

0479702

2726

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number			ARREST / NOTICE TO APPEAR						1 JUVENILE				
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)			If Weapon Seized			Multiple Clearance Indicator			
0500800		West Palm Beach Police Department		9 1 4 2017-0003983			Enter Type Hands/feet/teeth			<input checked="" type="checkbox"/>			
Charge Type: Check as many as apply.		1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other											
Location of Arrest (Including Name of Business) 7724 77TH WAY, WPB, FL				Location of Offense (Business Name, Address) 7724 77TH WAY, WEST PALM BEACH, FL 33407									
Date of Arrest 02/27/2017		Time of Arrest 01:00		Booking Date		Booking Time		Jail Date		Jail Time			
Name (Last, First, Middle) SLIMANI, MOHAMED													
Alias: SLIMANI, MOHAMED													
Race W - White I - American Indian B - Black O - Oriental Asian		Sex <input checked="" type="checkbox"/> M		Date of Birth 07/15/1987		Height 5'11		Weight 165		Eye Color BROWN			
Marital Status S		Hair Color BROWN		Complexion DARK		Build Small		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.					
Scars, Tattoos, Unique Physical Features (Location, Type, Description)													
Local Address (Street, Apt. Number) 7724 77TH WAY, WEST PALM BEACH, FL 33407		(City)		(State)		(Zip)		Phone (561) 494-4292		Residence Type 1. City 3. Florida 2. County 4. Out of State			
Permanent Address (Street, Apt. Number) 7724 77TH WAY, WEST PALM BEACH, FL 33407		(City)		(State)		(Zip)		Phone (561) 494-4292		Address Source FL ID			
Business Address (Name, Street) CITGO, BELVEDERE RD		(City)		(State)		(Zip)		Phone		Occupation Manager			
D/L Number, State S455540872550 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) , Morocco		Citizenship <input checked="" type="checkbox"/> USA					
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
Name (Last, First, Middle) NO BOND													
Name (Last, First, Middle) NO BOND		Residence Phone											
Address (Street, Apt. Number) 7724 77TH WAY, WEST PALM BEACH, FL 33407		(City)		(State)		(Zip)		Business Phone					
Notified by: (Name)						Date		Time		JUVENILE DISPOSITION 1. Handled by Juvenile Court 2. TOT 3. Incarcerated			
Released To: (Name)		Relationship				Date		Time		VICTIM NOTIFICATION REQUIRED			
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				Grade			
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property	
C O D E Drug Activity S. Sell B. Smuggle K. Disperses M. Manufacture Z. Other N. N/A B. Buy D. Deliver D. Distribute Produce/ Cultivate						Drug Type N. N/A C. Cocaine H. Hallucinogen P. Possess T. Traffic E. Use A. Amphetamine E. Heroin M. Marijuana Z. Other S. Synthetic O. Opium/Deriv.				Statute Violation Number 784.03(1)(a)		Violation of ORD #	
C H A R G E Charge Description BATTERY - BATTERY (SIMPLE)						Statute Violation Number 784.03(1)(a)				Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense # N / 2017-0003983						Counts Domestic Violence Warrant / Capias Number 1 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				Bond			
C H A R G E Charge Description						Statute Violation Number				Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense # /						Counts Domestic Violence Warrant / Capias Number <input type="checkbox"/> Y <input type="checkbox"/> N				Bond			
C H A R G E Charge Description						Statute Violation Number				Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense # /						Counts Domestic Violence Warrant / Capias Number <input type="checkbox"/> Y <input type="checkbox"/> N				Bond			
I N T A K E 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 Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By				Released By			
B Transported By						Date Transported		Time Transported		Other			
N O T I C E <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) Criminal Justice CRIMINAL JUSTICE COMPLEX Court Date and Time 03/28/2017 13:00:00 3228 GUN CLUB ROAD				No Photo Available			
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.													
Signature of Defendant (or Juvenile and Parent/Custodian)													
Date Signed													
A D M I N I S T R A T I O N HOLD for Other Agency						Signature of Arresting Officer FORBES, RYAN				Name Verification (Printed by Arrestee)			
										(PRINT)			
										FEB 27 2017 2:16 PM			
										PAGE 1 OF 1			
										Witness here if subject signed with an X			

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N D E F O R G	Date / Time 02/27/2017 00:55	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2017-0003983
V I C T I M	Name (Last, First, Middle) SLIMANI, MOHAMED	Alias	Race U Sex M Date of Birth 07/15/1987
Charge Description 784.03 (1A) DOMESTIC SIMPLE BATTERY 784.041(2) BATTERY - DOMESTIC BATTERY BY STRANGULATION			
V I C T I M	Victim's Name (Last, First, Middle) [REDACTED]	Race W Sex F Date of Birth 08/16/1983	
V I C T I M	(State) [REDACTED]	(Zip) [REDACTED]	Phone [REDACTED]
V I C T I M	Business Address (Name, Street) [REDACTED]	(City) [REDACTED]	(State) [REDACTED]
V I C T I M	(Zip) [REDACTED]	Phone [REDACTED]	Occupation [REDACTED]
Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET	
RELATIONSHIP BETWEEN VICTIM & SUSPECT GIRLFRIEND			
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Victim: <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	911 CALL:	<input checked="" type="checkbox"/> CALLER: WITNESS	<input type="checkbox"/>
	WEAPON USED:	<input type="checkbox"/> TYPE: <input checked="" type="checkbox"/>	<input type="checkbox"/>
	WITNESSES:	<input checked="" type="checkbox"/> (If YES, attach witness list)	<input type="checkbox"/>
	INJURIES:	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>
	MEDICAL TREATMENT:	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>
	AT: Scene:	<input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:	<input type="checkbox"/>
	Hospital:	<input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:	<input type="checkbox"/>
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/> NAMES/AGES: <input checked="" type="checkbox"/>	<input type="checkbox"/>
	H. R. S. NOTIFIED:	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>
VICTIM PREGNANT:	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> CASE #: <input checked="" type="checkbox"/>			
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/>			
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>			
On 02/27/2017 at 0018 hours I responded to 7724 77th Way in regards to a female stating the male has a knife and repeatedly gave the address.			
Upon arrival I observed a white male standing in front of a green Ford Focus, with a white female who was			
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>7</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. <u>1926</u> _____ SIGNATURE OF ARRESTING OFFICER			
Sworn to and subscribed to before me this <u>27</u> day of <u>February</u> , <u>2017</u>			
<u>VAUTIN, BRYAN</u> <u>1926</u>			
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 02/27/2017 00:55	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2017-0003983
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CRYING INSIDE OF THE VEHICLE. The male, identified as the defendant, Mohamed Slimani, was taken into custody where I then conducted my investigation. The following information was obtained during my investigation:

The victim, [REDACTED], advised she and [REDACTED] (Mohamed Slimani) were drinking alcohol in the patio in front of the residence. While outside they began to have an argument, which then became physical. During the physical altercation [REDACTED] claims Mohamed would not allow her to leave the residence and in doing so, he grabbed her by her neck and began directing her to the front door of the residence. [REDACTED] explained she did not believe Mohamed was trying to choke her; however she did advise she told him she could not breathe and wanted him to let her go. [REDACTED] also explained that while she was standing on the patio with Mohamed, he struck her in the back of her head, with what she believed to be his fist. [REDACTED] explained she and Mohamed have been a couple for at least 3 years, but have been on again, off again.

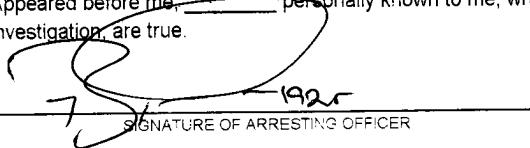
The witness, Dominique Bagnell, advised everyone was on the patio drinking when [REDACTED] and Mohamed began to argue. The argument then became physical, where Dominique claims the altercation was between the inside and the patio area of the residence. Dominique advised she was inside of the kitchen of the residence, where she could see out to the patio area through a sliding glass door, when she observed Mohamed grab [REDACTED] around her neck with his arm and began to pull her to the door. Dominique advised she then heard, what she believed to be Mohamed strike [REDACTED]; however she did not see the strike.

While speaking to Mohamed he claims everyone had been drinking and [REDACTED] wanted to leave the residence. He advised he did not want her to drive, for fear that she could cause an accident; so he advised he merely walked out into the parking lot and stood in front of her vehicle so she could not leave. Mohamed advised he never struck [REDACTED], nor did he place his hands on her.

There were several conflicting stories as to whether there was any choking committed by Mohamed; therefore, based on the above stated I find probable cause to charge Mohamed Slimani with (1) count of Domestic Simple Battery, pursuant to F.S.S. 784.03(1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, [REDACTED] 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 27 day of February, 2017


VAUTIN, BRYAN

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 77.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

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 # 2017-0003983 Agency: WFB
Offense: Domestic Battery
Suspect/Offender: Slimani, Mohamed
D.O.B. 07/15/87 Race: U Sex: Male
2. Warrant #(s) _____
3. Complete one (1) of the following:
 - a. Victim:
Address: _____
City: _____
Home: _____
 - 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.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: FORBES I.D.: 1925 Date: 02/27/2017

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT#
(FOR WARRANTS USE ONLY)