

0405495

P#3009


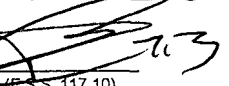
ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500290</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2016-012554</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE																					
	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 <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator																											
	Location of Arrest (Including Name of Business) <b>230 SE MIZNER BLVD</b>						Location of Offense (Business Name, Address) <b>230 SE MIZNER BLVD 307, BOCA RATON, FL 33432</b>																									
	Date of Arrest <b>08/27/2016</b>		Time of Arrest <b>03:41</b>		Booking Date <b>08/27/2016</b>		Booking Time <b>03:51</b>		Jail Date <b>08/27/2016</b>		Jail Time <b>03:46</b>		Location of Vehicle <b>N/A</b>																			
D E F E N D A N T	Name (Last, First, Middle) <b>MEDLEY, MOHAMMED</b>												Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)																			
	Race W - White B - Black I - American Indian O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>11/08/1988</b>		Height <b>5'11</b>		Weight <b>140</b>		Eye Color <b>BROWN</b>		Hair Color <b>BLACK</b>		Complexion <b>MEDIUM</b>		Build <b>Small</b>															
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT L BICEP / FAITH; TATT R ARM / 88</b>												Marital Status <b>S</b>		Religion <b>MUSLIM</b>		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) (City) (State) (Zip) <b>230 SE MIZNER BLVD 307, BOCA RATON, FL 33432</b>						Phone <b>(561) 563-0965</b>						Residence Type: 1. City 3. Florida 2. County 4. Out of State																			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>230 SE MIZNER BLVD 307, BOCA RATON, FL 33432</b>						Phone <b>(561) 563-0965</b>						Address Source																			
	Business Address (Name, Street) (City) (State) (Zip) <b>PALM BEACH STATE,</b>						Phone						Occupation <b>Student</b>																			
	D/L Number, State <b>M342540884080 / FL</b>				Soc. Sec. Number <b>[REDACTED]</b>				INS Number				Place of Birth (City, State) <b>WASHINGTON, DC,</b>				Citizenship <b>US</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													
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone																		
<input type="checkbox"/> Legal Custodian												Business 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.												Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property						Value of Property												
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:																																
Drug Activity N. N/A P. 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. 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 <b>BATTERY / DOMESTIC BATTERY</b>												Statute Violation Number <b>784.03(1) A 1</b>						Violation of ORD #														
Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>2016-012554</b>		Counts <b>1</b>		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 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 type="checkbox"/> N		Warrant / Capias Number						Bond														
I N T A K E	Health / Apparent Physical Condition of Defendant <b>GOOD</b>												Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: <b>NONE</b>																			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail												PROPERTY - Received By <b>BRPD</b>				Released By <b>BRPD</b>				Released To <b>PBSO</b>											
	Transported By <b>BRPD</b>												Date Transported				Time Transported				Other											
	INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.												Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>																			
N O T I C E T O A P P E A R	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.												No Photo Available																			
	Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed																			
	HOLD for Other Agency <b>NONE</b>												Signature of Arresting Officer <b>[Signature]</b> 789																			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other												Name Verification (Printed by Arrestee) <b>[Signature]</b> 781																			
A D M I N	Intake Deputy <b>[Signature]</b>		I.D. #		Pouch #		Transporting Officer <b>Reilly</b>		I.D. # <b>778</b>		Agency		Witness here if subject is under 18 years of age																			
	PAGE <b>1 OF 1</b>																															

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>08/27/2016 02:25</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2016-012554</b>		
	Agency ORI Number <b>FL 0500200</b>						
D E F	Name (Last, First, Middle) <b>MEDLEJ, MOHAMMED</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/08/1988</b>
	Charge Description <b>784.03(1) BATTERY / DOMESTIC BATTERY</b>						
C H R G	Victim's Name (Last, First, Middle)						
	[REDACTED]						
V I C T I M	[REDACTED]						
	[REDACTED]						
A D D I T I O N A L  I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			<b>BRUISED LIP</b>			
N A R R	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>DATING</b>						
	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CALLER: <b>VICTIM</b> WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> TYPE: WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARAMEDICS: Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NAMES/AGES: H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
N A R R	The following incident took place on August 27, 2016 in The City of Boca Raton, Palm Beach County, Florida.						
	At 0151hrs [REDACTED] called BRPD from 230 SE Mizner Blvd to report that her boyfriend Mohammed Medlej shoved her during an argument, causing her lip to swell up. Ofc Reilly, Ofc Bradley and I responded and met						
N A R R	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ 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>27</u> day of <u>August</u> , <u>2016</u> .  <b>IMMLER, DOUGLAS J</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S.S. 117.10)						
	[REDACTED]						

SCANNED  
AUG 28 2016

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time <b>08/27/2016 02:25</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2016-012554</b>
	Agency OPI Number <b>FL 0500200</b>			

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with [REDACTED] in the parking lot of 230 SE Mizner Blvd.

Upon our arrival, [REDACTED] had a swollen lower lip but refused medical attention. According to [REDACTED] she was at 230 SE Mizner Blvd to meet with her boyfriend Mohammed Medlej who lives in apt 301. [REDACTED] stated that upon her arrival at apt 301 Mohammed initially would not open the door so she constantly rang the door bell until he answered the door. Mohammed yelled at her to go away and pushed her in the chest with both of his hands. [REDACTED] stated that when Mohammed pushed her, her hands/arms were in front of her and she was holding her cell phone in her left hand; the cell phone was forced back into her lip as a result of the shove which caused the swelling (photos taken of [REDACTED]'s injury). [REDACTED] stated that she dropped her cell phone, pushed Mohammed away from her and picked her cell phone up in order to call the Police. [REDACTED] stated that after the shove, Mohammed went inside and she walked away in the parking lot in order to call the Police. [REDACTED] refused to provide a written or recorded statement.

[REDACTED] described her relationship with Mohammed as "dating." According to [REDACTED] Mohammed refers to her as "Baby" and she stated that although they do not live together, there is ongoing intimacy for the past several months. Based upon [REDACTED] description of her relationship with Mohammed this case qualifies at "Dating (Domestic) Violence" per Florida State Statute 784.046.

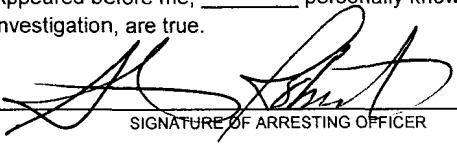
While we were speaking with [REDACTED] Mohammed came out of apt 301 on his own accord and was willing to speak with us. Mohammed did not have any signs of injury and refused medical attention. According to Mohammed he was trying to sleep and [REDACTED] came to his house too late and he wanted her to leave. Mohammed said that [REDACTED] was annoying him by constantly ringing his doorbell so he went downstairs, opened the door and pushed [REDACTED] while yelling at her to stop ringing and go away. Mohammed stated that he only pushed [REDACTED] but never punched her or struck her with a fist.

Mohammed describes his relationship with [REDACTED] as "a regular hook up." Mohammed clarified that hook up was a term he uses to describe sexual intimacy.

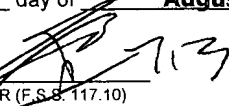
After speaking with both parties involved I have probable cause to believe that Mohammed battered [REDACTED] by shoving her in the chest, causing a swollen lip, which is a violation of FSS 784.03(1)(a)(1). Ofc Bradley placed Mohammed in handcuffs and Ofc Reilly transported Mohammed to the Boca Raton Police holding facility for arrest processing. Mohammed was later turned over to the Palm Beach County Jail.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_, 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 27 day of August, 2016.

  
IMMLER, DOUGLAS J.  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**SCANNED**  
**AUG 28 2016**

COURT

STATE ATTORNEY

CENTRAL RECORDS

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P. I. O.