

0273038

ARREST NOTICE TO APPEAR

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

2232

JUVENILE

1

OBTS Number	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 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		Multiple Clearance Indicator 1
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		
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) MIHA, MOHAMMAD ELIAS				Alias Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black W				Sex M	Date of Birth 05/10/1971	Height 5'06
Weight 160				Eye Color BROWN	Hair Color BLACK	Complexion MEDIUM
Build MEDIUM				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 FL	State FL	Zip 33445
Permanent Address (Street, Apt. Number) 3000 SW 21ST TER 321A, DELRAY BEACH, FL 33445				City FL	State FL	Zip 33445
Business Address (Name, Street) PUBLIX, 4771 W ATLANTIC AVE				City FL	State FL	Zip 33445
D/L Number, State M000545711700 / FL				Soc. Sec. Number [REDACTED]	INS Number [REDACTED]	Place of Birth (City, State) DHAKA, Bangladesh
Citizenship US				Co-Defendant Name (Last, First, Middle)		
Race				Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____				Name (Last, First, Middle)		
<input type="checkbox"/> Legal Custodian				Residence Phone		
Address (Street, Apt. Number)				City	State	Zip
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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.				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		
Drug Activity S. Sell B. Buy P. Possess				R. Smuggle D. Deliver E. Use	K. Disperse/ 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 SIMPLE BATTERY (TOUCH OR STRIKE)				Statute Violation Number 784.03(1A1)		
Drug Activity				Drug Type N	Amount / Unit /	Offense # 17-009720
Counts 1				Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
Charge Description				Statute Violation Number		
Drug Activity				Drug Type	Amount / Unit	Offense #
Counts				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
Charge Description				Statute Violation Number		
Drug Activity				Drug Type	Amount / Unit	Offense #
Counts				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
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		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input checked="" type="checkbox"/> South County Mental Health				PROPERTY - Recieved By		
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		
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.				Court Date and Time		
Signature of Defendant (or Juvenile and Parent Custodian)				Date Signed		
HOLD for Other Agency				Signature of Arresting Officer		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name Verification (Printed by Ad/Sec)		
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(PRINT) JUN 20 2017 5:32:33		
Intake # 0117001720				ID # 1107		
Transporting Officer SITZ				Agency DBPD		
Witness here if subject signed with an "X"				PAGE 1 OF 1		

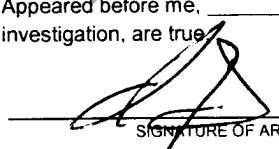
R. Mitchell #947

SCANNED
JUN 20 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	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	
	Name (Last, First, Middle) MIAH, MOHAMMAD ELIAS					Race A
CHARGE	Charge Description 784.03(1A1) SIMPLE BATTERY (TOUCH OR STRIKE)					
	Victim's Name (Last, First, Middle) [REDACTED]					Date of Birth 11/15/1980
VICTIM	(Zip)		Phone (561) 715-7266		Address Source	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Occupation
DEFENDANT	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): NERVOUS			
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
RELATIONSHIP	RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED					
	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>911 CALL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CALLER:</p> <p>WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE:</p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>AT: Scene: <input type="checkbox"/> YES <input type="checkbox"/> NO PARAMEDICS:</p> <p>Hospital: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAMES/AGES [REDACTED]</p> <p>H. R. S. NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>					
NARRATIVE	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:					
<p>STATE OF FLORIDA</p> <p>COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>19</u> day of <u>June</u>, <u>2017</u>.</p> <p>GRAY, VINCENT NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p>						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
JUN 20 2017
CRIME ANALYSIS

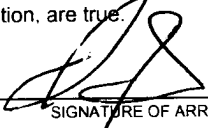
P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N I S T R A T I V E	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
	<p>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 defendants 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.</p> <p>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.</p> <p>Based on the above fact Mohommad Miah is charged with one count of Simple Battery pursuant to F.S.S. 784.03(1A1)</p> <p>The following incident was captured on my department issued body worn camera.</p>			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>19</u> day of <u>June</u>, <u>2017</u>.</p> <p>GRAY, VINCENT _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
JUN 20 2017
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)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- 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: _____
Printed name of person waiving notification: _____

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