

0488786

2071 NH

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias

1 Juvenile N

ADMINISTRATION	OBTS Number		Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-17-032553</b>	
	Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <input type="checkbox"/>		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address) <b>SAME</b>			
	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	
DEFENDANT	Name (Last, First, Middle) <b>ELMINYAWI, AYMAN, IMAM</b>							
	Alias (Name, DOB, Soc. Sec. #, Etc)							
	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>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE VISIBLE</b>		Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
CO-DEF	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	
	Permanent Address (Street, Apt. Number) <b>SAME AS ABOVE</b>		(City)	(State)	(Zip)	Phone ( ) - ( )	Address Source <b>VERBAL</b>	
	Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ( ) - ( )	Occupation	
	D/L Number, State <b>E455-009-86-241-0</b>		Soc. Sec. Number	INS Number		Place of Birth <b>NEW ORLEANS</b>	Citizenship <b>USA</b>	
JUVENILE	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	<input type="checkbox"/> Parent Name (Last) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		(First)	(Middle)	Residence Phone			
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
CHARGE	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 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		Description of Property			Value of Property		
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>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 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 Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number	Violation of ORD#		
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number	Violation of ORD#		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number	Violation of ORD#		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number	Violation of ORD#		
	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 <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>					
	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 FULLY 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			
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer <b>D. MONTOUTE-HOWARD</b>		Name Verification (Printed by Arrestee) (PRINT)		Page 1 OF 1	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D. MONTOUTE-HOWARD</b>		I.D. # <b>956</b>		BU#	
	Inmate's Deputy <b>THOMAS 256</b>		Pouch #		Transporting Officer <b>C. Harris</b>		I.D. # <b>908</b>	
	Agency <b>8880</b>		Agency <b>8880</b>		Witness <b>SCANNED</b>		Page 1 OF 1	

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: [REDACTED] DOB: 03-03-86 Race: [REDACTED] Sex: [REDACTED]  
Local Address: [REDACTED]  
Personal Contact: [REDACTED]

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 Elminyawawi (Defendant) was intoxicated and holding their baby [REDACTED] [REDACTED] stated she feared for the safety of her child because of how intoxicated Elminyawawi was.

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

I stepped outside to speak with Elminyawawi, 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. Elminyawawi 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 Elminyawawi was reaching for a weapon, I gave him a lawful command to place his hands on his head as I approached his person. Elminyawawi bladed his body towards his right side, at which time I grabbed ahold of his left hand and arm. Elminyawawi began to pull away from me, at which time Ofc Vazquez was able to gain control of his right hand. I attempted to place Elminyawawi's left hand behind his person at which time he tensed his arm and was pulling from my grasp. Being that Elminyawawi was now actively and physically resisting my efforts, I utilized a straight arm bar take down which caused Elminyawawi to fall onto the floor. I then placed Elminyawawi in hand restraints (Double locked and checked for tightness). While attempting to put Elminyawawi 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 Elminyawawi with Simple Battery (Domestic) pursuant to F.S.S 784.03.1A1 and Resisting Arrest Without Violence pursuant to F.S.S 843.02. Elminyawawi 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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Photographs: Scene: ☐ Yes ☒ No  
Victim: ☒ Yes ☐ No  
911 Call: ☒ Yes ☐ No Caller: \_\_\_\_\_  
Tape Requested: ☒ Yes ☐ No  
Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_  
Witnesses: ☐ Yes ☒ No  
Injuries: ☒ Yes ☐ No  
Medical Treatment: ☐ Yes ☒ No  
At Scene ☐ Yes ☒ No Paramedics: \_\_\_\_\_  
At Hospital ☐ Yes ☒ No Physician(s): \_\_\_\_\_  
Hospital: \_\_\_\_\_

Act Committed In Presence Of Minor(s): ☒ Yes ☐ No

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

F.D.C.F. Notified: ☒ Yes ☐ No

Victim Pregnant: ☐ Yes ☒ No

Violation Of Restraining Order: ☐ Yes ☒ No Case #: \_\_\_\_\_

Prior History Of Domestic Violence: ☒ Yes ☐ No

Alcohol Or Drugs Involved: ☒ Yes ☐ No ☐ 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 **D. MONTOUTE-HOWARD** (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

**DLHAY #956**  
Signature Of Arresting Officer

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

**Set [Signature] #92**  
Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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## 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)

- **Sexual Offense (Ch. 794)**

- **Attempted Sexual Offense**

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