

0489806

N/R

1378

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Re-arrest Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile												
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 17104037																		
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 1. Yes 2. No		Shoe 1												
Location of Arrest (Including Name of Business) 3919 Wilshire Street, Lake Park, FL 33403		Location of Offense (Business Name, Address)																				
Date of Arrest 07/18/2017		Time of Arrest 1530		Booking Date 07/18/2017		Booking Time		Jail Date		Jail Time												
Name (Last, First, Middle) Islam, Mohammad, Shaiful																						
Alias (Name, DOB, Soc. Sec. #, Etc.)																						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex O M		Date of Birth 10/16/1977		Height 5'08		Weight 160		Eye Color Brown												
Hair Color Black		Complexion Medium		Build Medium																		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None						Marital Status Married		Religion Muslim		Indication of: Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Local Address (Street, Apt. Number) (City) (State) (Zip) 3919 Wilshire St, Lake Park, FL 33403						Phone () 561-260-2094		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2														
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone ()		Address Source Driver's License														
Business Address (Name, Street) (City) (State) (Zip)						Phone ()		Occupation														
D/L Number, State 1245557773760, FL				Soc. Sec. Number		INS Number 6065157227		Place of Birth (City, State) Bangladesh		Citizenship Bangladesh												
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth												
										<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile												
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth												
										<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile												
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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		Date		Time												
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade														
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property		Value of Property														
<table border="1"> <tr> <td>Drug Activity N. N/A P. Possess</td> <td>S. Sell B. Buy T. Traffic</td> <td>R. Smuggle D. Deliver E. Use</td> <td>K. Dispense/ Distribute</td> <td>M. Manufacture/ Produce/ Cultivate</td> <td>Z. Other</td> <td>Drug Type N. N/A A. Amphetamine</td> <td>B. Barbiturate C. Cocaine E. Heroin</td> <td>H. Hallucinogen M. Marijuana O. Opium/Deriv.</td> <td>P. Paraphernalia/ Equipment S. Synthetics</td> <td>U. Unknown Z. Other</td> </tr> </table>												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
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Charge Description Battery - Domestic Violence						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03 1A1												
Drug Activity Drug Type Amount / Unit						Offense # 17104037		Warrant / Capias Number		Bond NONE												
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number												
Drug Activity Drug Type Amount / Unit						Offense #		Warrant / Capias Number		Violation of ORD #												
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number												
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Drug Activity Drug Type Amount / Unit						Offense #		Warrant / Capias Number		Bond												
Location (Court, Room Number, Address)																						
Court Date and Time Month Day Year Time AM PM 07/18/2017																						
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																						
HOLD for other Agency Name:						Signature of Arresting Officer D/S Lisa Leto			Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest						Name of Arresting Officer (Print) D/S Lisa Leto			(PRINT)													
#730						ID # 25506			PAGE 1													
D/S Lisa Leto						ID # 25506			Agency PBSO													
Witness here if subject signed with an "X"									1 OF 1													

JUL 19 2017



☐ WITNESS ☒ VICTIM ☐ OTHER

CASE #:	A-104037	ZONE:	3-13	SUSPECT:	Mattum S. Islam	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	7/18/17 1540
EVENT TYPE:	Domestic Battery			DEPUTY:	JP S. J. J. J.	ID#:	7055

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: AKTER		FIRST NAME: HALIMA		MIDDLE INITIAL:	RACE:	SEX: Female
DATE OF BIRTH: (MM/DD/YYYY) 08-23-1982		YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR: Black	YOUR EYE COLOR: Black	
YOUR HOME ADDRESS: 3919 Willshire street			<input type="checkbox"/> CHECK IF HOMELESS	CITY: Lake Park	STATE: Florida	ZIP: 33403
YOUR WORK NAME & ADDRESS: Subway 4238 Northlake Blvd.			<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: palm beach gardens	STATE:	ZIP: 33410
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: <input type="checkbox"/> CHECK IF NONE			
1 1561-622-9100	1754-707-2695	1				

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME:	Halima akter	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>we was married in 2001. I have a kid. My husband always torture me. He hit me whatever he found in front him. Everyday in a normal thing he hit me. In a simple matter he got mad and act crazy and hit me. He use bad words everytime. He act me as a servant. Today we are talking suddenly he got angry and throw his shoe in my face and it hit my chest. Everyday he do something. He bother everyone in this home. In our country in Bangladesh he also torture me. bad behaviour and he hit me.</p>		
		PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10 SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 7/18/17 TIME: 1540 SIGNATURE: [Signature] ID: 7055
YOUR SIGNATURE: X Halima	

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL AND KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 500.00) 19 2017
 WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

CASE #:	17-104037	ZONE:	5-13	SUSPECT:	Mattman, S. Islay	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	7/18/17 1500
EVENT TYPE:	Domestic	Betray		DEPUTY:	S. S. Islay	ID#:	2056

LAST NAME: MONDOL		FIRST NAME: SHOHIDUL		MIDDLE INITIAL: I	RACE:	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 11/27/1979		YOUR HEIGHT: 5' 6"	YOUR WEIGHT: 160	YOUR HAIR COLOR: black		YOUR EYE COLOR: Black
YOUR HOME ADDRESS: 3919 Wilshire St. Lake Park, FL - 33403		<input type="checkbox"/> CHECK IF HOMELESS x		CITY: LAKE PARK	STATE: Florida	ZIP: 33403
YOUR WORK NAME & ADDRESS: CASAR, Gurdon Shell, North Malaysia trail		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: west plum beach	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (561) 3603102	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (754) 707-2953	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: <input type="checkbox"/> CHECK IF NONE			

YOUR NAME: <u>Abdullah Islam mombi</u>	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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I am mondal.. I lives in This Address with my family. within 1 year, my sister in law also lives with us, I seen All the time They fighting, I was sleeping, Then I heard she screameing and crying. because He Throw his shoe on here chest. He al ways us bad words.

PAGE 1 OF

YOUR SIGNATURE: **X** 

DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 7/18/17 TIME: 1:58
 SIGNATURE: *[Signature]* ID: *[Signature]*

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

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