

0516054

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

2020 MM 3338 PCH 243

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

1 Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-060055	
	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		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
	Location of Arrest (Including Name of Business) 11858 FOREST HILL BLVD WELLINGTON, FL, 33414		Location of Arrest (Business Name, Address) 11858 FOREST HILL BVD WELLINGTON, FL, 33414		Multiple Clearance Indicator 1			
DEFENDANT	Date of Arrest 4/19/2020		Time of Arrest 2042		Booking Date		Booking Time	
	Name (Last, First, Middle) BEHROOZI KHOSROW		Height 6 00		Weight 230		Eye Color BROWN	
	Race W - White I - American Indian		Sex M		Date of Birth 6/23/1957		Complexion MED	
CO-DEF	Local Address (Street, Apt. Number) 13109 QUIET WOODS RD UNIT A WELLINGTON, FL, 33414		Phone (850) 902-8585		Marital Status MARRIED		Religion NONE	
	Permanent Address (Street, Apt. Number) SAME AS LOCAL		Address Source VERBAL		Indication of Alcohol Influence <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State		Occupation NONE	
	Business Address (Name, Street)		Phone		Place of Birth (City, State) ABADAN, IRAN		Citizenship USA	
JUVENILE	D/L Number, State B6205002230		INS Number		Place of Birth (City, State)		Citizenship	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
NOTICE TO APPEAR	Parent Name (Last)		First		Middle		Residence Phone	
	Legal Custodian		Other:		Address (Street, Apt. Number)		(City) (State) (Zip)	
	Notified by: (Name)		Date 4/19/2020		Time		Juvenile Disposition <input type="checkbox"/> 1. Handled/processed within Dept. and Released. <input type="checkbox"/> 2. TOT HRS / DYS <input type="checkbox"/> 3. Incarcerated	
CHARGE	Released To: (Name)		Relationship		Date		Time	
	The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade		Value of Property	
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
CHARGE	Drug Activity N. N/A P. Possess		S. Sell D. 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 O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		Statute Violation Number 810.09(2B)	
CHARGE	Charge Description TRESPASS AFTER WARNING		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-060055	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
CHARGE	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	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	
CHARGE	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 #	
NOTICE TO APPEAR	Location (Court, Room Number, Address) 3228 GUN CLUB RD, WPB, FL, 33406		Court Date and Time Month MAY Day 20TH Year 2020 Time 1 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		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		Signature of Defendant (or Juvenile and Parent /Custodian)	
	Name		Signature of Arresting Officer C. UNGER		Name Verification (Printed by Arrestee) C. UNGER		Date Signed	
	HOLD for other Agency		Name of Arresting Officer (Print) C. UNGER		ID # 7872		PAGE 1 OF 1	
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer C. UNGER		Agency 7872 PBE	
	Witness here if subject signed with an "X"		DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)		BBSO #148 REV. 8/97			

APR 20 AM 8:35
PALM BEACH COUNTY SHERIFF'S OFFICE

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMIN	OBTS Number	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 20-060055	
CHARGES	Charge Type: Check as many as apply		Special Notes:		
DEF	Name (Last, First, Middle) BEHROOZI KHOSROW		Alias	Race W	Sex M
CHARGES	Charge Description TRESPASS AFTER WARNING 810.09(2B)		Date of Birth 6/23/1957		
VICTIM	Victim's Name (Last, First, Middle) CHEVRON		Race	Sex	Date of Birth
ADMINISTRATIVE	Local Address (Street, Apt. Number) (City) (State) (zip) Phone		Address Source VERBAL		
	Business Address (Name, Street) (City) (State) (zip) Phone		Occupation BUSINESS		
<p>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</p> <p><input checked="" 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.</p> <p><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.</p> <p>On the 19TH day of APRIL 2020 at 2042 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>ON 4/19/20, AT APPROXIMATELY 2042 HRS, I RESPONDED TO 11858 FOREST HILL BLVD, CHEVRON GAS STATION IN REFERENCE TO A DISTURBANCE. WHILE ENROUTE I PUT ON MY PPE GLOVES AND MASK. THE CHEVRON EMPLOYEE SKYLAR KESSELMAN ADVISED THE FOLLOWING TO DISPATCH. A MALE IN A BLUE SHIRT AND KHAKKI SHORTS WAS CAUSING A DISTURBANCE IN THE STORE. THE SUSPECT IS SCREAMING AND REFUSING TO LEAVE THE FRONT OF THE LINE. UPON MY ARRIVAL I OBSERVED A MALE WEARING A BLUE SHIRT AND KHAKKI SHORTS YELLING. HE ADVISED HE WAS THERE TO GET CIGARETTES AND WAS REFUSING TO LEAVE. THE CHEVRON EMPLOYEE CAME OVER TO THE MALE BY THE GAS PUMPS ON THE CHEVRON PROPERTY. HE VERBALLY TRESPASSED THE MALE IN MY PRESENCE. HE THEN PROVIDED A SWORN WRITTEN STATEMENT ABOUT HOW THE SUSPECT HELD UP THE LINE, CAUSED A DISTURBANCE IN THE STORE, AND REFUSED TO LEAVE.</p> <p>I ADVISED THE MALE MULTIPLE TIMES TO LEAVE AND HE REFUSED. I OBSERVED THE MALE HAD NO PROTECTIVE COVERING OF HIS MOUTH LIKE THE GOVERNORS ORDER. I EXPLAINED TO THE MALE FURTHER WHAT TRESPASS AFTER WARNING MEANS, I GAVE HIM A LAWFUL ORDER TO LEAVE, AFTER PLEADING WITH HIM TO LEAVE, ADVISING HIM THAT I DID NOT WANT TO SPEND THE TIME ARRESTING HIM FOR TRESPASS AFTER WARNING DURING THE CURRENT COVID PANDEMIC. THE MALE ADVISED HE WAS NOT GOING ANYWHERE AND IT WAS A PUBLIC PLACE. I EXPLAINED TO THE MALE THAT IT WAS NOT A PUBLIC PLACE BUT A BUSINESS THAT HAS THE RIGHT TO REFUSE SERVICE AND ALSO HAS THE RIGHT TO TRESPASS SOMEONE FROM THE PROPERTY. THE MALE ADVISED HE WAS RIGHT AND I WAS WRONG AND HE WAS NOT GOING TO LEAVE UNTIL HE GOT HIS CIGARETTES. BASED UPON THE ABOVE I ADVISED THE MALE HE WAS UNDER ARREST FOR TRESPASS AFTER WARNING. I GRABBED HIS ARM AND PLACED A HANDCUFF ON IT WHILE HE PULLED AWAY FROM ME. I HELD ONTO THE MALE AND WITH THE HELP OF OTHER DEPUTIES ONSCENE I WAS ABLE TO PLACE BOTH MY HANDCUFFS ON THE MALE WITHOUT INCIDENT. I PLACED THE MALE INTO THE BACK OF MY PATROL CAR AND TRANSPORTED HIM TO THE JAIL TO GET HIM OFF THE PPROPERTY SO THAT HE COULD NOT CAUSE A FURTHER DISTURBANCE. THE MALE WAS CHARGED WITH TRESPASS AFTER WARNING.</p>					
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: center;">C. UNGER <i>C. Unger</i></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 19TH day of APRIL 2020 by C. UNGER 7872</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN</p> <p><i>[Signature]</i></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>					
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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)
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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020010871 WDC	Date: 04/20/2020
	Specialist Name/ID: AM/31562