

Rough Arrest Only ☐

| ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             | 1. Arrest <input checked="" type="checkbox"/> 3. Request for Warrant <input type="checkbox"/><br>2. N.T.A. <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/>                                                                                       |                                               | 1 <input type="checkbox"/> Juvenile <input checked="" type="checkbox"/> N |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
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| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | Agency ORI Number<br><b>FL0500000</b>                                                                                                                                                                                                                                    |                                               | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                  |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Agency Report Number<br><b>06-18-141271</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | Charge Type:<br><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 |                                               | Weapon Seized/Type<br><b>2</b> 1. Yes 2. No                               |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Location of Arrest (Including Name of Business)<br><b>3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             | Location of Offense (Business Name, Address)<br><b>5300 45TH STREET, WEST PALM BEACH, FLORIDA 33407</b>                                                                                                                                                                  |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Date of Arrest<br><b>12-27-2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Time of Arrest<br><b>1350</b>                                               | Booking Date                                                                                                                                                                                                                                                             | Booking Time                                  | Jail Date                                                                 | Jail Time                 |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Name (Last, First, Middle)<br><b>SALEH, FOUAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Race<br/>W - White<br/>B - Black<br/>I - American Indian<br/>O - Oriental/Asian</td> <td>Sex<br/><b>W</b></td> <td>Date of Birth<br/><b>09-10-1988</b></td> <td>Height<br/><b>06'03"</b></td> <td>Weight<br/><b>250</b></td> <td>Eye Color<br/><b>BROWN</b></td> <td>Hair Color<br/><b>BROWN</b></td> <td>Complexion<br/><b>BROWN</b></td> <td>Build<br/><b>LARGE</b></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           | Race<br>W - White<br>B - Black<br>I - American Indian<br>O - Oriental/Asian | Sex<br><b>W</b>                        | Date of Birth<br><b>09-10-1988</b>                                                                                               | Height<br><b>06'03"</b>                                                     | Weight<br><b>250</b>                                                        | Eye Color<br><b>BROWN</b> | Hair Color<br><b>BROWN</b>                                        | Complexion<br><b>BROWN</b>    | Build<br><b>LARGE</b>                                                                                                                            |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Race<br>W - White<br>B - Black<br>I - American Indian<br>O - Oriental/Asian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sex<br><b>W</b>                                                             | Date of Birth<br><b>09-10-1988</b>                                                                                                                                                                                                                                       | Height<br><b>06'03"</b>                       | Weight<br><b>250</b>                                                      | Eye Color<br><b>BROWN</b> | Hair Color<br><b>BROWN</b>                                                  | Complexion<br><b>BROWN</b>             | Build<br><b>LARGE</b>                                                                                                            |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Marital Status<br><b>SINGLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Religion<br><b>NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Indication of:<br>Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk<br>Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Local Address (Street, Apt. Number) (City) (State) (Zip) Phone<br><b>718 CRESTA CIRCLE WPB FL 33413 (561) 358-5879</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone<br><b>VERBAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Business Address (Street, Apt. Number) (City) (State) (Zip) Phone<br><b>BUSINESS OWNER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| D/L Number, State<br><b>S400-257-88-330-0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             | Soc. Sec. Number                                                                                                                                                                                                                                                         |                                               | INS Number                                                                |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | Race Sex Date of Birth                                                                                                                                                                                                                                                   |                                               | Place of Birth<br><b>KUWAIT</b>                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | Race Sex Date of Birth                                                                                                                                                                                                                                                   |                                               | Citizenship<br><b>U.S.</b>                                                |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Parent</td> <td>Name (Last) (First) (Middle)</td> <td>Residence Phone</td> </tr> <tr> <td><input type="checkbox"/> Legal Custodian</td> <td>Address (Street, Apt. Number) (City) (State) (Zip)</td> <td>Business Phone</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>Notified by: (Name) Date Time</td> <td>Juvenile Disposition</td> </tr> <tr> <td></td> <td>Released To: (Name) Relationship</td> <td>1. Handled/Processed within Dept. and Released</td> </tr> <tr> <td></td> <td></td> <td>2. TOT HRS/CYF</td> </tr> <tr> <td></td> <td></td> <td>3. Incarcerated</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           | <input type="checkbox"/> Parent                                             | Name (Last) (First) (Middle)           | Residence Phone                                                                                                                  | <input type="checkbox"/> Legal Custodian                                    | Address (Street, Apt. Number) (City) (State) (Zip)                          | Business Phone            | <input type="checkbox"/> Other                                    | Notified by: (Name) Date Time | Juvenile Disposition                                                                                                                             |                       | Released To: (Name) Relationship                          | 1. Handled/Processed within Dept. and Released |                                                                               |                                             | 2. TOT HRS/CYF        |               |               | 3. Incarcerated |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| <input type="checkbox"/> Parent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name (Last) (First) (Middle)                                                | Residence Phone                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| <input type="checkbox"/> Legal Custodian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address (Street, Apt. Number) (City) (State) (Zip)                          | Business Phone                                                                                                                                                                                                                                                           |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Notified by: (Name) Date Time                                               | Juvenile Disposition                                                                                                                                                                                                                                                     |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Released To: (Name) Relationship                                            | 1. Handled/Processed within Dept. and Released                                                                                                                                                                                                                           |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
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| 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 informed of any change of address:<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="8">Recovery Information</td> </tr> <tr> <td colspan="8">0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other</td> </tr> <tr> <td>Drug Activity</td> <td>S. Sell</td> <td>R. Smuggle</td> <td>K. Dispense/</td> <td>M. Manufacture</td> <td>Z. Other</td> <td>Drug Type</td> <td>B. Barbituate</td> </tr> <tr> <td>N. N/A</td> <td>B. Buy</td> <td>D. Deliver</td> <td>Distribute</td> <td>Produce/</td> <td></td> <td>N. N/A</td> <td>H. Hallucinogen</td> </tr> <tr> <td>P. Possess</td> <td>T. Traffic</td> <td>E. Use</td> <td></td> <td>Cultivate</td> <td></td> <td>A. Amphetamine</td> <td>P. Paraphernalia/</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>E. Heroin</td> <td>Equipment</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>S. Synthetic</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           | Recovery Information                                                        |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               | 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other |                       |                                                           |                                                |                                                                               |                                             |                       |               | Drug Activity | S. Sell         | R. Smuggle | K. Dispense/          | M. Manufacture     | Z. Other | Drug Type                                                                     | B. Barbituate            | N. N/A             | B. Buy        | D. Deliver | Distribute  | Produce/  |                       | N. N/A             | H. Hallucinogen | P. Possess                                                                    | T. Traffic               | E. Use             |               | Cultivate |             | A. Amphetamine | P. Paraphernalia/     |  |  |  |  |  |  | E. Heroin | Equipment |  |  |  |  |  |  |  | S. Synthetic |
| Recovery Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
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| Drug Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S. Sell                                                                     | R. Smuggle                                                                                                                                                                                                                                                               | K. Dispense/                                  | M. Manufacture                                                            | Z. Other                  | Drug Type                                                                   | B. Barbituate                          |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| N. N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B. Buy                                                                      | D. Deliver                                                                                                                                                                                                                                                               | Distribute                                    | Produce/                                                                  |                           | N. N/A                                                                      | H. Hallucinogen                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| P. Possess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T. Traffic                                                                  | E. Use                                                                                                                                                                                                                                                                   |                                               | Cultivate                                                                 |                           | A. Amphetamine                                                              | P. Paraphernalia/                      |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           | E. Heroin                                                                   | Equipment                              |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
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| <input type="checkbox"/> Instruction No. 2<br>You need not appear in Court but must<br>Comply with instructions on reverse side.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Court Date and Time<br>Month Day Year 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 ARREST SHALL BE ISSUED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>HOLD for other Agency Name:</td> <td>Signature of Arresting Officer</td> <td>Name Verification (Printed by Arrestee) (PRINT)</td> </tr> <tr> <td><input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest</td> <td>Name of Arresting Officer (Print) I.D. #<br/><b>DETECTIVE SCHILLING 8635</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Suicidal <input type="checkbox"/> Other:</td> <td>Intake Deputy I.D. #</td> <td></td> </tr> <tr> <td>Pouch #</td> <td>Transporting Officer I.D. #<br/><b>IN-CUSTODY P.B.S.O.</b></td> <td>Agency</td> </tr> <tr> <td></td> <td>Witness here is subject signed with an "X".</td> <td>PAGE<br/><b>1 OF 1</b></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           | HOLD for other Agency Name:                                                 | Signature of Arresting Officer         | Name Verification (Printed by Arrestee) (PRINT)                                                                                  | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest | Name of Arresting Officer (Print) I.D. #<br><b>DETECTIVE SCHILLING 8635</b> |                           | <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | Intake Deputy I.D. #          |                                                                                                                                                  | Pouch #               | Transporting Officer I.D. #<br><b>IN-CUSTODY P.B.S.O.</b> | Agency                                         |                                                                               | Witness here is subject signed with an "X". | PAGE<br><b>1 OF 1</b> |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| HOLD for other Agency Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Signature of Arresting Officer                                              | Name Verification (Printed by Arrestee) (PRINT)                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name of Arresting Officer (Print) I.D. #<br><b>DETECTIVE SCHILLING 8635</b> |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Intake Deputy I.D. #                                                        |                                                                                                                                                                                                                                                                          |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
| Pouch #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Transporting Officer I.D. #<br><b>IN-CUSTODY P.B.S.O.</b>                   | Agency                                                                                                                                                                                                                                                                   |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Witness here is subject signed with an "X".                                 | PAGE<br><b>1 OF 1</b>                                                                                                                                                                                                                                                    |                                               |                                                                           |                           |                                                                             |                                        |                                                                                                                                  |                                                                             |                                                                             |                           |                                                                   |                               |                                                                                                                                                  |                       |                                                           |                                                |                                                                               |                                             |                       |               |               |                 |            |                       |                    |          |                                                                               |                          |                    |               |            |             |           |                       |                    |                 |                                                                               |                          |                    |               |           |             |                |                       |  |  |  |  |  |  |           |           |  |  |  |  |  |  |  |              |

DISTRIBUTION: 1st WHITE - COURT 2nd WHITE - RECORDS GREEN - STATE ATTY. YELLOW - CID PINK - JAIL (Rough Arrest) GOLD - DEFENDANT (Misd.) or BLOTTER (Felony)

2018CF12312

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                          |  |       |  |                                               |  |                 |  |                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|-------|--|-----------------------------------------------|--|-----------------|--|------------------------------------|--|
| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>PROBABLE CAUSE AFFIDAVIT</b>                          |  |       |  | 1                                             |  | Juvenile        |  | N                                  |  |
| Agency ORI Number<br><b>FLO 5 0 0 0 0 0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> |  |       |  | Agency Report Number<br><b>06 - 18-141271</b> |  |                 |  |                                    |  |
| Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br>Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other<br>as apply.                                                                                                                                                                                                                                                                                                                                                                  |  |                                                          |  |       |  | Special Notes:                                |  |                 |  |                                    |  |
| Defendant's Name (Last, First, Middle)<br><b>SALEH, FOUAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                          |  |       |  | Race<br><b>W</b>                              |  | Sex<br><b>M</b> |  | Date of Birth<br><b>09-10-1988</b> |  |
| Charge Description<br><b>DEALING IN STOLEN PROPERTY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                          |  |       |  | Charge Description                            |  |                 |  |                                    |  |
| Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                          |  |       |  | Charge Description                            |  |                 |  |                                    |  |
| Victim's Name (Last, First, Middle)<br><b>STATE OF FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                          |  |       |  | Race                                          |  | Sex             |  | Date of Birth                      |  |
| Victim's Local Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                          |  | Phone |  | Address Source                                |  |                 |  |                                    |  |
| Victim's Business Address (Name, Street) (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                          |  | Phone |  | Occupation                                    |  |                 |  |                                    |  |
| The undersigned certifies and 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...<br><br><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.<br><input checked="" type="checkbox"/> confessed to <u>DET. SCHILLING #8635</u> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. |  |                                                          |  |       |  |                                               |  |                 |  |                                    |  |
| On the 26 day of DECEMBER, 2018 at 04:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                          |  |       |  |                                               |  |                 |  |                                    |  |

## NARRATIVE:

Between October and December of 2018, over 15 cell phone theft cases were reported in Palm Beach County. Through the investigations into these case, Alexander Marghidan, W/M, DOB 04-18-1991, Jeannie Courtright, W/F, DOB 05-03-1972 and Keith Grove, W/M, DOB 07-03-1985 were identified as suspects in the theft. These three individuals would enter a cell phone store, walk over to a phone display, cut the security cable with wire cutters and run out of the store with the stolen cell phone. In most cases the suspects steal Apple iPhone and on one theft they stole a Samsung Galaxy cell phone.

On November 05, 2018, Manager Michael Harley, W/M, DOB 05-07-1971 of Sprint, 1870 N. Military Trail, West Palm Beach, Florida reported that an unknown white male suspect stole a gold Apple iPhone XS Max, IMEI #357260093840972, valued at \$1,100 U.S. currency from a display and the theft was documented under Palm Beach County Sheriff's Office case number 18-141271. Through my investigation of the case, Marghidan was identified as the suspect in the case. Sprint wanted to press charges in the case.

On December 19, 2018, Alexander Marghidan and Jeannie Courtright were arrested by the Broward county Sheriff's Office in Deerfield Beach and it was documented under Broward County Sheriff's Office case number 10-1812-002884. Post Miranda Interviews were conducted with Marghidan who provided a full confession to stealing the Apple iPhones from the different business. Marghidan said that he neversold the phone to a drug dealer. Marghidan said every time he steals a phone, he brings it to



## NARRATIVE CONTINUATION

Boost Mobile at the corner of 45th Street and Haverhill Road, West Palm Beach, Florida. He said the business is owned by a guy he knows as Pali. Pali was later identified as Fouad Saleh, W/M, DOB 09-10-1988 and he is the owner of Pali Wireless (boost Mobile). Marghidan said after he steals a phone from a business he goes straight to Pali (Saleh) at Boost Mobile and sells the phone to him. He said that no one else works there and he always sells a phone directly to him.

Palm Beach County Sheriff's Office Violent Crimes Division Robbery Detective Conner #23110 conducted a Post Miranda Interview with Marghidan after the above interview. Marghidan told Det. Conner that he has had over 20 encounters with Pali (Saleh) where he goes to the store and sells a phone to him. Due to the numerous amount of transactions between the two over the last few months, Det. Conner showed Marghidan a familiarization photo of Pali (Saleh). Marghidan's eyes lit up and said to Det. Conner how did you get that photo and confirmed the photo was of Pali (Saleh).

On December 21, 2018, I contacted the State Attorneys Office and spoke with Assistant State Attorney Arco in reference to a Search Warrant for the Boost Mobile, 5300 45th Street, West Palm Beach, Florida. The Search Warrant was obtained and signed by the Honorable Judge Bonavita.

On December 26, 2018, at approximately 1401 hours, Deputy Chaparro #28975 entered into the Boost Mobile, 5300 45th Street, West Palm Beach, Florida to sell an Apple iPhone x. Upon entering the store, Deputy Chaparro observed a white male subject standing behind the counter, who he identified as Saleh through his knowledge of this investigation. Deputy Chaparro did not observe any other employees inside the store. After Saleh finished attending what appeared to be a customer, Saleh asked Deputy Chaparro if he needed anything. Deputy Chaparro approached Saleh and asked Saleh if he was, "Pali." Saleh acknowledged that he was Pali. Deputy Chaparro informed him that "Alex" mentioned him and that he needed to "unload" a phone, which is street slang for getting rid of stolen property. Saleh took custody of the cellular phone and sat down behind the register. Saleh turned the phone on and began to reference unknown information on another phone, while going through the phone that he took from Deputy Chaparro. After a short period of time, Saleh asked Deputy Chaparro how much he wanted for the phone. Deputy Chaparro asked Saleh how much he could give him for the phone. Saleh said that he could give him \$450 dollars for the phone, to which Deputy Chaparro agreed. Saleh removed a large amount of US Currency from his right pocket and began counting the money. After counting the money twice, Saleh provided Deputy Chaparro the money, which he confirmed amounted to \$450 dollars. Deputy Chaparro asked Saleh if he could come by again, to which Saleh said yes. Deputy Chaparro asked Saleh if he only accepted iPhones, to which Saleh replied no. Deputy Chaparro asked Saleh if he could also bring him LGs

## **NARRATIVE CONTINUATION**

and Samsung's, to which Saleh replied yes. Deputy Chaparro subsequently departed the store without incident.

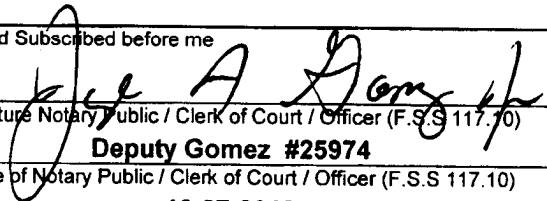
At approximately 1416hours, Myself and other Detectives entered the store to execute the lawful Search Warrant. Upon entering the store Saleh was taken into custody and placed in handcuffs behind his back, checked for tightness in fit and double locked.

I conducted a Post Miranda Interview with Saleh in reference to the above case and taking in stolen property. Saleh said that he buys phones from anyone that walks in off the street, if it's an Apple iPhone, he will check to see if it has iCloud. If the phone is clear, he will buy the phone from the person for cash and give them between \$450-\$600 U.S. currency. Saleh said he then sells the phone to someone as an unlocked cell phone for anywhere between \$800-\$900 U.S. currency. I asked Saleh if the people selling him the phones are repeat customers and he said sometimes. He said a lot of people bring him phones and sell them. I asked him if he keeps a record of these sales or does he document the purchase of the phone from someone and he said no. He said he just pays them cash and takes the phone. I showed Saleh a familiarization photo of Alexander Marghidan and he said that he has purchased several phones from Marghidan. I asked him how many and he said maybe 6 or more. He continued to say that he just buys them for cash and does not ask any questions. While speaking with Saleh, I observed the middle draw at the desk he was sitting at was half open. Inside the draw, I could clearly see a large amount of money in multiple denominations. I asked Saleh about the money and he said that the money in the draw, the money in his pockets and the money in the draw is used to purchase the phones from people. He said he does not deal in credit cards and does his deals with cash. He then said, I tell the IRS what I make and I am not cheating anyone. Saleh said that he is the only one who works in the business and nobody else works there. He said that he is the only one who does any transactions in the business.

While conducting a search of the Boost Mobile business detectives found approximately 15 phones that were reported stolen. Two of the phones were part of the Alexander Marghidan thefts documented above. The other 13 phones were stolen in different cases in Palm Beach County and one phone was stolen in Broward County. Those phones were located with other phones in display cases that were in the business and out for sale.

## NARRATIVE CONTINUATION

Based upon the above facts and the facts of the case, I find probable cause to charge Fouad Saleh, W/M, DOB 09-10-1988 with violation of F.S.S. 812.019(1) Dealing in Stolen Property in reference to Palm Beach County Sheriff's Office case number 18-141271.

|                                                                                   |                                                                                     |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Sworn and Subscribed before me                                                    |                                                                                     |
|  |  |
| Signature Notary Public / Clerk of Court / Officer (F.S.S. 117.10)                | Signature of Arresting / Investigating Officer                                      |
| <b>Deputy Gomez #25974</b>                                                        | <b>Detective L. Schilling #8635</b>                                                 |
| Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.10)                  | Name of Officer (Please Print)                                                      |
| <b>12-27-2018</b>                                                                 | <b>12-27-2018</b>                                                                   |
| Date                                                                              | Date                                                                                |

NOT A CERTIFIED COPY





**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

|                                                             | X                                   | Florida State Statute                   | Description                                                                                                                                                                | Page Number(s) |
|-------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| L/E Exemptions                                              | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|                                                             | <input type="checkbox"/>            | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.                                                                                                                                                      |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).                                                                                                                                             |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.                                                                                                                                                                |                |
| Public Info. Exemptions                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.                                                                                                                                                 |                |
|                                                             | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.                                                                                                                                                  |                |
|                                                             | <input type="checkbox"/>            | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.                                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.                                                                                                                                                 |                |
|                                                             | <input type="checkbox"/>            | 119.071(4)(d)(2)(a)                     | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.                                            |                |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>2)(a)-(e)  | Social Security, bank account, charge, debit, and credit card numbers.                                                                                                     | 2              |
|                                                             | <input type="checkbox"/>            | (viii) 394.4615(7)                      | Clinical records under the Baker Act.                                                                                                                                      |                |
|                                                             | <input type="checkbox"/>            | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.                                                                                                |                |
|                                                             | <input type="checkbox"/>            | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.                                                                                                 |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                             | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

**Booking Number:** 2018042569

**Date:** 12/28/2018

**Specialist Name/ID:** AM/31562