

21 MM-5852

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2021-009270		Multiple Clearance Indicator N		
D E F E N D A N T	Charge Type: Check as many <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 UNARMED							
	Location of Arrest (Including Name of Business) 5513 N MILITARY TRL APT715, 5513 N MILITARY TRL 715,					Location of Offense (Business Name, Address) 5513 N MILITARY TRL 715, BOCA RATON, FL 33496				
	Date of Arrest 08/10/2021	Time of Arrest 10:42	Booking Date 08/10/2021	Booking Time 10:52	Jail Date // ::	Jail Time	Location of Vehicle NONE			
	Name (Last, First, Middle) MAHMOUD, AYMAN					Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White 1 - American Indian B - Black Q - Oriental/Asian	Sex M	Date of Birth 03/26/1976	Height 5'06	Weight 200	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build Medium	
	Sore, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status M	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 5513 N MILITARY TRL 715, BOCA RATON, FL 33496					Phone (857) 271-9200				
	Permanent Address (Street, Apt. Number) 5513 N MILITARY TRL 715, BOCA RATON, FL 33496					Phone (857) 271-9200				
	Business Address (Name, Street) IRON MOUNTAIN IT,					Occupation LL				
	D/L Number, State MS30000761060 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) CAIRO, Egypt		Citizenship US		
C O D E D	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 checked="" 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 checked="" 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 _____ Address (Street, Apt. Number) (City) (State) (Zip)					Business Phone				
	Notified by: (Name) _____ Date _____ Time _____					JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated				
	Released To: (Name) _____ Relationship _____ Date _____ Time _____									
C H A R G E	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 _____				
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property		Value of Property	
C H A R G E	Drug Activity S. Sell B. Buy T. Traffic 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. Pseudoephedrine/ Equipment S. Synthetic U. Unknown Z. Other				
	Charge Description DOMESTIC SIMPLE BATTERY					Statute Violation Number 784.03(LAI)		Violation of ORD #		
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond		
		N			2021-009270	1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
C H A R G E	Charge Description					Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond		
C H A R G E	Charge Description					Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond		
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD					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:				
	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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					PROPERTY - Received By OWIRKA				
N O T I C E	Transported By OWIRKA					Date Transported	Time Transported	Other		
	<input type="checkbox"/> 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) South County 200 W Atlantic Ave Delray Beach, FL 33448				
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 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				
A D M I N	HOLD for Other Agency					Name/Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Sexual <input type="checkbox"/> Other					(PRINT)				
A D M I N	Name of Arresting Officer (Print) OWIRKA, J. M.					LD. # 866				
	Transporting Officer J. OWIRKA					Agency BRPD				
Witness here if subject signed with an "X".					AUG 10 PM 1:45					
					PAGE 1 OF 1					

JH 0525144

AUG 11 2021
PH#966

PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

OBTS Number			
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2021-009270	
Charge Type: <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:	
Name (Last, First, Middle) MAHMOUD, AYMAN		Race O	Sex M Date of Birth 03/26/1976
Charge Description 784.03(1A1) DOMESTIC SIMPLE BATTERY		Charge Description	
Victim's Name (Last, First, Middle) ABOURAS, HADIL		Race W	Sex F Date of Birth 06/15/1982
Local Address (Street, Apt. Number) (City) (State) (Zip) 5513 N MILITARY TRL 715, BOCA RATON, FL 33496		Phone (857) 400-6012	
Business Address (Name, Street) (City) (State) (Zip)		Address Source Occupation	
The undersigned certifies and 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 my (described) investigation. On the 10 day of August , 2021 at 10:42 (Specifically include facts constituting cause for arrest.)			
On 08/10/2021 at approximately 0930 hours, I responded to 5555 N Military Trail (San Marco leasing office) in reference to a domestic disturbance.			
On arrival, Ofc. Rodriguez and I met with V1. V1 stated she had an argument with her husband Ayman Mahmoud. V1 stated she was looking for some of her important documents that she believed Mahmoud was hiding from her in his room. V1 then stated Mahmoud pulled her hair from behind and punched her in the face while she was leaving the room after looking for the things. Then V1 stated Mahmoud pushed her down the stairs from the top floor of their townhome to the second level. While this struggle was happening, V1 stated Mahmoud repeatedly said he was going to kill her. Then V1 stated Mahmoud went into the kitchen and opened a drawer V1 knows to contain knives. V1 was in fear of Mahmoud getting a knife and using it on her, so she ran away. V1 stated she did not see him physically grab the knife. She then ran down the stairs that lead to the front door and went outside. V1 stated Mahmoud did not follow, then she found a stranger and asked them to call 911. I observed the following injuries on V1: a small red mark on the center of her bottom lip and abrasions on her right and left knees.			
Then Ofc. Rodriguez and I responded to 5513 N Military Trail Apt#715, the couple's townhome. On arrival, we met with Mahmoud. Ofc. Rodriguez read Mahmoud his Constitutional rights from a department issued preprinted Miranda card. He stated he understood his rights and would speak to us without an attorney present. When asked what happened, Mahmoud acknowledged he and V1 had an argument this morning. Then when asked if it became physical at any time, Mahmoud stated he pushed V1 out of his room. Mahmoud was asked if he pulled V1's hair, punched her, or pushed her down the stairs, he did not reply, but did not deny the allegations. Mahmoud then stated he had an injury, this was a small red mark on the inside of his left calf. I asked Mahmoud why he thought he had an injury if all he did was push V1 from the room. He stated he did not know how he sustained the marking.			
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div> MAZER, DEREK NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 08/10/2021 DATE </div> <div> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER OWIRKA, JONATHAN MICHAEL (866) NAME OF OFFICER (PLEASE PRINT) 08/10/2021 DATE </div> </div>			

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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS 11 2 P.I.O.

**PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT**

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


1

JUVENILE

A D M I N I S T R A T I V E	OBS Number		Agency Name		Agency Report Number	
	Agency ORI Number		Agency Name		Agency Report Number	
	FL 0500200		BOCA RATON POLICE DEPARTMENT		3 2 2021-009270	
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:		
Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth
MAHMOUD, AYMAN				O	M	03/26/1976

Based on my investigation, I determined Ayman Mahmoud was the primary aggressor by admitting to pushing his wife, Vl. Ayman Mahmoud was charged with Domestic Simple Battery (F.S.S 784.03(1A1)). He was transported to BRPD to be processed and then transported to Palm Beach County Jail.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	MAZER, DEREK B NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S.S. 117.00)		 OWIRKA, JONATHAN MICHAEL (866) NAME OF OFFICER (PLEASE PRINT)	
	08/10/2021 DATE		08/10/2021 DATE	
			PAGE 2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

AUG 11 2021

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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#: 2021-009270 Agency: BRPD
Offense: Domestic Simple Battery
Suspect/Offender: Mahmoud, Aymari
D.O.B. 03/20/76 Race: W Sex: M
2. Warrant#(s): _____
- 3.a. Victim's name: Abouras, Hadi I D.O.B. 6/15/82 Race: W Sex: F
Address: 5513 N Military Trail
City: Boca Raton State: FL Zip: 33496
Home#: 561-400 6012 Work#: _____ Other: _____
- b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home#: _____ Work#: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- ☐ Waiver: I choose not to be notified when the arrestee is released from custody.
- ☐ Confidential: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: J Owirka I.D.# 8606 Date: 08/10/21
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021019809	Date: 8/11/21
	Specialist Name/ID: A. Pinkney/7796

AUG 11 2021