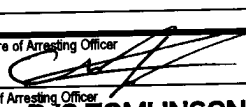


ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

3 Juvenile

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0 0</b>			Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06 18037647</b>													
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized N/A			Multiple Clearance Indicator 0 1		Location of Offense (Including Name of Business) <b>600 NOTTINGHAM CIR, H GREENACRES, FL 33463</b>														
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle N/A									
Name (Last, First, Middle) <b>DRISSI SMAILI ABDELHAY</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)													
Race W - White I - American Indian B - Black O - Oriental/Asian W M		Sex M		Date of Birth 1/13/1992		Height 5'11"		Weight 135		Eye Color BRN		Hair Color BRN		Complexion LIGHT		Build THIN					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNK								Marital Status UNK		Religion UNK		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/>							
Local Address (Street, Apt. Number) <b>4801 PURDY LN</b>				City <b>WEST PALM BEACH</b>		State <b>FL</b>		Zip <b>33415</b>		Phone <b>561-707-3588</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State		2							
Permanent Address (Street, Apt. Number) <b>4801 PURDY LN</b>				City <b>WEST PALM BEACH</b>		State <b>FL</b>		Zip <b>33415</b>		Phone <b>561-707-3588</b>		Address Source <b>D.A.V.I.D</b>									
Business Address (Street, Apt. Number) UNK				City UNK		State UNK		Zip UNK		Phone UNK		Occupation UNK									
D/I, Number, State <b>D622-000-92-103-0/FL</b>		Social Security Number			INS Number			Place of Birth <b>MOROCCO</b>		Citizenship <b>US</b>											
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 Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)								Phone											
Address (Street, Apt. No.)				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 561 355-2526) informed of any address change <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		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		P. Paraphernalia/ Equipment		U. Unknown Z. Other	
Charge Description <b>AGGRAVATED BATTERY W/ DEADLY WEAPON</b>				Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>784.045(1)(a)(2)</b>				Violation or ORD. #									
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>N/A</b>		Offense # <b>18037647</b>		Warrant/Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation or 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 or 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 or ORD. #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
Location (Court, Address, Room Number) <b>TO BE SET</b>												Bond									
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/>												Bond									
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed				Name Verification (Printed by Arrestee)					
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Signature of Arresting Officer  <b>D/S TOMLINSON</b>				Name Verification (Printed by Arrestee) <b>24969</b>				Name Verification (Printed by Arrestee) <b>D/S TOMLINSON</b>									
Intake Deputy ID # _____ Pouch # _____				Transporting Officer ID # _____ Agency _____				Name Verification (Printed by Arrestee) <b>24969</b>				Page <b>1</b> of <b>1</b>									
Witness here if subject signed with an "X"												Page <b>1</b> of <b>1</b>									

FILED  
18 JAN -1 PM 2:20  
CRIMINAL CLERK

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	3	Juvenile	<input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>		<b>18037647</b>		
Charge Type: Check as many as apply		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes	
Defendant Name (Last, First, Middle) <b>DRISSI SMAIL ABDELHAY</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>1/13/1992</b>			
Charge <b>AGGRAVATED BATTERY W/ DEADLY WEAPON</b>				Charge					
Charge				Charge					
Victim Name (Last, First, Middle) <b>GOMEZ OCHOA ALDER MAREL</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>7/27/1982</b>					
Local Address (Street, Apt. Number) <b>6215 SANTA LUCINA</b>		City <b>WEST PALM BEACH</b>	State <b>FL</b>	Zip <b>33415</b>	Phone <b>561-907-9348</b>		Address Source <b>VERBAL</b>		
Business Address (Street, Apt. Number) <b>UNK</b>		City <b>UNK</b>	State	Zip	Phone <b>UNK</b>		Occupation <b>UNK</b>		
The undersign 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 type="checkbox"/> committed the below acts in my presence.				<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.					
<input type="checkbox"/> confessed to admitting to the below facts.				<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the <b>11TH</b> day of <b>FEBRUARY</b> 20 <b>18</b> at <b>10:00</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On Sunday 2/11/18 at approximately 2200hrs, I responded to 600 Nottingham Cir, H. Greenacres, FL 33463 (Palm Beach County) in reference to a battery that had just occurred. Upon my arrival I made contact with the victim W/M Alder Gomez Ochoa (7/27/82) in the parking lot who advised me of the following with the assistance of D/S Gomez #24984 for Spanish translation.

Gomez Ochoa stated that this evening he was with his wife at her sister's residence at 600 Nottingham Cir, H, Greenacres FL 33463. At approximately 2150hrs he exited the residence and was walking towards the staircase when he was approached by his sister-in-law's ex boyfriend W/M Abdelhay Drissi (1/13/92) who is personally known to him. Drissi was walking towards him in an aggressive manner with a gray aluminum bat in his hand. Without saying anything Drissi began striking him in the head multiple times with the bat while Gomez Ochoa was trying to escape from being battered. Gomez Ochoa was repeatedly struck in the head and his left forearm as he was trying to fight for his life. Gomez Ochoa fell to the ground at which time Drissi fled the area on foot with the bat to not return.

I observed that Gomez Ochoa had multiple lacerations to the left side of his face and the back of his head. His face was swollen and multiple teeth were chipped with some ready to fall out. He stated that he was in severe pain and that at one point he lost consciousness. I had Greenacres Fire Rescue respond to the scene (Run#: 18-0680) who ultimately transported Gomez Ochoa to Wellington Regional Medical Center for his injuries sustained.

Contact was made with Drissi via telephone and he advised me that he was on his way back to the scene but after approximately 45 minutes he failed to show. While on scene I obtained photos of the building along with a large puddle of blood that was on the ground at the bottom of the staircase. I then responded to Wellington Regional to continue my investigation. As I arrived and made contact with Gomez Ochoa I obtained photos of his injuries. He presented me a photo of Drissi that he had on his cellphone and told me that this was the guy who did this to him. I was advised by the medical staff that Gomez Ochoa had sustained multiple facial fractures that would need immediate medical attention.

Prior to completing my investigation I presented Gomez Ochoa with a familiarization photo of Drissi that was obtained from D.A.V.I.D. He observed the photo and confirmed that Drissi was in fact the suspect. The photo was signed and dated and submitted into evidence along with the photos.

Through my investigation I find that Drissi did commit an act of Aggravated Battery w/ Deadly Weapon pursuant to F.S.S. 784.045(1)(a)(2).

The foregoing instrument was sworn to and affirmed before me this 12<sup>th</sup> day of Feb 20 18, by:

<u>D/S Cardec #24979</u>	<u>D/S TOMLINSON</u>	<u>24969</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer	
<u>J. Cardec</u>	<u>[Signature]</u>	<u>24969</u>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer	

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of
<u>2</u>

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