0503077/516

NH

18CF11021

# ARREST / NOTICE TO APPEAR
## Juvenile Referral Report

OBTS Number

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

Juvenile: N

**ADMINISTRATIVE**

Agency ORI Number: FLO 505100

Agency Name: DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO

Agency Report Number (N.T.A.'s only): 2018058466

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

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 1005 N. Seacrest Ave Boynton Beach

Location of Offense (Business Name, Address): 1005 N Seacrest Ave, Boynton

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 11/15/18 | 1563 | 11/15/18 | | 11/15/18 | | |

**DEFENDANT**

Name (Last, First, Middle): Khalil, Sami-Jamil

Alias (Name, DOB, Soc. Sec #, Etc.)

| Race (W - White I - American Indian B - Black O- Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | M | 02/15/1960 | 506 | 173 | Hzl | Blk | light | Small |

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status:

Religion: NONE

Indication of Alcohol Influence / Drug Influence: Y ☐ N ☐ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 5890 14th Pl, Fort Lauderdale Fl 33313

Phone: ( )

Residence Type: 1. City 2 County 3 Florida 4 Out of State: 3

Permanent Address (Street, Apt Number) (City) (State) (Zip): 5890 14th Pl, Fort Lauderdale Fl 33313

Phone: ( )

Address Source: Pvd

Business Address (Name, Street) (City) (State) (Zip): 1005 N. Seacrest Ave, Boynton Beach Fl

Phone: ( )

Occupation: Store Clerk

| D/L Number, State | Soc Sec Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| K440-780-60-055-0 | [redacted] | | Jordan | US |

**CO-DEF**

| 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 |
| | | | | | |

**JUVENILE**

☐ Parent ☐ Legal Custodian ☐ Other:

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 Dept and Released 2 TOT HRS / DYS 3 Incarcerated

Released To (Name): Relationship: Date: Time:

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2826) informed of any change of address ☐ Yes, by. (Name) ☐ No (Reason)

School Attended: Grade:

Property Crime? ☐ Yes ☐ No Description of Property: Value of Property:

**CODE**

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/Opioid; P. Paraphernalia/ Equipment S. Synthetics; U. Unknown Z Other

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| Agents of Keeping a gambling house | 1 | ☐Y ☑N | 849.02 | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | N/A | 849.02 20180558466 | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| Bookmaking | 1 | ☐Y ☑N | 849.25 (a) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | N/A | 20180558466 | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |

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

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |

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

**NOTICE TO APPEAR**

Location (Court, Room Number, Address):

Court Date and Time: Month Day Year Time AM PM

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 WILFULLY 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

**ADMIN**

HOLD for other Agency Name:

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Intake Deputy ID # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Richard Allen ID # #606

Transporting Officer: Grigonon ID # 96 Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X-

PAGE 2 OF 2

DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO 8148 REV. 8/07

NOT A CERTIFIED COPY

# PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2. N T A 3. Request for Warrant 4. Request for Capias | 1 | Juvenile

**ADMIN**

Agency ORI Number: FLO 505100 | Agency Name: DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO | Agency Report Number: 2018058466

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

**DEF**

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| Khalil, Sami-Jamil | | W | M | 02/15/1960 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| Agents of Keeping a gambling house 849.02 | Bookmaking 849.25 |
| Charge Description | Charge Description |

**VICTIM**

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| | | | |

| Local Address (Street, Apt Number) (City) (State) (zip) | Phone ( ) | Address Source |
|---|---|---|
| Business Address (Name, Street) (City) (State) (zip) | Phone ( ) | Occupation |

**PROBABLE CAUSE STATEMENT**

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.
The Person taken into custody

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☑ was found to have commited the below acts, resulting from my (described) investigation.

On the 15 day of November 20 18 at _____ ☐ A M ☐ P.M. (Specifically include facts constituting cause for arrest.)

On September 16, 2018, Special Agent Boykin was paid by Khalil $10.00 for the 200 points won on gambling machines. On September 24, 2018, Special Agent Snellings was paid $24.00 for the 500 points won on gambling machines. Special Agent Boykin was paid $10.00 for the 200 points won on the gambling machines. On August 31, 2018, Special Agent Snellings was paid $10.00 for 200 points won on gambling machine. Snellings also bet on games using a points spread. Paying for points won on the gambling machine is violation of FSS 849.02. Sports Betting using points spread to bet on games is bookmaking if violation of FSS 849.25.

NOT A CERTIFIED COPY

**ADMINISTRATIVE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of November 20 18 by #606

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification Type of identification produced Police ID

Notary Public, Clerk of Court, Officer (F S S 117 10)



PBSO 60904 REV. 04/01 DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

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: | |

NOT A CERTIFIED COPY

**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2018038258 | **Date:** 11/16/2018 |
| | **Specialist Name/ID:** AM/31562 |