

04 88786

2071 NH

ADMINISTRATION	OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1 Juvenile			
	Agency ORI Number <b>FL 0500300</b>			Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-17-032553</b>								
DEFENDANT	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			Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)			SAME								
CO-DEF	Date of Arrest <b>06/12/2017</b>	Time of Arrest <b>0316</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle								
	Name (Last, First, Middle) <b>ELMINYAWI, AYMAN, IMAM</b>			Alias (Name, DOB, Soc. Sec. #, Etc)											
JUVENILE	W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07-01-86</b>	Height <b>5-11</b>	Weight <b>200</b>	Eye Color <b>BRO</b>	Hair Color <b>BLK</b>	Complexion <b>MED</b>	Build <b>MED</b>				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE VISIBLE</b>						Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Y N Unk. Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>						
CHARGE	Local Address (Street, Apt. Number) <b>513 VILLA CIR</b>			(City) <b>BOYNTON BEACH</b>	(State) <b>FL</b>	(Zip) <b>33435</b>	Phone <b>(786)719-3723</b>	Residence Type 1. City 3. Florida 2. County 4. Out of State <b>1</b>							
	Permanent Address (Street, Apt. Number) <b>SAME AS ABOVE</b>			(City)	(State)	(Zip)	Phone <b>( ) -</b>	Address Source <b>VERBAL</b>							
CODE	Business Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone <b>( ) -</b>	Occupation							
	DL Number, State <b>E455-009-86-241-0</b>			Soc. Sec. Number [REDACTED]	INS Number			Place of Birth <b>NEW ORLEANS</b>	Citizenship <b>USA</b>						
CHARGE	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					
CHARGE	<input type="checkbox"/> Parent Name (Last) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other						(First)	(Middle)	(Last)	Residence Phone					
	Address (Street, Apt. Number)						(City)	(State)	(Zip)	Business Phone					
CHARGE	Notified by: (Name) <b>2) OR</b>						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 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 <input type="checkbox"/>		Description of Property						Value of Property							
CHARGE	Drug Activity S. Sell B. Buy P. Possess	R. Smuggle D. Deliver T. Traffic	K. Dispense/ Distribute E. Use	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other					
	Charge Description <b>SIMPLE BATTERY</b>						Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number <b>784.03.1A.1</b>		Violation of ORD#				
CHARGE	Drug Activity <b>NA</b>	Drug Type <b>NA</b>	Amount/Unit	Offense # <b>17-032553</b>	Warrant/Capias Number			Bond							
	Charge Description <b>RESISTING ARREST W/O VIOLENCE</b>						Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>843.02</b>		Violation of ORD#				
CHARGE	Drug Activity <b>NA</b>	Drug Type <b>NA</b>	Amount/Unit	Offense # <b>17-032553</b>	Warrant/Capias Number			Bond							
	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number			Bond							
	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.			Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>						Warrant/Capias Number					
				Court Date and Time Month			Day	Year	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> 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 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 <b>06/12/2017</b>					
ADMIN	HOLD for other Agency Name: <b>THOMAS AS 754.</b>			Signature of Arresting Officer <b>01/14/1996</b>			Name Verification (Printed by Arrestee) (PRINT)								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) <b>D. MONTOUTE-HOWARD</b>			I.D. # <b>956</b>	BU# <b>008 8890</b>			Page <b>1 OF 1</b>				
Pouch #		Transporting Officer <b>C. Harris</b>		I.D. # <b>908 8890</b>	Agency <b>BOYNTON BEACH POLICE DEPT.</b>		Witness has been substituted <b>SEARCHED</b>		SEARCHED						

JUN 12 2017 12 AM 6:01

**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY**

On the 12TH day of JUNE 2017 at 0303 HOURS  
Subject: ELMINYAWI, AYMAN, IMAM DOB: 07-01-86 Case #: 17-032553  
Charge Description: SIMPLE BATTERY Statute #: 784.03.1A.1  
Victim: ██████████ DOB: 03-03-86 Race: ████ Sex: ████  
Local Address: ██████████, ██████████  
Personal Contact: ██████████

Narrative:  
On 6-12-17 at approximately 0303 hours, I responded to [REDACTED] reference a domestic disturbance. While en-route BBPD Dispatch advised that the male half was carrying a nine month old baby and refused to hand the baby over to the mother. Upon arrival, I made contact with [REDACTED] (Victim) who stated the father of her baby Ayman Imam Elminyawi (Defendant) was intoxicated and holding their baby [REDACTED] [REDACTED] stated she feared for the safety of her child because of how intoxicated Elminyawi was.

I observed Elminyawi in the doorway of the residence holding [REDACTED]. Elminyawi had blood shot eyes, slurred speech and had a strong odor of an alcoholic beverage coming from his person. I advised Elminyawi that for the safety of [REDACTED], he should hand him over to [REDACTED]. [REDACTED] walked over and grabbed [REDACTED] from Elminyawi without issue. Elminyawi stepped outside and began to talk with Ofc Vazquez #976 and Ofc Donnino #977. I spoke with [REDACTED] who stated Elminyawi had walked over to the crib and picked up [REDACTED]. [REDACTED] stated she tried to intervene to prevent any injury to [REDACTED] at which time Elminyawi pushed her to the ground causing [REDACTED] to fall onto the ground. [REDACTED] then stated Elminyawi then grabbed her by her arms and began to pull her around causing an injury to her right wrist area. [REDACTED] stated while Elminyawi was grabbing her arms he was yelling "call the cops" multiple times. [REDACTED] stated she contacted BBPD when Elminyawi picked [REDACTED] from the crib. I observed [REDACTED] to have bruising on her right wrist area consistent of her statement of being grabbed and pulled by Elminyawi. Photos of [REDACTED] were taken and submitted into BBPD Evidence.

I stepped outside to speak with Elminyawi, at which time he concealed his left hand in his front pants and was given the lawful order to remove his hands from his pocket. Elminyawi then proceeded to conceal his right hand into his front pants pocket at which time I gave him an additional lawful command to remove his hand from his pocket. Believing Elminyawi was reaching for a weapon, I gave him a lawful command to place his hands on his head as I approached his person. Elminyawi bladed his body towards his right side, at which time I grabbed ahold of his left hand and arm. Elminyawi began to pull away from me, at which time Ofc Vazquez was able to gain control of his right hand. I attempted to place Elminyawi's left hand behind his person at which time he tensed his arm and was pulling from my grasp. Being that Elminyawi was now actively and physically resisting my efforts, I utilized a straight arm bar take down which caused Elminyawi to fall onto the floor. I then placed Elminyawi in hand restraints (Double locked and checked for tightness). While attempting to put Elminyawi in the rear of my patrol vehicle #4550, he began to pull away from my grasp continuing his efforts to resist arrest.

Based on the aforementioned facts, I find probable cause to charge Elminyawi with Simple Battery (Domestic) pursuant to F.S.S 784.03.1A1 and Resisting Arrest Without Violence pursuant to F.S.S 843.02. Elminyawi was processed at BBPD and later TOT PBCJ.

Defendant's Statement: **None**

**Victim's Statement: Taped**

#### **Observation Of Victim (Physical and Emotional)**

### Upset and crying

## Relationship Between Victim and Suspect:

## Boyfriend and Girlfriend

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JUN 12 2017

Photographs:	Scene:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Victim:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
911 Call:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Caller: _____
Tape Requested:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Weapon Used:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Type: _____
Witnesses:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Injuries:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Medical Treatment:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
At Scene		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Paramedics: _____
At Hospital		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Physician(s): _____
				Hospital: _____
Act Committed In Presence Of Minor(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Name:	Age: _____			
Name:	Age: _____			
F.D.C.F. Notified:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Victim Pregnant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Violation Of Restraining Order:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #: _____	
Prior History Of Domestic Violence:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Alcohol Or Drugs Involved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

### Victim Contact Information:

Phone	Home: _____	Work: _____
Employer:	HOMEMAKER	
Relative Name:	NA	Phone: _____
Address:	_____	
City/State:	_____	

State Of Florida  
County Of Palm Beach

Appeared before me, MONTOUTE-HOWARD (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

07/12/17 #956  
Signature Of Arresting Officer

Sworn to and subscribed to me before this 12 day of JUNE , 2017

Sgt. L. Smith #92  
Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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JUN 12 2017

## VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 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 #: 17-032553 Agency: Boynton Beach Police Department  
Offense: SIMPLE BATTERY  
Suspect/Offender: ELMINYAWI, AYMAN, IMAM  
DOB: 07-01-86 Race: W Sex: M
2. Warrant # (s): \_\_\_\_\_
3. Complete one (1) of the following:
  - A. Victim's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - B. Victim's Next of Kin: NA  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND  
UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE  
SUSPECT/OFFENDER.**

Signature of Victim: \_\_\_\_\_

Printed Name of Victim: ABRAMS, CARLY, BLAIR

Officer's Name: D.MONTOUTE-HOWARD I.D.# 956 Date: 06/12/2017

SUSPECT/ OFFENDER:

ELMINYAWI, AYMAN, IMAM **COURT CASE/ WARRANT #:**  
**(FOR WARRANTS USE ONLY)**

**SCANNED**  
**JUN 12 2017**