017 I responded to [REDACTED] in reference to a delayed domestic battery. Upon arrival I met with the complainant who identified herself as [REDACTED] who stated the following: | | | | | | | |
| STATE OF FLORIDA COUNTY OF PALM BEACH | | | | | | | | |
| Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. | | | | | | | | |
| _____ SIGNATURE OF ARRESTING OFFICER | | | | | | | | |
| Sworn to and subscribed to before me this <u>19</u> day of <u>June</u> , <u>2017</u> . | | | | | | | | |
| GRAY, VINCENT NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.O.S. 117.10) | | | | | | | | |

SCANNED

JUN 20 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

| | |
|-------------|------------------|
| Date / Time | 06/19/2017 21:30 |
|-------------|------------------|

Agency Name

FL 0500400

Agency Report Number

4 | 0 | 17-009720

On yesterday's date at approximately 2330 [REDACTED] and her husband Mohammad Miah (DOB 5-10-1971) were at their residence located at [REDACTED]. [REDACTED] stated an argument started over the keys to the families vehicles. [REDACTED] accused the defendant of having a girlfriend which offended him. The defendant used his right hand, and hit [REDACTED] in the face with an open palm. The defendant then grabbed [REDACTED] hair and pushed her to the ground. In an attempt to defend herself [REDACTED] grabbed the defendant's legs. The defendant then picked [REDACTED] up by her hair, and hit her head against the floor. [REDACTED] was able to get up to her feet when the defendant pushed her into the wall. [REDACTED] braced her fall against the wall with her right hand. When [REDACTED] right hand hit the wall it bent her right pinky back. The defendant then walked out of the room and into the bedroom. [REDACTED] had severe bruising and swelling on her right pinky, and right knuckle area. [REDACTED] had bruising on her right wrist, and on her left jaw.

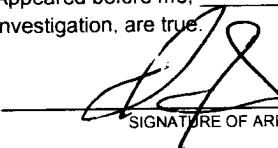
I later made contact with the defendant at the residence of [REDACTED]. The defendant stated the following: He got into a verbal altercation over him allegedly cheating when [REDACTED] started pushing him. The defendant stated he yelled back at [REDACTED] that this is not right, and pushed her to stop her from hitting him. The defendant stated he then walked out of the room, and into his bedroom. [REDACTED] story collaborated with the injuries both her and the defendant sustained. Based on my investigation Mohammad was determined to be the primary aggressor.

Based on the above fact Mohammad Miah is charged with one count of Simple Battery pursuant to F.S.S. 784.03(1a1)

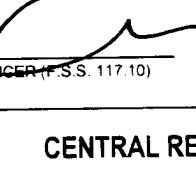
The following incident was captured on my department issued body worn camera.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 19 day of June, 2017.


GRAY, VINCENT

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
JUN 20 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-009720 Agency: DBPD
Offense: Battery (Domestic)
Suspect/Offender: Miah, Mohammed
D.O.B. 5-10-71 Race: O Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: _____
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____ JUN 20 2017
Printed name of person waiving notification: _____

Officer's Name: Sitz I.D.: 1107 Date: 6-19-17