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OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1 Juvenile N		
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>16-152888</b>		
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 None		Multiple Clearance Indicator <b>0</b>		<b>1</b>		
Location of Arrest (Including Name of Business) <b>2539 North Dixie Hwy (Empire Spa)</b>		Location of Offense (Including Name of Business) <b>2539 North Dixie Hwy (Empire Spa)</b>		Lake Worth, FL 33460		Lake Worth, FL 33460		
Date of Arrest <b>Nov 16, 2016</b>	Time of Arrest <b>1345</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>None</b>		
Name (Last, First, Middle) <b>Yang Weihua</b>		Alias (Name, DOB, Soc. Sec. # Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian <b>B</b>	Sex <b>F</b>	Date of Birth <b>10/05/1966</b>	Height <b>5'6"</b>	Weight <b>160</b>	Eye Color <b>Brn</b>	Hair Color <b>Blk</b>	Complexion <b>Light</b>	Build <b>Med</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>		Marital Status <b>Married</b>		Religion <b>Unk</b>		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk		
Local Address (Street, Apt. Number) <b>4607 NW 90TH AVE SUNRISE, FL 33351</b>		City <b>Sunrise</b>		State <b>FL</b>		Zip <b>33351</b>		Phone <b>917-818-7818</b>
Permanent Address (Street, Apt. Number) <b>Same as Above</b>		City		State		Zip		Address Source <b>FL DL</b>
Business Address (Street, Apt. Number) <b>2539 North Dixie Hwy (Empire Spa)</b>		City <b>Lake Worth</b>		State <b>FL</b>		Zip <b>33460</b>		Phone <b>561-727-8884</b>
D/L Number, State <b>Y520-880-66-865-0, FL</b>		Social Security Number		INS Number		Place of Birth <b>China</b>		Citizenship <b>IMMIGRANT</b>
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"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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 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 561 355-2525) 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 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 M. Marijuana		P. Paraphernalia/ Equipment
U. Unknown Z. Other		Charge Description <b>Impersonating a Licensed Massage Therapist</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>480.047(1a)</b>
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>0</b>		Offense # <b>16-152888</b>		Warrant/Capias Number <b>06</b>
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) <b>3228 Gun Club Rd West Palm Beach, FL 33406</b>								
Court Date and Time Month <b>12</b> Day <b>13</b> Year <b>16</b> Time <b>0930</b> AM <input checked="" type="checkbox"/> PM								
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) <b>Wei Yang</b>		Date Signed <b>Nov 16, 2016</b>						
HOLD for Other Agency		Signature of Arresting Officer <b>D/S Dan Wiener</b>		Name Verification (Printed by Arrestee) <b>SCANNED</b>				
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer <b>D/S Dan Wiener</b>		ID # <b>9178</b>		(PRINT) <b>NOV 17 2016</b>
Inmate Deputy <b>808</b>		# Pouch #		Transporting Officer <b>D/S D. Wiener</b>		ID # <b>9178</b>		Agency <b>PBSO</b>
Witness here if subject signed with an "X"								
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OBTS Number #		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A. 3. Request For Warrant 4. Request For Capias		Juvenile <input type="checkbox"/> <b>N</b>
Agency Report Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>16-152888</b>
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) <b>Yang Weihua</b>				Race <b>O</b>	Sex <b>F</b>	Date of Birth <b>10/05/1966</b>
Charge <b>Impersonating a Licensed Massage Therapist</b>		Charge				
Charge		Charge				
Victim Name (Last, First, Middle) <b>State of Florida</b>				Race	Sex	Date of Birth
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source
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 <b>16th</b> day of <b>November</b> 20 <b>16</b> at <b>1345</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM						

On 11/16/16 approx 1345hrs I assigned to PBSO District 14 Street Crimes Unit and participating a preplanned operation reference case number 16-152867, which D/S Avidon 9676 established probable cause for Offer to Commit Prostitution while inside of the Business "Empire Spa" at 2539 North Dixie Hwy Lake Worth, FL 33460.

Upon entering the establishment of Empire Spa, it was found that a customer W/M Jay Page (12/08/41) was in a closed room with Employee/Defendant O/F Weihua Yang (10/05/66). D/S Avidon 9676 viewed both these subjects exiting the room together. Note: Both subjects were identified by FL DL. D/S Avidon 9676 spoke with Page who offered to assist in the investigation which he provided a sworn written statement detailing the events that happened within the closed room. His statement said that he had a massage at Empire Spa and requested extra service which Yang said yes for \$60 Dollars. Page then stated that he received a "hand Job," which is street slang for a sexual act. Page then confirmed Yang was the women who gave him the massage by pointing to her. Note: \$60.00 Dollars US Currency was found in Yang's pocket.

Florida Department of Health (FDOH) Unlicensed Activity Investigator Kevin Lapham was on scene during this operation which he verified that O/F Weihua Yang (10/05/66) does not have an active/valid Massage Therapist License to practice in the State of Florida. He served Yang a Notice to Cease and Desist from practicing Massage Therapy within Florida (FDOH complaint #2016-28038). At this time Yang was placed into custody as per department policy handcuffed behind the back and double locked.

Based on the information and statement received from Client/Witness W/M Jay Page (12/08/41) and the findings of FDOH Investigator Kevin Lapham; there is probable cause to charge the Defendant O/F Weihua Yang (10/05/66) with violation of FSS 480.047(1a) Impersonating a Licensed Massage Therapist.

Note: a copy of the Notice to Cease and Desist from FDOH was turned into PBSO Evidence. The Sworn Written Statement was later turned into PBSO Records.

Yang was later transported to PBC Jail without incident. No further information.

The foregoing instrument was sworn to and affirmed before me this <b>16th</b> day of <b>November</b> 20 <b>16</b> , by:	
<b>D/S J. Avidon 9676</b>	<b>D/S Dan Wiener 9178</b>
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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