☐ Marsy's Law CVI

23-3714

ARREST / NOTICE TO APPEAR

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

3 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 4 0 23-000306

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: UNARMED

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): WARRANT REQUEST

Location of Offense (Business Name, Address): 8 E ATLANTIC AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
		01/22/2023	13:38			

DEFENDANT

Name (Last, First, Middle): SHEPHERD, JEFFERY MARK

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

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	11/23/1990	6'03	210	BLUE	BROWN	LIGHT	LARGE

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

Marital Status:

Religion:

Indication of Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐

Local Address (Street, Apt. Number): 524 KING RD, FORSYTH, GA 31029--814 (City) (State) (Zip)

Phone: (478) 954-4755

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

Permanent Address (Street, Apt. Number): 524 KING RD, FORSYTH, GA 31029--814 (City) (State) (Zip)

Phone: (478) 954-4755

Address Source:

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

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
053060642 / GA				US

CO-DEF

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

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 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

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 ☐ defendant and/or ☐ 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.

☐ Yes, by: ☐ No:

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: S. Sell, B. Buy, P. Possess, N. N/A, T. Traffic, D. Deliver, E. Use, R. Smuggle, 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/Derv., P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
AGGRAVATED BATTERY CAUSE BODILY HARM OR DISABILITY	784.045(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

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		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☐ T.O.T. County Jail

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / | Time Transported : : | Other

JOSEPH ABRUZZO, CLERK PALM BEACH COUNTY, FL CIRCUIT CRIMINAL

2023 APR 28 AM 11:27

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court

☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach FL 33444

Court Date and Time

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

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: no

Name of Arresting Officer (Print): FERREIRO, DANIEL C I.D. #: 1100

Transporting Officer: WARRANT REQUEST I.D. #: 1100 Agency: DBPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

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

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PROBABLE CAUSE AFFIDAVIT

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

3

JUVENILE

ADMIN

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 23-000306

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
SHEPHERD, JEFFERY MARK		W	M	11/23/1990

CHARGES

Charge Description	Charge Description
784.045(1A1) AGGRAVATED BATTERY CAUSE BODILY HARM OR	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
MANSOOR, ZAIN	W	M	02/07/1991

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
719 LORI DR 212, PALM SPRINGS, FL 33461	(561) 809-9622	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody . . .

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

On the 7 day of January, 2023 at 00:44 (Specifically include facts constituting cause for arrest.)

This incident occurred in the City of Delray Beach, Palm Beach County, FL.

On 1/7/23 at 12:44 AM I responded to 8 E Atlantic Ave (Tin Roof) in reference to a disturbance. I made contact with a subject, later identified as Zain Mansoor, who was bleeding from the mouth. Zain stated that while he was inside the bar, his best friend, later identified as Kayleigh Robare, tapped him on the shoulder and asked him to help get a male subject away from her. The male subject was later identified as Jeffery Shepherd. Zain said he stood in between Kayleigh and Jeffery. Jeffery then turned Zain around and punched him in the face.
I made contact with Kayleigh who said she did not want to talk to Jeffery anymore. She told Zain to come over and help her get away from Jeffery. She then saw Zain get in between her and Jeffery, and then Jeffery punched Zain.
Zain was bleeding from the mouth and was holding one of his teeth. Paramedics arrived but Zain refused to be transported to the hospital. Crime Scene photographs were uploaded Evidence.com.

On 1/21/23 at 7:00 PM I made contact with a witness, Monica Fandino. Monica said that she was bartending the night of the incident and remembers Zain, who she knows from a previous job, and his group of friends to include Kayleigh. She also remembers seeing Jeffery talking to multiple girls while being there, which included Kayleigh. It appeared that Kayleigh did not want to talk to Jeffery anymore, and so she got Zain`s attention. Zain managed to stand in between the two, with his back facing Jeffery. As he turned around, Jeffery punched Zain in the face. Monica said the bar was crowded but it did not appear that Zain touched Jeffery first.
Since the incident, Zain has provided me with a bill from the dentist. It shows a "proposed treatment plan" that totals $8,046.00 from the Palm Beach Institute of Dentistry in West Palm Beach, FL. This document was uploaded into Evidence.com.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

SCHMIDT, JAMES
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/22/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FERREIRO, DANIEL C (1100)
NAME OF OFFICER (PLEASE PRINT)

01/22/2023
DATE

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

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

OBTS Number:

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

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- [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SHEPHERD, JEFFERY MARK		W	M	11/23/1990

PROBABLE CAUSE STATEMENT

Based on the above facts probable cause exists to charge W/M Jeffery Shepherd with one count of Aggravated Battery - Cause Bodily Harm or Disability per F.S.S. 784.045(1A1).

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

SCHMIDT, JAMES
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/22/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FERREIRO, DANIEL C (1100)
NAME OF OFFICER (PLEASE PRINT)

01/22/2023
DATE

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