0480961 N ff 1154

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 16124826

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 | 1. Yes 2. No N/A

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 21270 VIA EDEN , Boca Raton FL 33433

Location of Offense (Business Name, Address): 21270 VIA EDEN , Boca Raton FL 33433

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/09/2016	2011					

DEFENDANT

Name (Last, First, Middle): Mustafa , Imad ,

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

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	05/02/1984	5-11	200	Brown	Black	tan	large

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): None

Marital Status: Married | Religion: Islam | Indication of: Alcohol Influence ☐ Y ☐ N ☒ Unk. / Drug Influence ☐ Y ☐ N ☒ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 21270 Via Eden , Boca Raton FL 33433 | Phone: (561) 410-4140 | Residence Type: 1. City 2. County 3. Florida 4. Out of State | 02

Permanent Address (Street, Apt. Number) (City) (State) (Zip): , | Phone: ( ) | Address Source: Verbal

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: Accountant

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M-231-400-84-162-0	[redacted]		Jerusalem, Palestine	U.S

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Residence Phone: ( )

Address (Street, Apt. Number) (City) (State) (Zip)

Business Phone: ( )

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship: SEP 9 9:51 Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended | Grade

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

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Domestic battery	1	☒ Y ☐ N	784.03(1) (a)1.	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	N/A	16124826		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time AM PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS **NOTICE TO APPEAR**, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

09/09/2016

Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy | I.D.# | Pouch #

Signature of Arresting Officer: X 17617

Name of Arresting Officer (Print): D. Cortes | I.D. #: 17617

Transporting Officer | ID # | Agency: 17617 PBSO

Name Verification (Printed by Arrestee) (PRINT)

SCANNED SEP 10 2016

Witness here if subject signed with an -X"

PAGE 1 OF 1

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PBSO #148 REV. 6/97

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 16124826

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony [x] 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Mustafa , Imad ,		W	M	05/02/1984

CHARGES

Charge Description		Charge Description	
Domestic battery	784.03(1)		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Musleh , Kristina ,	W	F	10/11/1989

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
21270 Via Eden , Boca Raton FL 33433	(561) 480-3074	Verbal
Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation
	( )	

PROBABLE CAUSE STATEMENT

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

- [ ] committed the below acts in my presence.
- [ ] confessed to _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [x] was found to have commited the below acts, resulting from my (described) investigation.

On the 09 day of September 2016 at 0405 [x] A. M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

On September 9 2016 at approximately 0405 hours I was dispatched to 21270 Via Eden in unincorporated Boca Raton FL to a report of a domestic dispute.

Upon my arrival I made contact with Kristina Musleh W/F DOB 10/11/1989, who answered the door upset and crying with tears rolling down her face. When I asked whats wrong she told me that her husband Imad Mustafa W/M DOB 5/02/1984, had hit her. She told me that they were arguing because she believed he was hanging out and speaking with other girls. She told him to go sleep in the other room and he then slapped her in the face and head twice. She then called 911 and he left the residence when she was calling. Kristina did not wish to write a sworn written statement, record a statement or cooperate any further.

I observed both sides of her face swollen. Her left eye was beginning to bruise and swell. Kristina refused any medical treatment.

I was unable to speak with Mustafa as he had already left the home and he would not come back to the home when asked.

Based on my investigation probable exist for Imad Mustafa who did actually and intentionally touch or strike Kristina Musleh against the will of Kristina Musleh {or} did intentionally cause bodily harm to Kristina Musleh contrary to Florida Statute 784.03(1).

NOT A CERTIFIED COPY

SCANNED
SEP 10 2016

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

17617 D. Cortes
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 09 day of September 2016 by D. Cortes

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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