

J# 0515795

20mm2847AMB

1279

ARREST / NOTICE TO APPEAR		1. Arrest 2. NTA	3. Request for Warrant 4. Request for Capias 5. Juvenile Referral	1	JUVENILE
Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3 2 2020-004125			
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 Hands, Feet, Fist, Teeth	Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) 5500 NW 2ND AVE		Location of Offense (Business Name, Address) 5500 NW 2ND AVE, BOCA RATON, FL 33487			
Date of Arrest 03/30/2020	Time of Arrest 10:46	Booking Date 03/30/2020	Booking Time 10:56	Jail Date	Jail Time
Name (Last, First, Middle) SABER, SAFIYA					
Alias (Name, DOB, Sex, etc.)					
Race W - White A - American Indian B - Black Q - Oriental/Asian	Sex F	Date of Birth 10/09/1981	Height 5'06	Weight 140	Eye Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion	Complexion LIGHT	Build
Local Address (Street, Apt. Number) 5500 NW 2ND AVE 425, BOCA RATON, FL 33487		Phone (786) 868-8404	Residence Type 1. City 2. College 3. Florida 4. Out of State 3		
Permanent Address (Street, Apt. Number) 5500 NW 2ND AVE 425, BOCA RATON, FL 33487		Phone (786) 868-8404	Address Source FL DL		
Business Address (Name, Street) NONE,		Phone	Occupation None		
D.L. Number, State S160780818690 / FL	Spec. Sec. Number	INS Number	Place of Birth (City, State) Miami	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
Parent <input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone	
Legal Custodian		Address (Street, Apt. Number)		Business Phone	
Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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.					
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 - Disperses/ 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 BATTERY		Statute Violation Number 784.03(1A1)	Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Charge Description		Statute Violation Number	Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Charge Description		Statute Violation Number	Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Health - Apparent Physical Condition of Defendant GOOD		Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Determinates <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	Released By
Transported By D CARNEY		Date Transported 03/30/2020	Time Transported 00:00	Other	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time	
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					
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 COMTEMPT 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		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)	
Make Prints		Name of Arresting Officer (Print) D CARNEY, D. C.		I.D. # 706	
Pouch #		Transporting Officer D CARNEY		I.D. # 706	
		Agency BRPD		PAGE 1 OF 1	
Witness here if subject signed with an "X"					

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 03/30/2020 10:52		Agency Name BOCA RATON POLICE DEPARTMENT			Agency Report Number 3 2 2020-004125		
	Agency ORI Number FL 0500200		Name (Last, First, Middle) SABER, SAFIYA			Race W	Sex F	Date of Birth 10/09/1981
C H A R G E	Charge Description 784.03(1A1) BATTERY/DOMESTIC							
	Victim's Name (Last, First, Middle) KHALIL, KHALID HUSIEN					Race W	Sex M	Date of Birth 02/19/1962
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 5500 NW 2ND AVE 425, BOCA RATON, FL 33487				Phone (561) 901-0210		Address Source OBSERVED	
	Business Address (Name, Street) (City) (State) (Zip) GOOD MOTOR AUTO SALES, 3100 NW 5TH AVE				Phone (561) 395-7221		Occupation FUNDRAISING DIR	
M	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OK				
RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE								
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene:		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
	Victim:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: VICTIM			
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS, TEETH			
	WEAPON USED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)			
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	INJURIES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	AT: Scene:		<input type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:			
	Hospital:		<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:			
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input type="checkbox"/>					
VICTIM PREGNANT:		<input type="checkbox"/>	<input type="checkbox"/>					
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:				
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input type="checkbox"/>					
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>	<input type="checkbox"/>					
N A R R	On 3-30-20 at approximately 0904hrs, I responded to 5500 NW 2nd Ave in reference to a domestic disturbance. Upon arrival, I met with W/M Khalid Khalil who advised his wife W/F Safiya Saber bit him as he was trying to enter his vehicle to leave.							
	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>30</u> day of <u>March</u> , <u>2020</u> . AUGELLO, PETER B _____ 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	03/30/2020 10:52	
	Agency CR# Number	Agency Name	Agency Report Number
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2020-004125

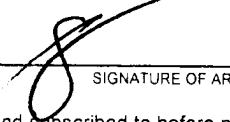
According to Khalil, he and his wife were having an argument which started about turning on the hot spot for the internet. Then the argument turned in him wanting to leave and go to work. He advised she did not want him to leave, but to stay and help her take care of the children. Khalil advised he attempted to leave the apartment and walk down to his vehicle to leave. He advised she continued to yell at him about not helping her take care of the kids all the way to his vehicle. He advised he attempted to put the key in the driver's door lock to open the door. As he did this, Saber pushed her way in front of him preventing him from opening the door. She then attempted to grab the keys from his hand and a struggle started over them. He advised he dropped the keys as she was attempting to grab the phone out of his hand to stop him from recording her. It should be known that he was recording her from the point when he left the apartment and down to his vehicle. When she grabbed the phone another struggle started over it. However, he did not let go and at one point she bit him in the arm. He fell down to one knee while they both continued to struggle over his phone. At this time both backed off and he contacted BRPD. I observed a bite mark on his left forearm which was consistent with the video he showed me.

According to Saber, they had an argument over him not helping out with the children. She advised that children are out of control and that she cannot control them by herself. She advised she followed him down to his vehicle telling him not to leave her alone. As he put the key into the door lock, she pushed herself between him and the door preventing him from opening the door to leave. He then grabbed her arm to move her away which caused her to bite him the arm to let her go. She advised she bit him because he was grabbing her arm causing it to hurt. I did observe marks on her arm consistent with being grabbed.

Due to the above stated facts, I determined Saber to be the primary aggressor since Khalil was attempting to leave the environment, and that she prevented him from leaving by grabbing the keys. She was arrested for FSS 748.01(1a1) domestic battery. She was handcuffed which were double locked and checked for tightness. She was brought to BRPD for processing and later TOT to PBCJ.

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 30 day of March, 2020.



AUGELLO, PETER B
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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#: 2020-4125 Agency: Boca Raton Police Department
Offense: DDM - Domestic Battery
Suspect/Offender: Sofia Saber
D.O.B. 10-9-1981 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: Khalid Khalil D.O.B. 2/19/1962 Race: W Sex: M
Address: 5500 NW 2 Ave #425
City: Boca Raton State: FL Zip: 33432
Home#: 561-901-0210 Work#: _____ Other: _____
cell

b. Victim's next of kin, friend or neighbor: Mustafa K. Khalil
Address: 5500 NW 2 Ave #425
City: Boca Raton State: FL Zip: 33432
Home#: 561-268-6261 Work#: _____ Other: _____
cell

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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: D. Carney I.D.# 706 Date: 3/30/2020

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section 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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020009649	Date: 03/31/2020
	Specialist Name/ID: AM/31562