

ARREST / NOTICE TO APPEAR Juvenile Referral Report

1 Arrest 3 Request For Warrant
2 N.T.A. 4 Request For Citrus

Juvenile ☐

OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21-19-130945	
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		Multiple Offense Indicator <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1			
Location of Arrest (Including Name of Business) 3580 South Ocean Blvd South Palm Bch, FL 33480				Location of Offense (Including Name of Business) 3580 South Ocean Blvd South Palm Bch, FL 33480			
Date of Arrest Nov 23, 2021	Time of Arrest 1530	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Zerrouk Driss				Alias (Name, DOB, Soc. Sec. # Etc.)			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W M	Sex M	Date of Birth 12-24-1960	Height 5-6	Weight 160	Eye Color BROWN	Hair Color BROWN	Complexion DARK
Build med							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Mental Status S		Religion	
Local Address (Street, Apt. Number) 3580 South Ocean Blvd #6A		City South Palm Bch, FL 33480		State FL		Zip 33480	
Phone 561-201-9471		Residence Type 1 City 2 County 3 Florida 4 Out of State 1					
Permanent Address (Street, Apt. Number) 3580 South Ocean Blvd #6A		City South Palm Bch, FL 33480		State FL		Zip 33480	
Address Source FL DL							
Business Address (Street, Apt. Number)		City		State		Zip	
Phone		Occupation					
DIL Number, State 7620160604640		Social Security Number		INS Number		Place of Birth RABAT, MARACCO	
Citizenship RES							
Co-Defendant Name (Last, First, Middle)				Race		Sex	
				Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 All Large <input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 6 Other	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
				Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 All Large <input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 6 Other	
Parent Larger Guardian 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 HRSDYS 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 561-365-2528) 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 - None P - Possess S - Sell B - Buy R - Struggle D - Deliver E - Use K - Dispense/Distribute M - Manufacture/Produce C - Cultivate Z - Other		Drug Type N - N/A A - Amphetamine B - Barbiturate C - Cocaine E - Heroin H - Marijuana M - Marijuana P - Paraphernalia/Equipment U - Unknown Z - Other		Statute Violation Number 784.03		Violation or ORD. #	
Charge Description BATTERY (simply)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant/Capias Number 21-19-130945	
Drug Activity N		Drug Type N		Amount/Unit		Offense # 21-19-130945	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Location (Court, Address, Room Number) (South County Courthouse) 200 W. Atlantic Ave. Delray Beach, FL 33444							
Court Date and Time Month December Day 28th Year 2021 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>							
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 IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. NOV 24 2021 11/23/21							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
Signature of Arresting Officer 7922				Name Verification (Printed by Arrestee)			
Name DS LA BEACH				ID # 7920			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(PRINT)			
Initiating Deputy 11/23/21				Transporting Officer 11/23/21			
ID # Pouch #				Agency PBSO			
Witness here if subject signed with an "X" 1 of 1							



OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06		21-130945	
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____		Special Notes					
Defendant Name (Last, First, Middle) Zerrouk Driss				Race W	Sex M	Date of Birth 12-24-1960	
Charge BATTERY (simply)				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) KINGS TIFFANY				Race B	Sex F	Date of Birth 07/18/1996	
Local Address (Street, Apt. Number) 824 LIDO CIR APT 303		City WEST PALM BEACH FL 33403		State FL	Zip 33407	Phone 5612546510	Address Source FL DL
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 <u>23</u> day of <u>Nov</u> 20 <u>21</u> at <u>1500</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM							

I was dispatched to 3580 South Ocean Blvd, South Palm Beach, FL 33480 to investigate a Battery. Upon my arrival, I made contact with Ms. Tiffany King who stated the following; earlier in the day she arrived at the above mention address and attempted to deliver 2 packages. She was approached by Mr. Zerrouk Driss the building manager. Mr. Driss asked her to move her vehicle because she was parked in the roadway, Ms King said she only had 2 packages to deliver and it would just take a minute. She attempted to enter the building when Mr. Driss held the door shut and then pushed her to the grown. Because of his close proximity she attempted to kick him but missed.

She got up and still attempted to still deliver the packages as she was by the entrance a resident open the door and she attempted to put the packages inside. As the door became open she throw the packages inside the lobby area and Mr. Driss pushed her away she then lefty and contacted her dispatcher who advised her to call 911 for assistance.

I spoke with Mr. Driss who said the incident did not occurred as Ms. King explained it however the building has surveillance cameras which I viewed and could determine that the video matched Ms. King's statement.

I concluded my investigation and found Mr. ^{Driss}~~Driss~~ violated FSS 784.03., he is being charged as such. He was taken in to custody without incident.

The foregoing instrument was sworn to and affirmed before me this <u>23</u> day of <u>Nov</u> 20 <u>21</u> , by:	
DS LA BEACH 7920	Name of Arresting/Investigating Officer
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)  Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	 Signature of Arresting/Investigating Officer
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**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)
I/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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021029499	Date: 11/24/21
	Specialist Name/ID: A. Pinkney/7796