

0519050

20MM-7948

1171

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBT3 Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 20-115802	
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	
Location of Arrest (Including Name of Business) 11000 Town Circle APT 208 Royal Palm Beach, FL 334		Location of Offense (Including Name of Business) 11000 Town Circle APT 208 Royal Palm Beach, FL 334		Date of Arrest Oct 12, 2020		Time of Arrest 0257	

Name (Last, First, Middle) Tariq Fahad				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 02/09/1989	Height 5'08	Weight 200	Eye Color Brown	Hair Color Black	Complexion Fair
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo on chest and left shoulder				Marital Status Single	Religion Athelst	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>	
Local Address (Street, Apt. Number) 11000 Town Circle APT 208		City Royal Palm Beach		State FL	Zip 33411	Phone (954) 756-0569	
Permanent Address (Street, Apt. Number) Same as Above		City		State	Zip	Address Source Verbal	
Business Address (Street, Apt. Number)		City		State	Zip	Occupation Engineering	
DL Number, State T620240890490, FL		Social Security Number		INS Number		Place of Birth Sharjah, UAE	
Citizenship Yes		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	

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
Notified By (Name)			Date	Time
Released To (Name)			Relationship	Date
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 2528) informed of any address change.			School Attended	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			Description of Property	
Value of Property				

Drug Activity N N/A P Possess	S Salt B Bag T Traffic	R Smuggle D Deliver E Use	F Dispensed D 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 Domestic Battery (Simple)						Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(1)		Violation or ORD. #
Drug Activity N	Drug Type N	Amount/Unit	Offense # 20-115802	Warrant/Capias Number		Bond				
Charge Description						Counts	Domestic Violence	Statute Violation Number		Violation or ORD. #
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description						Counts	Domestic Violence	Statute Violation Number		Violation or ORD. #
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description						Counts	Domestic Violence	Statute Violation Number		Violation or ORD. #
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				

Location (Court, Address, Room Number) **TO BE SET**

Court Date and Time
Month _____ Day _____ Year _____ Time _____ AM 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 FULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR. THAT I MAY HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	
Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) 36183	
Name D/S D. Maccaroni		ID # 36183	
Transporting Officer ID # Maccaroni 36183		Agency PBSO	
Intake Deputy CP1 Hoxley 7200		Witness here if subject was not present	

NO BOND
VICTIM NOTIFICATION REQUIRED

SCANNED
OCT 12 2020

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		Date of Report 20-115802		
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) Tariq Fahad					Race O	Sex M	Date of Birth 02/09/1989		
Charge Domestic Battery (Simple)					Charge				
Victim Name (Last, First, Middle) COLON HERNANDEZ MARICELLA					Race W	Sex F	Date of Birth 08/08/1987		
Local Address (Street, Apt. Number) 11000 Town Circle APT 208		City Royal Palm Beach	State FL	Zip 33411	Phone (561) 635-0885	Address Source Verbal			
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>12</u> day of <u>October</u> 20 <u>20</u> at <u>0300</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM									

I responded to the above address in reference to a domestic dispute. The complainant, Maricella Colon Hernandez called 911 stating her boyfriend was being verbally abusive to her and she was in fear. Colon locked herself in the bedroom and was scared due to her boyfriend, Fahad Tariq, being extremely intoxicated.

Upon my arrival, I made contact with Tariq who appeared intoxicated. He stated Colon left in her vehicle prior to my arrival. I was able to contact Colon via telephone who answered the phone crying. Colon stated she was scared of Tariq and did not know what else to do. I asked Colon if the altercation ever became physical, and she did not respond. I asked her a second time, at which time she stated she did not want to say. She was afraid to speak on the phone because she thought Tariq would hear her. I met Colon at 8821 Southern Blvd. Royal Palm Beach, FL 33411. She appeared extremely distraught and emotional. She stated that she told Tariq earlier in the day that she cheated on him recently. Colon also stated that she recently had an abortion and it has been tough on both of them. Colon believes Tariq has an alcohol problem and when he drinks he becomes aggressive towards her.

Colon stated she was about to go to sleep when she told Tariq not to barge into the room after he finished playing his video game. A short time later, Tariq aggressively entered the room and began cursing at Colon and calling her a "Bitch". He continued to approach Colon in an aggressive manor, grabbed her by both arms, and began shaking her. Colon was able to push Tariq away. Tariq grabbed her again and pinned her to the floor by her arms. Colon stated Tariq then hit her on the top of the head and side of the head. She was unsure if it was with an open hand or closed fist. Colon hit Tariq back in an effort to get away from his grasp. Colon did not have any visible injuries but continues to show fear when talking about Tariq.

I then spoke with Tariq who stated the argument was only verbal. He left out entire accounts of the night. Tariq had a scratch on his nose and on his right hand.

Based on the above facts of this investigation, probable cause exists to arrest Fahd Tariq for Domestic Battery (Simple) pursuant to F.S.S. 784.03 (1)(A)(1).

See offense report for further detail.

The foregoing instrument was sworn to and affirmed before me this <u>12</u> day of <u>October</u> 20 <u>20</u> , by:	
D/S J. Carmenate	D/S D. Maccarone 36183
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
<i>[Signature]</i> 35059	<i>[Signature]</i>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer

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OCT 12 2020

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause Affidavit)

Defendant: Tariq Fahad DOB: 02/09/1989 Case #: 20-115802

Victim: COLON HERNANDEZ MARICELLA DOB: 08/08/1987 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: Small scratches on defendant

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are children living in the home? Yes No DCF Notified? Yes No

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Injunction: Yes No Case #: _____

No Contact Order: Yes No Case #: _____

Alcohol or Drugs: Yes No Unknown

Prior history of Domestic/Dating Violence Yes No

Defendant's statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: All verbal

Victim's statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: She was held down by her arms and hit in the head.

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

Yes No If yes, name: Rosa Colon phone _____

Observations of Victim (Physical & Emotional): Extremely emotional and scared

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim contact information:

Local Address: 11000 Town Circle APT 208

Royal Palm Beach FL 33411

Phone: Home: (561) 635-0885 Work: _____ Cell: _____

Employer: Unknown

Name of Relative: Rosa Colon Phone: _____

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VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- 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.
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 20-115802 Agency: Palm Beach County Sheriff's Office
 Offense: Domestic Battery (Simple)
 Suspect/Offender: Tariq Fahad
 DOB: 02/09/1989 Race: O Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: COLON HER MARICELLA DOB: 08/08/1987 Race: W Sex: F
 Address: 11000 Town Circle APT 208
 City: Royal Palm Beach State: FL Zip: 33411
 Home #: (561) 635-0885 Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: Rosa Colon
 Address: 405 18th Ave N
 City: Lake Worth State: FL Zip: 33460
 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:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S D. Maccarone ID #: 36183 Date: 10/12/2020

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

SCANNED
OCT 12 2020

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"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	119.071(2)(l)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020024108	Date: 10/12/2020
	Specialist Name/ID: M. Tooks #8557

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OCT 12 2020