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ARREST NOTICE TO APPEAR

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

1 JUVENILE

Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3 2 2018-008530
Charge Type: <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other
Location of Arrest (Including Name of Business) 1800 NW 4TH AVE Boca Raton, FL 33432		Location of Offense (Business Name, Address) 1800 NW 4TH AVE, BOCA RATON, FL 33432
Date of Arrest 06/23/2018	Time of Arrest 19:31	Booking Date 06/23/2018
Booking Time 20:11	Jail Date	Jail Time
Location of Vehicle NONE		

Name (Last, First, Middle) AKTER MIM, SUNJIDA		Alias:		Alias (Name, DOB, Sec. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 01/12/1997	Height 4'11	Weight 130	Eye Color BROWN
Hair Color BLACK		Complexion LIGHT	Build Small	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1800 NW 4TH AVE SA, BOCA RATON, FL 33432		City	State	Zip	Phone (571) 598-9530
Residence Address (Street, Apt. Number) 1800 NW 4TH AVE SA, BOCA RATON, FL 33432		City	State	Zip	Phone (571) 598-9530
Business Address (Name, Street)		City	State	Zip	Phone
DL Number, State A236780975120 / FL	Sec. Sec. Number	INS Number	Place of Birth (City, State) Dhaka, Bangladesh	Citizenship BD	

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	Name (Last, First, Middle)	Residence Phone
Address (Street, Apt. Number)	(City) (State) (Zip)	Business Phone
Notified by (Name)	Date	Time
Released To (Name)	Relationship	Date
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
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No	Property Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property
		Value of Property

Drug Activity N N/A P. Potions	S. Sell B. Buy	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N N/A A. Amphetamines	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Psychotropic/ Sedative - 4. Synthetic	U. Unknown Z. Other
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Charge Description DOMESTIC BATTERY	Statute Violation Number 784.03(1A1)	Violation of ORD #
Drug Activity N	Drug Type	Amount / Unit
Offense #	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Capias Number	NOTE	

Health / Apparent Physical Condition of Defendant GOOD	Any knowledge of the following: <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape 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"/> Pooled Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail
Transported By RAFALKO	PROPERTY - Received By RAFALKO	Released By RAFALKO
Date Transported	Time Transported	Other

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33449
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	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 RAFALKO	Name Verification (Printed by Arrestee) RAFALKO
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) RAFALKO, T.	LD # 779
Intake Agency RAFALKO	Transporting Officer RAFALKO	Agency BRPD
	LD # 779	Agency BRPD
Witness here if subject signed with an "X".		PAGE 1 of 1

PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

OBT Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-008530	
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes	

Name (Last, First, Middle) AKTER MIM, SUNJIDA				Race W	Sex F	Date of Birth 01/12/1997
Charge Description 784.03(1A1) DOMESTIC BATTERY				Charge Description		
Charge Description				Charge Description		

Victim's Name (Last, First, Middle) ABDULLAH, SHAIK OMAR				Race W	Sex M	Date of Birth 09/19/1995
Local Address (Street, Apt. Number) 1800 NW 4TH AVE, BOCA RATON, FL 33432		(City)	(State)	(Zip)	Phone (571) 786-8236	Address Source
Business Address (Name, Street) SAPPHIRE RESTAURANT, ROYAL PALM PLAZA		(City)	(State)	(Zip)	Phone (561) -	Occupation SERVER

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 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 my (described) investigation

On the 23 day of June, 2018 at 19:21 (Specifically include facts constituting cause for arrest)

On 6/23/18 at 1858 hours I responded to 1800 NW 4th Ave Apt. #5A in reference to a domestic disturbance. While en-route I was advised by BRPD Communications that the caller stated that she had been hitting her husband since last night and that he now has chest and back pain. Upon my arrival I made contact with the caller, W/F Sunjida Akter Mim, who advised that on 6/23/18 at approximately 0200 hours she was arguing with her husband, W/M Shaik Abdullah, over personal relationship issues. Akter Mim advised that during the argument she intentionally scratched Abdullah in his left shoulder with her nails and hit him multiple times all over his body. Akter Mim stated that Abdullah did not touch her at all during the argument.

I then spoke with Abdullah who advised that he was in an argument with Akter Mim in the early morning hours but that it was not physical. Abdullah advised that he was previously arrested for domestic battery for an incident that occurred with Akter Mim. Abdullah eventually changed his story and stated that he allowed Akter Mim to scratch him. Abdullah stated that he did not want Akter Mim to go to jail. I then confirmed with Akter Mim that she did indeed intentionally scratch and hit Akter Mim during the argument last night. Abdullah took off his shirt and I observed several scratch marks on his left shoulder exactly where Akter Mim told me that she scratched him. I took photos of Abdullah's injuries which were submitted into evidence.

Based upon my investigation, I placed W/F Sunjida Akter Mim under arrest for domestic battery in violation of F.S.S. 784.03(1A1). Akter Mim was transported to PBCJ for final disposition.

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 	
VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 17 10)		RAFALKO, TRAVIS (779) NAME OF OFFICER (PLEASE PRINT)	
<u>06/23/2018</u> DATE		<u>06/23/2018</u> DATE	
		PAGE 1 of 1	

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-8530 Agency: BRPD
Offense: Domestic Battery
Suspect/Offender: Akter Mim, Sunjida
D.O.B. 1/12/97 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: Abdullah, Shaik D.O.B. 9/19/95 Race: W Sex: M
Address: 1800 NW 4th Ave #5A
City: BOCA State: F Zip: 33432
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 BE 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: Rafaliko I.D.# 779 Date: 6/23/18

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/10

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____



Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2018020913	Date: 06/24/2018
	Specialist Name/ID: howardt/7185