

J# 0516335

20CF3932 MB P# 1116

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request For Capias  7 Juvenile  N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 20066547</b>	
Charge Type Check as many as apply <input checked="" 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		If Weapon Seized Enter Type	
Location of Arrest (Including Name of Business)		Location of Offense (Including Name of Business)		Multiple Clearance Indicator <b>0 3</b>			
Date of Arrest <b>May 8, 2020</b>	Time of Arrest <b>0111</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>KELLEHER SUSAN ANN</b>				Alias (Name, DOB, Soc. Sec. #: Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>01/28/1968</b>	Height <b>5'02</b>	Weight <b>120</b>	Eye Color <b>HAZEL</b>	Hair Color <b>GREY</b>	Complexion <b>LIGHT</b>
Build <b>Small</b>		Marital Status <b>MARRIED</b>		Religion <b>CATHOLIC</b>		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>SCARS WRISTS TATTOOS WRISTS</b>		Local Address (Street, Apt. Number)		Phone <b>954-812-6586</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address		Phone <b>954-812-6586</b>		Address Source <b>FL DL</b>		Occupation <b>VETERINARIAN</b>	
Business Address (Street, Apt. Number)		City		State		Zip	
DL Number, State <b>K460781685280</b>		Social Security Number		INS Number		Place of Birth <b>BUFFALO NY</b>	
Citizenship <b>U.S.</b>		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"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		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 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 561 355-2526) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No. (Reason)		School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity S. Sell N. NA R. Buy P. Possess T. Traffic		R. Braggie D. Deliver E. Use		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate	
Z. Other		Drug Type N. NA A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana	
P. Paraphernalia/Equipment		U. Unknown Z. Other		Charge Description <b>CHILD ABUSE</b>		Counts <b>2</b>	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>827.03(2)(c)</b>		Violation or ORD. #		<b>FOR AD</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>20066547</b>	
Warrant/Capias Number		Violation or ORD. #		Charge Description <b>RESIST ARREST WITHOUT</b>		Counts <b>1</b>	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>843.02</b>		Violation or ORD. #		<b>\$7,000 X 2</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>20066547</b>	
Warrant/Capias Number		Violation or ORD. #		Charge Description		Counts	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #		Drug Activity	
Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Statute Violation Number		Violation or ORD. #		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 <input type="checkbox"/>		PM <input type="checkbox"/>	
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 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			
Name		Signature of Arresting Officer <b>31313</b>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Retailed Arrested <input type="checkbox"/> Other		Name of Arresting Officer <b>K. CIOFFOLETTI</b>		ID # <b>31313</b>		(PRINT)	
Initials/Deputy <b>33882</b>		ID # / Pouch #		Transporting Officer <b>K. CIOFFOLETTI</b>		ID # <b>PBSO</b>	
Agency <b>PBSO</b>		Page		Witness here if subject signed with an "X" <b>MAY 08 2020</b>			

BTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>		20066547				
Charge Type: Check as many as apply <input checked="" 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						
Defendant Name (Last, First, Middle) <b>KELLEHER SUSAN ANN</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/28/1968</b>				
Charge <b>CHILD ABUSE</b>		Charge <b>RESIST ARREST WITHOUT</b>						
Victim Name (Last, First, Middle)		Race <b>W</b>	Sex <b>M</b>	Date of Birth				
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source <b>N/A</b>		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
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...								
<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.						
<input type="checkbox"/> confessed to admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the <b>8</b> day of <b>MAY</b> 20 <b>20</b> at <b>0027</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM								

On 05/08/2020 at 0027 hours, I responded to [REDACTED] in reference to a domestic disturbance.

Upon my arrival, I made contact with the complainant and victim [REDACTED] (Identified verbally), victim [REDACTED] (Identified verbally) and [REDACTED] (Identified verbally) down the street (east) from the residence. [REDACTED] advised that earlier in the evening, she had gotten into an argument with [REDACTED] identified as Susan Kelleher (Identified verbally) inside the residence. [REDACTED] advised that while inside the residence, she was bitten on the left hand by Susan during the confrontation, however could not advised on what the altercation started over. [REDACTED] showed me her left hand, which showed signs of a small bite mark. She advised that she did not require EMS.

I then spoke with [REDACTED]. He advised that he was inside his room on a laptop when [REDACTED] entered the room and demanded the laptop. [REDACTED] advised that when he asked why, Susan then bit him on the back in attempts to get the laptop. [REDACTED] showed me the area of injury with injuries consisting of small punctures to his back. He advised that he did not require EMS.

I then spoke with [REDACTED]. She advise that she had been inside the residence when the altercation had taken place. She advised that she did not know what started the altercation, but [REDACTED] and herself had to leave the residence fearing for their safety before calling 911.

Susan advised post miranda that an altercation between [REDACTED] and herself earlier in the evening about pillows being thrown into the swimming pool. Susan advised that she had been bit by [REDACTED] on her arms during the altercation and bit [REDACTED] in retaliation.

Susan was then placed into PBSO issued handcuffs, double locked and checked for tightness. As I attempted to place Susan into my PBSO issued patrol vehicle, she then pulled away causing myself and D/S Patt #8779 to forcefully place her inside the rear of my PBSO vehicle, causing injury to her wrists.

Based on my above investigation, I have probable cause that Susan Kelleher have committed the acts of Child Abuse pursuant to F.S.S. 827.03(2)(c) and resisting arrest pursuant to F.S.S. 843.02. Susan was then transported to West Detention Center.

The foregoing instrument was sworn to and affirmed before me this <b>8th</b> day of <b>MAY</b> 20 <b>20</b> , by:		MAY 08 2020	
D/S Patt ID 8779		K. CIOFFOLETTI 31313	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Investigating Officer	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Signature of Arresting/Investigating Officer	
		Page 1 of 1	



# 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	<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 checked="" type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	1-3
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020012141	Date: 5/8/2020
	Specialist Name/ID: B Evans / 23649