0509773 N4 147

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number 2019MM00879 10AMB

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

[1] Juvenile [N]

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 19-097725

Charge Type: Check as many as apply — [ ] 1. Felony [ ] 2. Traffic Felony [X] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

If Weapon Seized — Enter Type

Multiple Clearance Indicator: 0 1

Location of Arrest (Including Name of Business)	Location of Offense (Including Name of Business)
9419 GRAND PRIX LANE	9419 GRAND PRIX LANE BOYNTON BEACH FL 3346[illegible]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Jul 27, 2019	1930					

Name (Last, First, Middle)			Alias (Name, DOB, Soc. Sec. #, Etc.)
ABDEL	RANIA	F	

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	05/04/76	5'5	120	BRN	BLK	MED	MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of:	Y	N	Unk
	MARRIED	CATHOLIC	Alcohol Influence	[ ]	[X]	[ ]
			Drug Influence	[ ]	[X]	[ ]

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
9419 GRAND PRIX LANE	BOYNTON BEACH	FL	33472	954-470-9050	2

Permanent Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
					VICTIM

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
					UNKNOWN

D/L Number, State	Social Security Nu[redacted]	INS Number	Place of Birth	Citizenship
A134720766640			JORDAN	USA

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	[ ] 1. Arrested [ ] 2. At Large	[ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	[ ] 1. Arrested [ ] 2. At Large	[ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile

[ ] Parent [ ] Legal Guardian [ ] Other — Name (Last, First, Middle)	Phone

Address (Street, Apt. No.)	City	State	Zip	Business Phone

1 — NO Bond

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 was provided by [ ] defendant and/or [ ] defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change
[ ] Yes, by: (Name) [ ] No (Reason)

School Attended	Grade

Property Crime? [ ] Yes [X] 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. 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, P. Paraphernalia/Equipment, U. Unknown, Z. Other

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
SIMPLE BATTERY DOMESTIC RELATED	1	[X] Y [ ] N	784.03(1A1).	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N	--	19-097725		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
	1	[ ] Y [X] N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		[ ] Y [X] N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		[ ] Y [ ] N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Location (Court, Address, Room Number)

Court Date and Time

Month Day Year Time [ ] AM [ ] PM

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS **NOTICE TO APPEAR**, THAT I MAY 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)
Name		JUL 27 PM 11:04
[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other	Name of Arresting Officer: D/S CAPUTO ID#: 34267	(PRINT) JUL 27 PM 1:04
Intake Deputy ID# Pouch #	Transporting Officer ID# D/S J. SHEARS 7047 Agency PBSO	Witness here if subject signed with an "X"

JUL 28 2019 SCANNED

NOT A CERTIFIED COPY

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

Agency ORI Number	Agency Name	Agency Report Number	
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06	19-097725

Charge Type: Check as many as apply
☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes

Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
ABDEL	RANIA	F	W	F	05/04/76

Charge	Charge
SIMPLE BATTERY DOMESTIC RELATED	
Charge	Charge

Victim Name (Last, First, Middle)		Race	Sex	Date of Birth
ALMASSRI	MAHER	W	M	12-04-1962

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
11901 NW 27TH COURT	PLANTATION	FL	33323		

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
				954-701-3434	

The undersign 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.
The person taken into custody...

☐ committed the below acts in my presence.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☐ confessed to admitting to the below facts.

☒ was found to have committed the below acts, resulting from (described) investigation.

On the 27TH day of JULY 20 19 at 1909 ☐ AM ☒ PM

I RESPONDED TO 9419 GRAND PRIX LANE, UNINCORPORATED BOYNTON BEACH, PALM BEACH COUNTY, IN REFERENCE TO A DOMESTIC RELATED CALL.

UPON ARRIVAL, I MET WITH THE COMPLAINANT, MAYA ALMASRI. MAYA STATED HER FATHER, MAHER ALMASSRI CAME TO PICK HER UP AT THE LISTED RESIDENCE ABOVE. WHEN MAHER ARRIVED AT THE RESIDENCE AN ARGUMENT HAD ENSUED BETWEEN MAHER AND HIS WIFE, RANAI ABDEL. THE ARGUMENT WAS REGARDING RANAI'S ALCOHOL CONSUMPTION. SHORTLY AFTER, MAHER HAD DECIDED TO LEAVE WITH MAYA AND AS THEY WERE LEAVING RANAI HAD THREW A SHOE AT MAHER AND IT DID HIT HIM. MAYA ALSO STATED THAT RANAI HAD ALSO HIT HIM WITH HER HAND. I THEN SPOKE WITH THE VICTIM, MAHER ALMASSRI. MAHER STATED THAT HE WAS LEAVING THE RESIDENCE AND RANAI THREW HER SHOES AT HIM. HE STATED THE RANIA HAD SLAPPED HIM IN THE FACE OPEN HAND THREE OR FOUR TIMES AS HE WAS LEAVING THE HOUSE.

I ASKED MAHER IF HE NEEDED ANY MEDICAL ATTENTION AND HE DECLINED. I ASKED MAHER IF HE WANTED TO GO TO A DOMESTIC SHELTER AND HE REFUSED. MAHER WAS ALSO GIVEN A DOMESTIC RIGHTS BROCHURE. DCF WAS NOTIFIED DUE TO MAYA ALMASRI BEING 14 YEARS OF AGE. I NOTIFIED THE DOMESTIC LEVEL 2 HOTLINE. PHOTOS WERE TAKEN OF MAHER ALMASSRI AND UPLOADED TO THE DOMESTIC VIOLENCE WEB SITE.

DUE TO THE STATEMENTS MADE, I FIND RANAI ABDEL IN VIOLATION OF F.S.S. 784.03(1A1).

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The foregoing instrument was sworn to and affirmed before me this 27 day of July 20 19, by:

D/S CAPUTO 34267
Name of Arresting/Investigating Officer

D/S CAPUTO (6704)
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

VICTIM NOTIFICATION FORM

- **Homicide** (Ch.782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch.794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **Domestic Violence** - **(This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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.

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

1. Incident Report #: 19-097725 Agency: Palm Beach County Sheriff's Office
   Offense: SIMPLE BATTERY DOMESTIC RELATED
   Suspect/Offender: ABDEL RANIA F
   DOB: 05/04/76 Race: W Sex: F

2. Warrant #(s):

3.a. Victim's Name: ALMASSRI MAHER DOB: 12-04-1962 Race: W Sex: M
   Address: 11901 NW 27TH COURT
   City: PLANTATION State: FL Zip: 33323
   Home #: Work #: Other #:

   b. Victim's next of kin, friend or neighbor:
   Address:
   City: State: Zip:
   Home #: Work #: Other #:

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request

(Check applicable boxes)

☐ **Waiver:** **I choose not to be notified when the arrestee is released from custody.**

☐ **Confidential:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification:

Printed name of person waiving notification:

Deputy's Name: D/S CAPUTO ID #: 34267 Date: Jul 27, 2019

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause Affidavit)

Defendant: ABDEL RANIA F DOB: 05/04/76 Case #: 19-097725

Victim: ALMASSRI MAHER DOB: 12-04-1962 Race: W Sex: M

Relationship between Victim and Defendant: HUSBAND

Photographs: Scene ☑Yes ☑No OC Victim ☑Yes ☐No Defendant ☑Yes ☑No OC

911 Call: ☑Yes ☐No Caller: _____

Weapon Used: ☐Yes ☑No Type: _____

Witness: ☑Yes ☐No Name: MAYA ALMASRI

Victim Pregnant: ☐Yes ☑No If yes, _____Weeks _____Months

Injuries: ☐Yes ☑No Description: _____

Medical Treatment: ☐Yes ☑No

At Scene: ☐Yes ☑No Paramedics: _____

At Hospital: ☐Yes ☑No Hospital: _____ Physician: _____

Are children living in the home? ☑Yes ☐No DCF Notified? ☑Yes ☐No

Name: MAYA ALMASRI DOB 5/14/05

Name: _____ DOB _____

Name: _____ DOB _____

Injunction: ☐Yes ☑No Case #: _____

No Contact Order: ☐Yes ☑No Case #: _____

Alcohol or Drugs: ☐Yes ☑No ☐Unknown

Prior history of Domestic/Dating Violence ☐Yes ☑No

Defendant's statements ☑Yes ☐No If yes, ☐written ☐recorded ☑oral

First words Defendant said when you responded to scene: MY HUSBAND CAME OVER

Vicitm's statements ☑Yes ☐No If yes, ☐written ☑recorded ☐oral

First words Victim said when you responded to scene: MY WIFE THREW A SHOE AT ME

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

☐Yes ☑No If yes, name: _____ phone _____

Observations of Victim (Physical & Emotional): _____

☑Upset ☑Crying ☐Fearful ☐Hysterical ☐Afraid ☑Calm ☑Nervous

☐Complained of pain ☐Other _____

Victim contact information:

Local Address: 11901 NW 27TH COURT

PLANTATION FL 33323

Phone: Home: _____ Work: 954-701-3434 Cell: _____

Employer: UNKNOWN

Name of Relative: _____ Phone: _____

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2019024518	**Date:** 7/28/2019
	Specialist Name/ID: LaToya Rouse/ #6673