

0523830

21MM-4184 P#2164

OBT 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 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21073757							
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 2 1. Yes 2. No		Multiple Clearance Indicator 01									
Location of Arrest (Including Name of Business) 22100 S State Road 7 Boca Raton, FL 33428 (Walmart)				Location of Offense (Business Name, Address) 22100 S State Road 7 Boca Raton, FL 33428 (Walmart)									
Date of Arrest 06-08-21		Time of Arrest 0812		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle N/A	
Name (Last, First, Middle) Bustani Saeed				Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 04-04-56		Height 5'08		Weight 183		Eye Color Brown		Hair Color Bald	
Complexion Light		Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Marital Status Married		Religion NONE		Indication of Alcohol Influence <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		Unk. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) 9691 Arbor Oaks Court Apt 201 Boca Raton, FL 33428				(City)		(State)		(Zip)		Phone (561) 542-6611		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) 9691 Arbor Oaks Court Apt 201 Boca Raton, FL 33428				(City)		(State)		(Zip)		Phone ()		Address Source FL DL	
Business Address (Name, Street) ()				(City)		(State)		(Zip)		Phone ()		Occupation Unemployed	
D/L Number, State B-235-780-56-124-0, FL				Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) Beirut, Lebanon		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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Name (Last)		(First)		(Middle)		Residence Phone ()			
Address (Street, Apt. Number) ()				(City)		(State)		(Zip)		Business Phone ()			
Notified by: (Name) ()				Date 06-08-21		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 provided by <input checked="" 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 ()							
Property Crime? <input type="checkbox"/> Yes <input 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	
Charge Description Battery (Domestic)				Counts 01		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)		Violation of ORD # N/A		NON	
Drug Activity N				Drug Type N		Amount / Unit N/A		Offense # 21073757		Warrant / Capias Number N/A		Bond N/A	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)				Court Date and Time Month Day Year Time AM PM									
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: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Seizidal <input type="checkbox"/> Other:				Signature of Arresting Officer ()		Name Verification (Printed by Arrestee) ()							
Intake Agency 6760				Pouch # ()		Transporting Officer ()		ID # 24989		Agency PBSO		PAGE 1 OF 1	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21073757				
	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:				
DEF	Name (Last, First, Middle) Bustani Saeed		Alias		Race W	Sex M	Date of Birth 04-04-56		
	Charge Description Battery (Domestic)		784.03(1)(a)(1)		Charge Description				
CHARGES	Charge Description				Charge Description				
	Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle) Abdo Sonia				Race W	Sex F	Date of Birth 03-09-69		
	Local Address (Street, Apt. Number) 9691 Arbor Oaks Court Apt 201		(City) Boca Raton	(State)	(zip)	Phone (561) 809-6835		Address Source FL DL	
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()		Occupation Unemployed	
<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 <input checked="" type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> confessed to <u>D/S Fuentes</u> admitting to the below facts. <input type="checkbox"/> was observed by <u>Kelly Vetrano</u> who told <u>D/S Fuentes</u> that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>8th</u> day of <u>June</u> 20<u>21</u> at <u>0812</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Tuesday, 06-08-21, Deputies and I responded to 22100 S State Road 7 Boca Raton, FL 33428 (Walmart) at approximately 0738hrs, in reference to the report of an unknown W/M subject "choking" an unknown W/F subject.</p> <p>Upon arrival to the area, contact was made with all parties involved to include the defendant, W/M Saeed Bustani DOB: 04-04-56, the victim, W/F Sonia Abdo DOB: 03-09-69, and the witness, W/F Kelly Vetrano DOB: 10-12-68.</p> <p>Contact was made with the witness, Kelly Vetrano, who advised that she contacted 911 to report the above incident. Kelly Vetrano stated that prior to the arrival of Deputies, she observed a physical altercation in the parking lot of the above mentioned business. The physical altercation included both Saeed Bustani and Sonia Abdo, whom are both currently married. Kelly Vetrano advised that she witnessed Saeed Bustani grab his wife by the mouth and then "choke her" shortly after. Kelly Vetrano advised that Saeed Bustani "choked" his wife for about ten seconds. She stated that after witnessing the altercation, she contact PBSO to report the incident immediately.</p> <p>After obtaining the witness's statements, I then proceeded to speak to the victim, Sonia Abdo. Sonia Abdo advised that she arrived at the Walmart earlier in the morning and realized that her husband, Saeed Bustani, had followed her to the business. Sonia Abdo then stated that Saeed Bustani confronted her in the parking lot and began telling her that "she was doing very bad things". When asked to elaborate, Sonia Abdo stated that her husband believes she was being unfaithful to their marriage. Sonia Abdo then advised that after the verbal altercation, Saeed Bustani then grabbed her by the mouth and squeezed hard, preventing her from talking any further. When asked if she was ever choked, Sonia Abdo informed me that she was not and could still breathe while having her mouth covered and squeezed by her husband. Sonia Abdo displayed obvious fear of her husband and informed me that she was afraid of what he will do in the future.</p> <p>After speaking to Sonia Abdo, I then spoke to Saeed Bustani on scene. Saeed Bustani advised that he and his wife "coincidentally ran into each other at the Walmart". Saeed Bustani then stated that his wife was the one that verbally confronted him in the parking lot. After being confronted, Saeed Bustani admitted to placing his right hand over his wife's mouth to stop her from talking any further. Saeed Bustani concluded by informing me that he believes he was the victim of a crime.</p> <p>After concluding my investigation and obtaining statements on scene, probable cause was established for the arrest of Saeed Bustani. Saeed Bustani did admit to and did actually and intentionally touch or strike Sonia Abdo against the will of Sonia Abdo, contrary to Florida Statute 784.03(1).</p> <p>Saeed Bustani was transported to the Palm Beach County Jail without incident.</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <div style="text-align: right; margin-right: 100px;"> D/S Fuentes Jr <i>RL 24989</i> (Signature of Arresting/Investigative Officer) </div>								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>8th</u> day of <u>June</u> 20 <u>21</u> by <u>D/S Fuentes Jr 24989</u>								
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Personally Known</u>								
	Notary Public, Clerk of Court, Officer (F.S.S. 447.10) <i>8677 D/S 0102</i>								

PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER# 21073757

DEFENDANT'S NAME: Bustani Saeed

DEFENDANTS STATEMENT ☒ YES ☐ NO (IF YES: ☐ WRITTEN ☒ TAPED ☒ ORAL)

SYNOPSIS:

Saeed Bustani admitted to covering his wife's mouth with his write hand. He informed me he did so to prevent her from cursing at him

VICTIM'S NAME: Abdo Sonia

VICTIM'S STATEMENTS: ☒ YES ☐ NO (IF YES) ☐ WRITTEN ☒ TAPED ☒ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Fearful

Sonia Abdo claimed that she was followed to the Walmart by her husband. She then advised that she was accused of infidelity.

Sonia Abdo stated that her husband grabbed her by her mouth and squeezed very hard.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Husband and Wife

PHOTOGRAPHS: SCENE: ☐ YES ☒ NO VICTIM (S): ☐ YES ☒ NO

911 CALL: ☒ YES ☐ NO WHO CALLED: Kelly Vetrano

WEAPON USED: ☒ YES ☐ NO TYPE: Hand

MEDICAL TREATMENT: ☐ YES ☒ NO

AT SCENE: ☐ YES ☒ NO PARAMEDICS: N/A

AT HOSPITAL: ☐ YES ☒ NO HOSPITAL: N/A

PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: ☐ YES ☒ NO

NAME: _____

DOB: _____

NAME: _____

DOB: _____

NAME: _____

DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☒ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: _____

DOB: _____

NAME: _____

DOB: _____

NAME: _____

DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) ☐ YES ☒ NO

VICTIM PREGNANT- ☐ YES ☒ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☒ YES ☐ NO

ALCOHOL OR DRUGS INVOLVED: ☐ YES ☒ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #:

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: N/A

PHONE: N/A

RELATIVE/FRIEND ADDRESS: N/A

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- **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 #: 21073757 Agency: PBSO
Offense: Battery (Domestic)
Suspect/Offender: Bustani Saeed
D.O.B. 04-04-56 Race: W Sex: M

2. Warrant # (s): N/A

3.a. Victim's name: Abdo Sonia D.O.B. 03-09-69 Race: W Sex: F
Address: 9691 Arbor Oaks Court Apt 201
City: Boca Raton State: FL Zip: 33428
Home #: 561 809-6835 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: N/A
Address: _____
City: _____ State: _____ Zip: _____
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 Fuentes Jr

I.D.# 24989

Date: 06/08/21

White/Corrections or State Attorney (Warrant Application)
PBSO 00029A REV. 4199

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

SCANNED

JUN 09 2021



**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.	3
	<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: 2021013951	Date: 6/9/2021
	Specialist Name/ID: T Howard/7185

SCANNED
JUN 09 2021