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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		01 Juvenile	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21-129482			
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 Clearance Indicator 0 1			
Location of Arrest (Including Name of Business) 7473 POCHARD CT LAKE WORTH FL 33463		Location of Offense (Including Name of Business) 7473 POCHARD CT LAKE WORTH FL 33463					
Date of Arrest 11/19/2021		Time of Arrest 0135		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle N/A			
Name (Last, First, Middle) QAZI FAWAD M		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black O - Oriental/Asian W M		Date of Birth 03/02/1980		Height 5'7"		Weight 182	
Eye Color Brown		Hair Color BLACK		Complexion LIGHT		Build SMALL SKINNY	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RIGHT SHOULDER SCAR		Marital Status MARRIED		Religion ISLAM		Indication of: Alcohol Influence Drug Influence Y N Link <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 7473 POCHARD CT		City LAKE WORTH		State FL		Zip 33463	
Permanent Address (Street, Apt. Number) 7473 POCHARD CT		City LAKE WORTH		State FL		Zip 33463	
Business Address (Street, Apt. Number)		City		State		Zip	
D/L Number, State Q-200-253-80-082-0, FL		Social Security Number		INS Number		Place of Birth SAUDI ARABIA	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<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	
Notified By (Name)		Date		Time		Juvenile Detention: 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 561 355-2526) 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 checked="" 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 DOMESTIC BATTERY		Counts 01		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)	
Drug Activity N		Drug Type N		Amount/Unit		Offense # 21-129482	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Location (Court, Address, Room Number)		Court Date and Time Month Day Year Time 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 FULLY PAID 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)		Date Signed		Name Verification (Printed by Arrestee)			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer CAPOBIANCO		ID # 24738		(PRINT)	
Intake Deputy Cpt. No. Neal 7212		Transporting Officer CAPOBIANCO		ID # 24738		Agency PBSO	
Witness here if subject signed with an "X"		Page 1 of 1					

NOV 19 2021

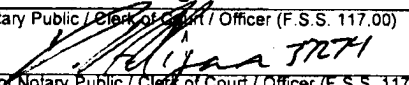
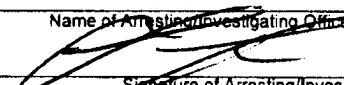
OBT Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest    3. Request For Warrant 2. N.T.A.   4. Request For Capias		01	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>21-129482</b>	
Charge 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) <b>QAZI FAWAD M</b>							
Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>03/02/1980</b>			
Charge <b>DOMESTIC BATTERY</b>				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) <b>SYED AYESHA</b>							
Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>09/25/1986</b>			
Local Address (Street, Apt. Number) <b>7473 POCHARD CT</b>		City <b>LAKE WORTH</b>		State <b>FL</b>		Zip <b>33463</b>	
Business Address (Street, Apt. Number)		City		State		Zip	
Phone <b>954-330-1949</b>		Address Source <b>FL DL</b>		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>19TH</b> day of <b>NOVEMBER</b> 20 <b>21</b> at <b>0135</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							

On 11/19/2021 at approximately 0100 hours, I responded to 7473 Pochard Ct which is located in unincorporated Lake Worth, FL, in reference to a domestic battery.

Upon my arrival I met with the Victim Ayesha Syed, who stated that her and her husband Fawad Qazi got into a verbal argument that later turned physical. She went onto explain that they got into a verbal argument over issues that have happened in the past. She went onto explain that they were arguing before Fawad became physical by pushing and kicking her. She stated that her mother-in-law tried getting into the middle of them and Fawad began hitting her while he was reaching over his mother.

Ayesha showed me where Fawad had hit and kicked her on her legs and arms. I did not observe any marks while I was on scene. Fawad stated that he did kick and push his wife but didn't recall hitting her. He went onto explain that he got upset with Ayesha after she called him a baby in front of his mother which he believed was extremely disrespectful. Once Ayesha learned that her husband Fawad was being arrested she refused to cooperate further by providing me with a sworn statement or photos.

Based on the above facts, probable cause exists to arrest Fawad Qazi for domestic battery pursuant to F.S.S. 784.03(1)(a)(1). Fawad was transported to Palm Beach County Jail with his property and all necessary paperwork.

The foregoing instrument was sworn to and affirmed before me this <b>19th</b> day of <b>NOVEMBER</b> 20 <b>21</b> , by:	
<b>D/S D. Holligan 37274</b>	<b>CAPOBIANCO 24738</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
Page <b>1</b> of <b>1</b>	

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

Suspect: Fawad M Qazi DOB: 03/02/1980 Case #: 21-129482

Victim: Ayesha Syed DOB: 09/27/1986 Race: 0 Sex: F

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene ☐ Yes ☒ No Victim ☐ Yes ☒ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No Caller: Ayesha Syed

Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_

Witness: ☐ Yes ☐ No Name: \_\_\_\_\_

Victim Pregnant: ☐ Yes ☒ No If yes, \_\_\_\_\_ weeks \_\_\_\_\_ months

Injuries: ☐ Yes ☒ No Description: \_\_\_\_\_

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: \_\_\_\_\_

At Hospital: ☐ Yes ☒ No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are Children Living in 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: \_\_\_\_\_

Victim's Statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☒ oral

First words Victim said when you responded to scene: \_\_\_\_\_

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

☐ Yes ☒ No If yes, name: \_\_\_\_\_ phone ( ) -

Observations of Victim (Physical & Emotional): \_\_\_\_\_

☐ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☐ Other \_\_\_\_\_

Victim Contact Information:

Local Address: 7473 Orchard Ct, Lake Worth, FL 33463

Phone: Home (954) 330-1949 Work ( ) - Cell ( ) -

Employer: \_\_\_\_\_

Name of Relative: Sara Syed Phone (54) 804-1773

Address: unk.

# 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 #: 21-129482 Agency: FBSD  
Offense: Domestic Battery (Simple)  
Suspect/Offender: Fawad M. Razi  
D.O.B. 3/02/80 Race: Other Sex: M
2. Warrant #(s): \_\_\_\_\_
- 3.a. Victim's name: Ayesha Syed D.O.B. 09/25/86 Race: D Sex: F  
Address: 7473 Richard Ct, Lake Worth FL 33463  
City: Lake worth State: FL Zip: 33463  
Home #: (954) 330 1949 Work #: \_\_\_\_\_ Other: \_\_\_\_\_
- b. Victim's next of kin, friend or neighbor: Sara Syed  
Address: unk.  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: (954) 804 1723 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: \_\_\_\_\_ I.D.# \_\_\_\_\_ Date: \_\_\_\_\_

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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021029099

Date: 11/19/2021

Specialist Name/ID: M. Took #8557