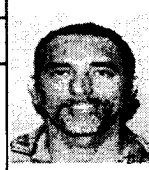




16CF/2640

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		3	JUVENILE
Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9, 4 2016-0022885			
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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: 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 Q - Oriental/Asian W		Sex M	Date of Birth 03/23/1974	Height 6'02	Weight 190	Eye Color BROWN	Hair Color BROWN
Complexion LIGHT		Build Medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNKNOWN				Martial Status S	Religion UNKNOWN	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1745 DREXEL RD 410, WEST PALM BEACH, FL 33417				Phone (561) 584-3179		Residence Type 1. City 2. County 3. Out of State 2	
Permanent Address (Street, Apt. Number) 1745 DREXEL RD 410, WEST PALM BEACH, FL 33417				Phone (561) 584-3179		Address Source KNOWN	
Business Address (Name, Street) NONE, NONE				Phone (561) -		Occupation None	
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"/> 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		
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)			Residence Phone		
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)			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. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disposes/ 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. Synthetic		U. Unknown 2. Other	
Charge Description LEWD/LASCIVIOUS ACT-MOLEST 12-16 YOA OFFENDER OVER 18				Statute Violation Number 800.04(5C2)		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	
	N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
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		
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		
Health / Apparent Physical Condition of Defendant				Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escapes 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"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				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 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		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) VERTEFEUILLE, MARK		I.D. # 01788		(PRINT)	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transporting Officer		I.D. #		Agency	
Intake Deputy		I.D. #		Pouch #		Witness here if subject signed with an "X"	

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

OBTs Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE DEPARTMENT		Agency Report Number 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	Name (Last, First, Middle) EL YORDI CHEBIB, RAED					Race W	Sex M	Date of Birth 03/23/1974		
	Charge Description 800.04(5C2) LEWD/LASCIVIOUS ACT-MOLEST 12-16 YOA					Charge Description				
C H A R G E S	Charge Description					Charge Description				
	Victim's Name (Last, First, Middle) [REDACTED]					Race W	Sex F	Date of Birth 08/23/2003		
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]					Phone		Address Source		
	Business Address (Name, Street) (City) (State) (Zip) [REDACTED]					Phone		Occupation STUDENT		
<p>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.</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 commit the below acts.</p> <p><input type="checkbox"/> confessed to _____</p> <p><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>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>										
S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME  COGNETTI-CHASE, CATHY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>12/27/2016</u> DATE					 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER VERTEFEUILLE, MARK (01788) NAME OF OFFICER (PLEASE PRINT) <u>12/27/2016</u> DATE				
						PAGE 1 OF 1				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.