

20CF4085AMB

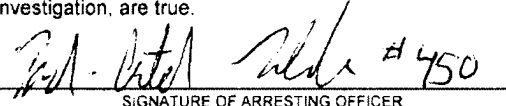
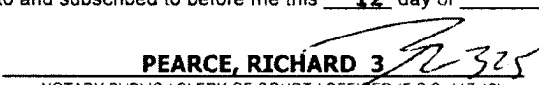
0010414

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2 N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N		
Agency ORI Number FLO 0502600		Agency Name PALM BEACH GARDENS POLICE DEPT.			Agency Report Number (N.T.A.'s only) 7,812,010,0,2,3,6,4								
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 4340 Bellewood St, Palm Beach Gardens FL 33400					Location of Offense (Business Name, Address) 4340 Bellewood St, Palm Beach Gardens, FL 33400								
Date of arrest 0.5.12.20		Time of Arrest 1.0.08		Booking Date 05/12/20		Booking Time 10:22		Jail Date		Jail Time		Location of Vehicle	
Name (Last, First, Middle) Vaughan, Nasser Nasser										Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black		Sex M		Date of Birth 0.4.20.9.9		Height 5' 9"		Weight 140		Eye Color Brown		Hair Color Black	
Complexion Olive		Build Thin		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status Single		Religion Muslim		Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number) 4340 Bellewood St Palm Beach Gardens FL 33400			(City) (State) (Zip)			Phone (561) 601-3269			Residence Type: 1. City 2. County 3. Florida 4. Out of State 11				
Permanent Address (Street, Apt. Number) 4340 Bellewood St Palm Beach Gardens FL 33400			(City) (State) (Zip)			Phone ()			Address Source DL				
Business Address (Name, Street) 560 Village Blvd West Palm Beach FL 33409			(City) (State) (Zip)			Phone (954) 678-7557			Occupation US High Advisor				
D/L Number, State Y 255 634 991400, FL		INS Number		Place of Birth (City, State) Jerusalem, Israel		Citizenship US							
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 Name (Last) (First) (Middle)		Residence Phone		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone			
Notified by: (Name)		Date		Time		Juvenile Disposition 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 355-2526) informed of any change of address. <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 S. Sell N. N/A P. Possess		R. Smuggle B. Buy D. Deliver T. Traffic		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. Synthetic		U. Unknown Z. Other		Charge Description Agg. Assault w/ deadly weapon							
Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 7,8,4,1,0,2,1, (1,1,A,)		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description Simple Battery		Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 7,8,4,1,0,3, (1,1,A,)		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address)									
				Court Date and Time Month Day Year Time A.M. P.M.									
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)								Date Signed					
HOLD for other Agency Name		Signature of Arresting Officer x Mark Anthony Maldonado # 450				Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Maldonado		I.D. # 450		(PRINT)					
Transporting Officer I.D. #		Agency		Witness here if subject signed with an "X"		PAGE OF							

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 05/12/2020 10:08		Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 20-002364																																																																																																																																								
	Name (Last, First, Middle) YAGHNAME, NASSER NASR						Race W	Sex M	Date of Birth 04/20/1999																																																																																																																																						
C H R G	Charge Description 784.021(1)(A) ASSAULT - AGGRAVATED W/ DEADLY WEAPON W/O INTENT TO KILL																																																																																																																																														
	Victim's Name (Last, First, Middle) YAGHNAME, SAIED NASSER						Race W	Sex M	Date of Birth 03/29/2003																																																																																																																																						
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 4340 BELLWOOD ST, PALM BEACH GARDENS, FL 33410				Phone (561) 779-8879		Address Source																																																																																																																																								
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation																																																																																																																																								
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BLOODY, BRUISED, SWOLLEN, SCRA																																																																																																																																											
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral																																																																																																																																														
RELATIONSHIP BETWEEN VICTIM & SUSPECT BROTHERS																																																																																																																																															
<table border="0"> <tr> <td>PHOTOGRAPHS: Scene:</td> <td><input type="checkbox"/></td> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td colspan="4"></td> </tr> <tr> <td>Victim:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="4">CALLER: SHAMA YAGHNAME (MOTHER)</td> </tr> <tr> <td>WEAPON USED:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="4">TYPE:</td> </tr> <tr> <td>WITNESSES:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="4">(If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> <tr> <td>AT: Scene:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="4">PARAMEDICS: PALM BEACH COUNTY FIRE RESCUE</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="4">PHYSICIAN(S) / HOSPITAL:</td> </tr> <tr> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="4">NAMES/AGES: SAIED N YAGHNAME 17 YOA</td> </tr> <tr> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> <tr> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> <tr> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="4">CASE #:</td> </tr> <tr> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> <tr> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> </table>									PHOTOGRAPHS: Scene:	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO					Victim:	<input type="checkbox"/>		<input checked="" type="checkbox"/>						911 CALL:	<input checked="" type="checkbox"/>		<input type="checkbox"/>		CALLER: SHAMA YAGHNAME (MOTHER)				WEAPON USED:	<input checked="" type="checkbox"/>		<input type="checkbox"/>		TYPE:				WITNESSES:	<input checked="" type="checkbox"/>		<input type="checkbox"/>		(If YES, attach witness list)				INJURIES:	<input checked="" type="checkbox"/>		<input type="checkbox"/>						MEDICAL TREATMENT:	<input checked="" type="checkbox"/>		<input type="checkbox"/>						AT: Scene:	<input checked="" type="checkbox"/>		<input type="checkbox"/>		PARAMEDICS: PALM BEACH COUNTY FIRE RESCUE				Hospital:	<input type="checkbox"/>		<input type="checkbox"/>		PHYSICIAN(S) / HOSPITAL:				ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/>		<input type="checkbox"/>		NAMES/AGES: SAIED N YAGHNAME 17 YOA				H. R. S. NOTIFIED:	<input type="checkbox"/>		<input type="checkbox"/>						VICTIM PREGNANT:	<input type="checkbox"/>		<input checked="" type="checkbox"/>						VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>		<input checked="" type="checkbox"/>		CASE #:				PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>		<input checked="" type="checkbox"/>						ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>		<input checked="" type="checkbox"/>					
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N A R R	On Tuesday, May 12, 2020 at 9:40 a.m., I Officer M. Maldonado #450 responded to 4340 Bellewood St. Palm Beach Gardens, Palm Beach County, FL in reference to a domestic battery. Northcom (dispatch) advised they received a call from Shama Yagham (mother) who was advised by her mother in law (Fahmiye M. Yagham) that her sons, Nasser N. Yagham and Saied N. Yagham had gotten into a fight. My issued Body Worn Camera (BWC) was utilized																																																																																																																																														
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>12</u> day of <u>May</u> , 2020.  PEARCE, RICHARD 3 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																																																																																																														

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 05/12/2020 10:08	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-002364
	Agency ORI Number FL 0502600		

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during this investigation.

On arrival, I made contact with Nasser Yaghnam who was asked to step outside of the residence and complied while other officers made contact with Saied Yaghnam. I asked Nasser Yaghnam what had happened, and he stated he and his brother had gotten into a fight over Saied Yaghnam harassing him over his condition. I heard Ofc. J. Leskow #429 call for Fire Rescue and advised Saied Yaghnam had swelling on his face. I immediately read Nasser Yaghnam his Miranda Rights. Post Miranda, Nasser stated that Saied, his brother has been constantly harassing him. Nasser stated he confronted Saied in Saied's bedroom in regard to him harassing Nasser. A verbal argument ensued, and Nasser stated he observed Saied clench his fists while he got in his face and looked over at an aluminum baseball bat. When I asked Nasser if Saied made an advancement towards the baseball bat he stated no and explained he pushed him and began to punch him with his close right fist immediately after observing Saied look over at the baseball bat.

While speaking to Nasser he was calm. His responses to me seemed delayed, but it was apparent Nasser possibly has an uncontrollable nervous pulsation/tick to his body. I observed his knuckles to his right hand to be red and swollen as if he had hit struck something/someone with his knuckles.

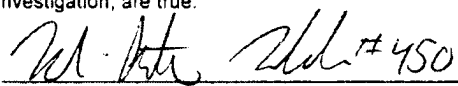
After speaking to Nasser I made contact with Saied who was seated wearing nothing, but blue basketball shorts. He had bruising/swelling to the right side of his face and ear. He had blood on his face and numerous scratches throughout his body which indicated he had been in a physical altercation. Saied stated that he was sleeping when Nasser entered his bedroom and stated he had to speak to him. Saied refused to wake up and listen to Nasser, but finally gave in. Saied stated that Nasser demanded he stand or sit up to speak to him. He began to tell Saied he was tired of him harassing him and bothering him. Saied stated while standing up in front of his bed Nasser had gotten into his face and a verbal argument ensued between them. Saied stated he did look over at his baseball bat, but never made an advancement towards it. Nasser then pushed Saied onto his bed where Saied fell on his back. Nasser began punching him numerous times on his face. Saied advised he does not remember how many times he was struck, but estimated he was hit at least 15 times. Saied stated Nasser stopped hitting him and walked out of his bedroom and immediately came back to his bedroom with a steak knife. Saied stated Nasser entered his room, looked at him with the knife in his hand and walked back out of his bedroom. Due to the injuries Saied sustained he was transported to the hospital by Palm Beach County Fire Rescue (run number PBC20051123).

I made contact with Fahmiye M. Yaghnam, grandmother of Nasser and Saied and she stated she heard a commotion between the boys in Saied's bedroom and observed Nasser exit Saied's bedroom into the kitchen where he grabbed a knife and went back into Saied's bedroom. After witnessing the incident, she immediately called their mother, Shama Yaghnam who left work and called the police while on her way home. Shama Yaghnam stated that Nasser had attended college in Philadelphia, PA and was fine when he left. He returned home due to his medical condition. When asked what medical condition Nasser has Shama stated he has been to numerous doctors due to his uncontrollable body pulsations/tick. None of the doctors can find anything physically wrong with Nasser or why his body has a pulsation. Shama advised the pulsation is all mental as they cannot find anything physically wrong with him.

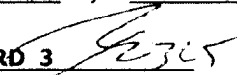
Nasser and Saied have separate bedrooms. In order to enter Saied's bedroom, one must walk through the kitchen area. Saied was unable to tell which knife in the kitchen was the one Nasser retrieved and walked back into his bedroom with, but advised it was absolutely a steak knife. Due to the kitchen being located right outside Saied's bedroom there were multiple knives located in the area and it could not be determined which knife

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 12 day of May, 2020.


PEARCE, RICHARD 3
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 05/12/2020 10:08	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-002364
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Nasser had grabbed and enter Saied's bedroom with. Per my investigation and totality of the circumstances probable cause was found to charge Nasser Yaghmma with 1 count of Simple Battery per F.S.S. 784.03(1) (A) (1) as well as 1 count of Aggravated Assault with a deadly weapon without the intent to harm/kill per F.S.S. 784.021(1) (A). Nasser was arrested and transported to Palm Beach County Jail. A Domestic Right's Pamphlet was completed and given to Saied and his mother Shama.

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

W- [Signature] #450
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 12 day of May, 2020.

PEARCE, RICHARD 3 [Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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

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

1. Incident Report #: 20-002364 Agency: Palm Beach Gardens
 Offense: Battery, Agg Assault
 Suspect/Offender: Yaghnam, Nasser NAK
 D.O.B. 04/26/99 Race: White Sex: Male

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Yaghnam, Saïrd
 Address: 4340 Bellewood St
 City: Palm Beach Gardens State: FL Zip: 23410
 Home #: 561 379 7998 Work #: _____ Other: _____

b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
 Printed name of person waiving notification: _____

Officer's Name : LoSkow I.D.: 429 Date: 09/12/2020

White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

SUSPECT/OFFENDER: _____
 COURT CASE/WARRANT #: _____
 (FOR WARRANTS USE ONLY)



**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: 2020012451	Date: 05/12/20
	Specialist Name/ID: J. Beck/9007