

16CF/2646

ARREST / NOTICE TO APPEAR													
<input type="checkbox"/> 1. Arrest <input type="checkbox"/> 2. N.T.A <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias										3 JUVENILE			
Agency ORI Number 0500800		Agency Name West Palm Beach Police Department				Agency Report Number (N.T.A. only) 9 4 2016-0022885							
Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony		1. Misdemeanor 2. Traffic Misdemeanor		3. Ordinance 4. Other				If Weapon Seized Enter Type: NOT APPLICABLE		Multiple Clearance Indicator N			
Location of Arrest (Including Name of Business)										Location of Offense (Business Name, Address)			
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time			
										Location of Vehicle			
Name (Last, First, Middle) EL YORDI CHEBIB, RAED										Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black		Sex W M		Date of Birth 03/23/1974		Height 6'02		Weight 190		Eye Color BROWN			
Sears, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNKNOWN										Hair Color BROWN			
Marital Status S										Complexion LIGHT			
Religion UNKNOWN										Build Medium			
Local Address (Street, Apt. Number) 1745 DREXEL RD 410, WEST PALM BEACH, FL 33417										(City) (State) (Zip)			
Phone (561) 584-3179													
Permanent Address (Street, Apt. Number) 1745 DREXEL RD 410, WEST PALM BEACH, FL 33417										(City) (State) (Zip)			
Phone (561) 584-3179													
Business Address (Name, Street) NONE, NONE										(City) (State) (Zip)			
Phone (561) -													
D/L Number, State E463720741031 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship VE					
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	
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"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian										Name (Last, First, Middle)			
										Residence Phone			
Address (Street, Apt. Number)										(City) (State) (Zip)			
										Business Phone			
Notified by: (Name)										Date		Time	
										JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT JAC 3. Incarcerated	
Released To: (Name)										Relationship		Date	
												Time	
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			
Drug Activity N. N/A P. Possess		S. Sell B. Bus T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispenses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other			
Drug Type N		Amount / Unit /		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number			
Statute Violation Number 800.04(5C2)										Violation of ORD #			
Charge Description LEWD/LASCIVIOUS ACT-MOLEST 12-16 YOA OFFENDER OVER 18													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence			
										Warrant / Capias Number			
Statute Violation Number										Violation of ORD #			
Charge Description													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence			
										Warrant / Capias Number			
Statute Violation Number										Violation of ORD #			
Charge Description													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence			
										Warrant / Capias Number			
Statute Violation Number										Violation of ORD #			
Health / Apparent Physical Condition of Defendant										Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medications <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 _____			
Transported By _____										Date Transported _____			
										Time Transported _____			
										Other _____			
<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) _____			
										Court Date and 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 COMTEMPT 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					Signature of Arresting Officer VERTEFEUILLE, MARK					Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal					Arrested Arrest <input type="checkbox"/> Other					(PRINT) Intake Deputy I.D. # _____ Pouch # _____			
					Name of Arresting Officer (Print) VERTEFEUILLE, MARK I.D. # 01788 Transporting Officer I.D. # _____ Agency _____								
										Witness here if subject signed with an "X".			

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT

A D M I N		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	JUVENILE		
OBTS Number						Agency ORI Number		Agency Name		Agency Report Number			
FL 0500800		WEST PALM BEACH POLICE DEPARTMENT				9		4		2016-0022885			
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:							
D E F E		Name (Last, First, Middle)				Alias		Race		Sex		Date of Birth	
		EL YORDI CHEBIB, RAED						W		M		03/23/1974	
C H A R G E S		Charge Description				Charge Description							
		800.04(5C2) LEWD/LASCIVIOUS ACT-MOLEST 12-16 YOA											
V I C T I M		Charge Description				Charge Description							
V I C T I M		Victim's Name (Last, First, Middle)						Race		Sex		Date of Birth	
								W		F		08/23/2003	
L O C A T I O N		Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source	
B U S I N S E S T A T E M E N T		Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
												STUDENT	
<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ..</p> <p><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 committ the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27</u> day of <u>December</u>, <u>2016</u> at <u>10:55</u> (Specifically include facts constituting cause for arrest.)</p>													
<p>On December 20, 2016, the crime of Lewd or Lascivious Molestation occurred at [REDACTED]</p> <p>[REDACTED]</p> <p>During a sworn statement, the 13-year-old female victim, [REDACTED] disclosed the following: Earlier today (12/20/16) her [REDACTED] 42-year-old Raed El Yordi Chebib, came to her residence [REDACTED] to drive her to an appointment. While inside the residence, Chebib sat down next to the victim on her left side on a couch in her living room. While sitting next to her, Chebib, reached around her back with his right arm and molested her right breast, over her clothing. He then reached between her legs with his left hand and molested her vaginal area, over her clothing. She told Chebib to stop more than once but the abuse continued. Eventually the victim was able to control both of Chebib's hands at which time he stopped.</p> <p>During a voluntary statement, Chebib admitted to pinching and grabbing the victim's breasts and vaginal area outside of her clothing in a playful manner.</p> <p>Based on the aforementioned, I find probable cause exists to arrest Raed El Yordi Chebib and charge him in violation of F.S.S. 800.04(5C2) Lewd or Lascivious Molestation.</p> <p><i>NOTARIZED</i></p>													
A D M I N I S T R A T I V E		<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i> 184</p> <p>COGNETTI-CHASE, CATHY</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>12/27/2016</u></p> <p>DATE</p>				<p><i>[Signature]</i> 184</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>VERTEFEUILLE, MARK (01788)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>12/27/2016</u></p> <p>DATE</p>						<p>PAGE</p> <p>1 OF 1</p>	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.