

0451801

16MM-5576 582

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

Agency ORI Number 0500800	Agency Name West Palm Beach Police Department	Agency Report Number (N.T.A.'s only) 9 4 2018-0008153
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type Hands/feet/teeth	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 7725 77TH WAY		Location of Offense (Business Name, Address) 7725 77TH WAY, WEST PALM BEACH, FL 33047
Date of Arrest 05/13/2018	Time of Arrest 02:08	Booking Date 05/13/2018
Name (Last, First, Middle) LAROUSSE, MOHAMED		Alias (Name, DOB, Soc. Sec. #, Etc.) FLORIDA YELLOW TAXI LLC, MOHAMED
Race W - White B - Black O - Oriental/Asian (W)	Sex M	Date of Birth 09/25/1973
Height 6'02	Weight 185	Eye Color BROWN
Hair Color BLACK	Complexion DARK	Build Thin
Local Address (Street, Apt. Number) 7725 77TH WAY, WEST PALM BEACH, FL 33407		Phone (561) 577-1229
Permanent Address (Street, Apt. Number) 7725 77TH WAY, WEST PALM BEACH, FL 33407		Phone (561) 577-1229
Business Address (Name, Street) SELF		Phone
D/L Number, State L620540733450 / FL	Soc. Sec. Number	Place of Birth (City, State) Morocco
Co-Defendant Name (Last, First, Middle)		Citizenship Morocco
Co-Defendant Name (Last, First, Middle)		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Name (Last, First, Middle)		Residence Phone
Address (Street, Apt. Number)		Business Phone
Notified by: (Name)		Time
Released To: (Name)		Relationship
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		School Attended
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property
Drug Activity S. Sell B. Buy P. Possess T. Traffic		Drug Type N. N/A A. Amphetamine
R. Smuggle D. Deliver E. Use		H. Hallucinogen M. Marijuana O. Opium/Deriv
K. Disperse/ Distribute		P. Paraphernalia/ Equipment
M. Manufacture/ Produce/ Cultivate		U. Unknown Z. Other
Z. Other		
Charge Description BATTERY - BATTERY (SIMPLE)		Statute Violation Number 784.03(DA)
Drug Activity	Drug Type N	Amount / Unit /
Offense # 2018-0008153	Counts 2	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Charge Description		Statute Violation Number
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Charge Description		Statute Violation Number
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		Released By
Transported By		Date Transported
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Court Date and Time
Signature of Defendant (or Juvenile and Parent/Guardian)		Date Signed
HOLD for Other Agency		Name Verification (Printed by Arresting Officer)
Signature of Arresting Officer		LD #
Name of Arresting Officer (Print) GOLDBERGER, DANIELLE		Agency 02074
Signature of Transporting Officer		LD #
Name of Transporting Officer (Print) GOLDBERGER		Agency 2074 WEST
Witness here if subject signs with an attorney		Page 1 OF 1

VICTIM NOTIFICATION REQUIRED

NO BOND

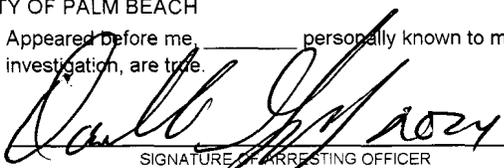
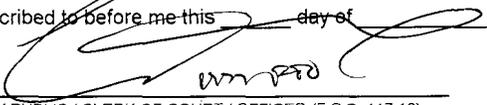
2018 MAY 14 AM 5:22

SCANNED MAY 14 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 05/13/2018 01:30	Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2018-0008153		
	Agency ORI Number FL 0500800					
D E F	Name (Last, First, Middle) LAROSSI, MOHAMED	Alias FLORIDA YELLOW TAXI LLC,	Race O	Sex M	Date of Birth 09/25/1973	
C H R G	Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)					
V I C T I M	Victim's Name (Last, First, Middle) NGUERTY, LAILA			Race W	Sex F	Date of Birth 08/31/1978
	Local Address (Street, Apt. Number) (City) (State) (Zip) 7725 77TH WAY, WEST PALM BEACH, FL 33409			Phone		Address Source
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral						
RELATIONSHIP BETWEEN VICTIM & SUSPECT COMMON LAW						
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>			
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:		
	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS		
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)		
	INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:		
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES: LAROSSI, SOFIA		
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #: 1800057829			
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
N A R R	On 5/13/18 I responded to 7725 77th Way in reference to a domestic disturbance call. Upon arriving on scene I met with Nguerty, Laila who advised that she and her daughter Laroussi, Sofia returned home from a Mother's Day party. Upon opening the front door to their residence her spouse, the defendant Laroussi, Mohamed met her at the entrance. Mohamed flung the front door open in a forceful manner as she was about to open the door					
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this _____ day of _____  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 05/13/2018 01:30	
	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE
	Agency Report Number 9 4 2018-0008153	

herself.

Mohamed proceeded to yell at Laila and Sophia for going to a party earlier in the evening and returning later in the evening then he expected. Laila advised that Mohamed began to push her multiple times around the front patio area and then continued into the living room of the residence. In addition, he pushed his daughter on the right shoulder. The force that Mohamed used caused both Sophia and Laila to stumble backwards but not fall down.

Laila stated that she feels threatened and is in fear of Mohamed. She further advised that there has been a history of unreported domestic troubles between she and Mohamed.

Based on the circumstances of this incident, there is probable cause for the arrest of Laroussi, Mohamed for Simple Battery, F.S.S 784.03 on Laroussi, Sophia and Nguerty, Laila.

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Handwritten Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this _____ day of _____.

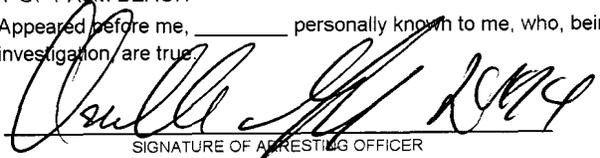
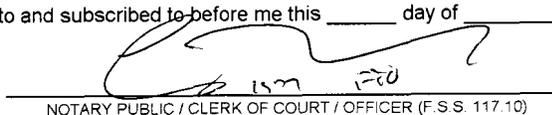
[Handwritten Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
MAY 14 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 05/13/2018 01:46		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2018-0008153
	Name (Last, First, Middle) LAROUSI, MOHAMED		Alias FLORIDA YELLOW TAXI LLC,	Race O	Sex M Date of Birth 09/25/1973
D E F	Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)				
	Victim's Name (Last, First, Middle) LAROUSI, SOFIA			Race W	Sex F Date of Birth 08/05/2006
C R I M E	Local Address (Street, Apt. Number) (City) (State) (Zip) 7725 77TH WAY, WEST PALM BEACH, FL 33407		Phone		Address Source
	Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation
V I C T I M	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):		
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>				
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT FATHER/DAUGHTER				
	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: HANDS WITNESSES: <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach witness list) INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS: Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAMES/AGES: VICTIM WAS MINOR H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
I N F O R M A T I O N	On 5/13/18 I responded to 7725 77th Way in reference to a domestic disturbance call. Upon arriving on scene I met with Nguerty, Laila who advised that she and her daughter Laroussi, Sofia returned home from a Mother's Day party. Upon opening the front door to their residence her spouse, the defendant Laroussi, Mohamed met her at the entrance. Mohamed flung the front door open in a forceful manner as she was about to open the door				
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this _____ day of _____  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				

CERTIFIED COPY

SCANNED
MAY 14 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 05/13/2018 01:46	Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2018-0008153
	Agency ORI Number FL 0500800			

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NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Handwritten Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this _____ day of _____.

[Handwritten Signature]
BY _____

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
MAY 14 2018

VICTIM NOTIFICATION FORM

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

- Homicide (Ch 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)

Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report # 18-8153 Agency: Wpb
 Offense: Simple Battery-Domestic
 Suspect/Offender: Laroussi, Mohammed
 D.O.B. 9-28-73 Race: W Sex: M

2. Warrant #(s) _____

3. Complete one (1) of the following:

a. Victim's name: NGUERTY Layla
 Address: 7725 77th Way
 City: Wpb State: FL Zip: 33407
 Home #: 954 918 2667 Work#: _____ Other: _____

b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work#: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work#: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify).

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

SCANNED
MAY 14 2018

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name Giddings I.D. 2074 Date: 5/13/18

SUSPECT/OFFENDER: _____
COURT CASE/WARRANT# _____
(FOR WARRANTS USE ONLY)