05526456 24MM8486 AMB 3560.

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

Clear Form

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

Juvenile: ☐

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 I-I 24102437 ( )

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type:

Multiple Clearance Indicator:

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
17197 TETON RIVER RD BOCA RATON FL 33496	17197 TETON RIVER RD BOCA RATON FL 33496

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/26/2024	1359					N/A

DEFENDANT

Name (Last, First, Middle): RANJIJIFROODY, HOMAYOUN

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O -Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/16/1983	5'9	110	Brown	Black	Medium	Small

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: Single — Religion: Christian — Indication of: Alcohol Influence / Drug Influence: Y ☐ N ☐ Unk ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 17197 TETON RIVER RD BOCA RATON FL 33496

Mobile Phone: (561) 887-4433

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): SAME AS ABOVE

Phone: ( )

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: BUSINESS

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R522320832960	[redacted]		CANADA, MONTERIO	USA

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

VICTIM NOTIFICATION REQUIRED

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 ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.
☐ Yes, by: (Name) ☐ No (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, 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. Manjuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DOMESTIC BATTERY	1	☒ Y ☐ N	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
					N.O BOND

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

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

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

FILED PBSO - CLIN CLIB 24 SEP 27 AM 8:10

ADMIN

HOLD for other agency

Signature of Arresting Officer: X

Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): M RUIZ — I.D. #: 14262

Intake Deputy: D. Dunn — I.D. #: 36/47 — Pouch #:

Transporting Officer: D/S DIAS — I.D. #: 30205 — Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0145 REV. 11.22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1

Juvenile:

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 24-102437

Charge Type (Check as many as apply): 1 Felony; 2 Traffic Felony; ✓ 3 Misdemeanor; 4 Traffic Misdemeanor; 5 Ordinance; 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
RANJIJIFROODY, HOMAYOUN		W	M	08/16/1983

CHARGES

Charge Description	Charge Description
Domestic BATTERY	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
PASHA ZAHIRY, ZAHRA	W	m	03/11/1949

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
17197 TETON RIVER RD BOCA RATON FL 33496	416-529-4020	DL
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
		RETIRED

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
The Person taken into custody:

- ☐ committed the below acts in my presence
- ☐ confessed to _____ admitting to the below facts
- ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts
- ■ was found to have committed the below acts, resulting from my (described) investigation

On the 26 day of SEPTEMBER 20 24 at 3:43 ■ A.M ■ P.M (Specifically include facts constituting cause for arrest.)

☐ **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

On September 26, 2024 at 3:43pm, I responded to 17197 Teton River Rd. in Lotus in unincorporated Boca Raton FL reference to a domestic battery investigation. Upon my arrival, I met with the complainant, Zhara Pasha Zahury, who told me the following: Pasha stated she was arguing with her son Homayoun Ranjijifroody, reference loud music coming from the living room. Pasha said she asked Ranjijifroody to lower the music but he refused. Pasha stated during the verbal argument Ranjijifroody approached her and slapped her on the left side of her head including her face. Pasha then started crying and she was unable to speak.

I then spoke with Mohammad Ranjififroody, father, who corroborated with Pasha stating the following: Ranjififroody stated that Ranjijifroody had an argument with his wife during the argument Ranjijifroody slapped Pasha with an open hand on her side of her head.

I attempted to speak with Pasha and she was uncooperative and refused a statement and photos. Pasha stated she did not wanted Ranjijifroody to go to jail. I did not observed any marks or redness on Pasha's left side of the head and face. Upon the completion of my investigation I find probable cause exist to charge Homayoun Ranjijifroody with simple battery pursuant to F.S. 784.03(1A1).

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

M Ruiz 14262
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of SEPTEMBER 20 24 by KNOWN LEO

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced M Ruiz 14262

D/S C [illegible] 8329
Notary Public, Clerk of Court, Officer (F.S. 117.10)

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Ranjijifroody Homayoun **DOB:** 08-16-83 **Case #:** 24-102437

Name (Last, First)

Victim: Pasha Zahiry Zahra **DOB:** 03-11-49 **Race:** W **Sex:** F

Relationship between Victim and Defendant: Blood Relative

Photographs: Scene Yes × No Victim Yes × No Defendant Yes × No

911 Call: × Yes No **Caller:** Victim

Weapon Used: Yes × No **Type:**

Witness: × Yes No **Name:** (Last) Ranjijifroody (First) MOHAMMED (Middle)

Victim Pregnant: Yes × No If yes, ____ weeks ____ months

Injuries: × Yes No **Description:** Abrasion/Bruise

Medical Treatment: Yes × No

At Scene: Yes × No **Paramedics:**

At Hospital: Yes × No **Hospital:** **Doctor:**

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: I need to speak to my lawyer

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

First words Victim said when you responded to scene: I don't want him to go to jail. He needs to go to a hospital.

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: (Last) Pasha Zahiry (first) Zahra

Local Address: [redacted]

Phone: 747 253-4201

Employer: (Name) (Employer Address)

Name of Relative: (Last) Ranjijifroody (First) MOHAMMED **Phone:** [redacted]

Address: [redacted]

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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)
- **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.**
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**

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

1. Incident Report #: **24-102437** Agency: **PALM BEACH COUNTY SO**
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: Name (Last) **Ranjijifroody** (First) **Homayoun** (Middle)
   D.O.B. **08-16-83** Race: **W** Sex: **M**

2. Warrant #(s):

Name (Last, First)

3.a. Victim's name: **Pasha Zahiry Zahra** D.O.B. **03-11-49** Race: **W** Sex: **F**
   Addres[redacted]
   City:
   Home

b. Victim's next of kin, friend or neighbor: (Last) **Ranjijifroody** (First) **MOHAMMED**
   Address: **17197 Teton River RD**
   City: **Boca Raton** State: **FL** Zip: **33496**
   Home #: **416 529-4020** 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: Name (Last, First) **Pasha Zahiry Zahra**
Deputy's Name: **M. RUIZ** I.D. # **14262** Date: **09/26/24**

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **Ranjijifroody Homayoun** COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024026077	**Date:** 9/27/2024
	Specialist Name/ID#: C. Daniels/ 30347