

Check Box if Applicable
 P.M.D. Military Veteran
 Defendant Desires Drug Treatment

IN THE COUNTY COURT, IN AND FOR BROWARD COUNTY, FLORIDA
 NOTICE TO APPEAR & INITIAL DISCOVERY EXHIBIT

Incident Date 12/10/16	Agency Hollywood PD	City Hollywood	AGENCY CASE # R33-1612-208127				
Defendant Last Name ALSAFADI	First ALAA	M.I. Y	Weight 215	Height 602	Hair BLK	Eyes BRWN	Race/Sex w/m
Address (Street, City, State, Zip) 113 S 20th Ave Hollywood, FL, 33020			Date and Place of Birth 3/5/80		Aliases		
Occupation OWNER	Place of Employment AMSTERDAM		Employment Phone 954-404-7780		Phone 904-401-8361		
Driver's License # A421-019-80-085-0	St/Exp. Date FL/2023	Scars/Marks/Tattoos		Social Security # or other I.D. 367-77-2107		Complexion	
Offenses	Counts 1	Statute/Rule/County/Municipal Ordinance HMO 113.26		Prosecutor's Review/Action: File (F) or No Information (NI), Signature, I.D., Date			
	Counts	Statute/Rule/County/Municipal Ordinance		Prosecutor's Review/Action: File (F) or No Information (NI), Signature, I.D., Date			
CO-DEFENDANT Last Name	First	DOB	Race/Sex	Offenses			

In the name of Broward County, Florida: The undersigned certifies that he or she has just and reasonable grounds to believe, and does believe, that on (date) **12-10-16** at (time) **4:30** AM PM Location: **113 S 20th AV (AMSTERDAM BAR)** in Broward County, FL, the above named defendant committed the above offenses charged, in that the defendant did:

(Narrative) (If traffic stop, include reasons for stop) (Include defendant's verbal statements)
 I responded to the above mentioned location in reference to several anonymous tips regarding the business serving alcoholic beverages after the hours permitted by the license. While in plain clothes, I entered the establishment and purchased a 12 fl oz Corona beer from a bartender, later identified as Gina Sanchez. Sanchez sold me the 12 fl oz Corona for \$5. It should be noted there were several patrons still inside the business consuming alcoholic beverages, as well as multiple alcoholic bottles behind the bar on the counter. These bottles were easily accessible to the bar staff. The patrons were inside playing pool and purchasing alcoholic

Released by undersigned attesting BOOKING OFFICER whose reasonable cause is derived from the attached probable cause affidavit incorporated by reference herein.
 CANNABIS presumptively tested POSITIVE / NEGATIVE for the presence of cannabis; amount _____
 For THEFT value of property _____ taken from _____ was \$ _____

TRESPASS warning given by _____ CCN/ID: _____ on _____ (Case No. _____)

Victim/Witness	# Name (Last, First, Middle) City of Hollywood	Street - City and State, Zip 2600 Hollywood Blvd. Hollywood, FL, 33020	Race/Sex	DOB
	Phone# (Business/Home)	Email:	Other Contact Info:	
Victim/Witness	# Name (Last, First, Middle)	Street - City and State, Zip	Race/Sex	DOB
	Phone# (Business/Home)	Email:	Other Contact Info:	

Defendant YOU MUST APPEAR on **JAN 12, 2017** at **1130** AM PM at Room **230** at _____ I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO THE LEFT TO ANSWER THE OFFENSE CHARGED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. I AM ALSO IN RECEIPT OF THIS INITIAL DISCOVERY EXHIBIT.
 Broward County Courthouse, 201 S.E. 6th Street, Fort Lauderdale, Florida 33301
 North Regional Satellite Courthouse, 1600 W. Hillsboro Boulevard, Deerfield Beach, Florida 33442
 West Regional Satellite Courthouse, 100 N. Pine Island Road, Plantation, Florida 33324
 South Regional Satellite Courthouse, 3550 Hollywood Boulevard, Hollywood, Florida 33021
 Signature of Defendant: _____

Officer I swear the above statements and any attached hereto are true and correct to the best of my knowledge and belief, and contain a complete list of witnesses and evidence at this time.
 Signature of Officer: _____ Print Name of Officer: **DEA J. Cintra**
 Agency: **Hollywood PD** CCN/ID: **3457**
 Sworn to and subscribed before me on **12/10/16** by the attesting officer who is personally known to me.
 Stamp/Name of person administering oath: **ERIC SIEBE**
 Deputy Clerk Notary Public, State of Florida
 Law Enforcement/Corrections Officer
 Signature of person administering oath: _____ # **3053**

Victim VICTIM AFFIDAVIT: I _____ swear that the above statements are true and correct to the best of my knowledge and belief and I DO DO NOT desire to prosecute.
 Signature of victim: _____
 Sworn to and subscribed on _____ before me, the attesting law enforcement officer.
 Signature of Law Enforcement Officer: _____ # **3403**

Continued on attached page(s) Attached statements/reports incorporated herein N.T.A. Only
 Copies: White - Clerk Original Yellow - State Copy #1 Pink - Agency Copy #2 Gold - Defendant Copy #3

IN THE COUNTY COURT, IN AND FOR BROWARD COUNTY, FLORIDA
NOTICE TO APPEAR & INITIAL DISCOVERY EXHIBIT

Check Box
 Post Incident Supplemental Report
 Continuation

Agency/City Hollywood PD Hollywood	Incident Date 2-10-16	Defendant Last and First Name, M.I. Alsaadi, Alaa	AGENCY CASE # R33-1612-208127
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ADDITIONAL CO-DEFENDANTS (Last, First, Middle)	DOB	Race/Sex	Charges
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Offenses (full title)	Counts	Statute/Rule/County/Municipal Ordinance	Prosecutor's Review/Action: File (F) or No Information (NI), Signature, I.D., Date

Victim/Witness	#	Name (Last, First, Middle)	Street-City and State, Zip	Race/Sex	DOB

Property and Objects	V/W/S Code	Item #	# of Items	Obtained from	First Received by	Tangible Evidence Description (Property)

Location: 113 S 20th Ave. Hollywood, FL, 33020 in Broward County, FL, the defendant committed the following offense(s):

Narrative (Cont.)
 Beverages as I entered the business.

I swear the above statements and any attached hereto are true and correct to the best of my knowledge and belief and contains a complete list of witness and evidence at this time.

Signature of Officer: 3457 Print Name of Officer: OPC J. Cintre

Agency: Hollywood PD CCN/ID: 3457

Sworn to and subscribed before me on 12/10/16 by the attesting officer who is personally known to me.

Signature of person administering oath: Eric Skre Stamp/Name of person administering oath: Eric Skre

Signature of person administering oath: [Signature] Stamp/Name of person administering oath: *3257

Deputy Clerk Notary Public, State of Florida
 Law Enforcement/Corrections Officer