

0513892

ROOM 307

981

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTN Number		Agency ORI Number 0502300		Agency Name North Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 7 0 20-000026		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1		JUVENILE							
D E F E N D A N T	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 NONE		Multiple Clearance Indicator															
	Location of Arrest (Including Name of Business) 112 DOOLEN CT APT 304, NPB, FL 33408						Location of Offense (Business Name, Address) 112 DOOLEN CT 304, NORTH PALM BEACH, FL 33408															
	Date of Arrest 01/09/2020		Time of Arrest 02:29		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
C O D E F	Name (Last, First, Middle) SANSCRAINTE, SUSAN SHARON														Alias:		Alien (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White B - Black O - Original/Asian		Sex W / F		Date of Birth 08/11/1953		Height 5'03		Weight 130		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Thin					
	Local Address (Street, Apt. Number) 112 DOOLEN CT 304, NORTH PALM BEACH, FL 33408						City		State		Zip		Phone		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>							
	Permanent Address (Street, Apt. Number) 112 DOOLEN CT 304, NORTH PALM BEACH, FL 33408						City		State		Zip		Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State Address Source FL/DL							
	Business Address (Name, Street) SHERLOCK HOLMES INSPECTION GRP.						City		State		Zip		Phone		Occupation Mold Inspector							
	D/L Number, State SS26797537910 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MINEOLA, NY, United		Citizenship													
C O D E F	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							
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)														Residence Phone							
	<input type="checkbox"/> Legal Custodian														Business Phone							
	Address (Street, Apt. Number)				City		State		Zip													
	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												
C O D E R	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Struggle 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/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)														Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #					
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
	Charge Description														Statute Violation Number		Violation of ORD #					
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
	Charge Description														Statute Violation Number		Violation of ORD #					
I N T A K E	Health / Apparent Physical Condition of Defendant										Any knowledge of the following: Explain: <input 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"/> Posted Bond				<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health				<input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By		Released To					
Transported By				Date Transported		Time Transported		Other														
N O T I C E T O A P P E A R	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court										Location (Court, Room)		No Photo Available									
	<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												
A D M I N I S T R A T I O N	HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Related Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) PEREZ, C				ID.# 9887		(PRINT)											
	Intake Deputy Juan Sic		ID.#		Pouch #		Transporting Officer PEREZ		ID.# 9887		Agency NPB		PAGE 1 OF 1									
Witness here if subject signed with an "X".																						

JAN 9 4:42

No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/09/2020 02:26	Agency ORI Number FL 0502300		Agency Name NORTH PALM BEACH POLICE	Agency Report Number 7 0 20-000026	
	Name (Last, First, Middle) SANSCRAINTE, SUSAN SHARON			Race W		Sex F
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)					
	Victim's Name (Last, First, Middle) SMIT, DOUW GERBRAND			Race W		Sex M
V I C T I M	Local Address (Street, Apt. Number) 112 DOOLEN CT 304, NORTH PALM BEACH, FL 33408			Phone (954) 641-4040		Address Source
	Business Address (Name, Street) 112 DOOLEN CT 304, NORTH PALM BEACH, FL 33408			Phone (954) 641-4040		Occupation

DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): LACERATIONS ON FACE
VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
BOYFRIEND

PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VIOLETION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PARAMEDICS: NPBFR	
PHYSICIAN(S) / HOSPITAL:	
NAMES/AGES:	
CASE #:	

On Thursday January 9, 2020 at approximately 1:16AM I was dispatched to 112 Doolen Ct Apt 304, North Palm Beach, FL 33408 in reference to a domestic assault. Prior to my arrival, I was advised by dispatch that a female was attacking the caller and had reached for a firearm inside the residence.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 9 day of January, 2020

LEW, GARY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 01/09/2020 02:26	Agency ORI Number FL 0502300	Agency Name NORTH PALM BEACH POLICE	Agency Report Number 7 0 20-000026
	During my investigation, I made contact with the victim Douw Gerbrand Smit W/M 08/08/1943 and he stated his girlfriend Susan Sharon Sanscrainte W/F 08/11/1953 had attacked him. Both Smit and Sanscrainte had been drinking earlier in the night. Smit went on to state verbally and on a written witness statement; that Sanscrainte threw water on him while he was sitting on the couch talking with friends via cellphone. Smit mentioned Sanscrainte was verbally abusive and could not understand why. He also stated, Sanscrainte then went into their bedroom and attempted to grab his 38 special Smith and Wesson firearm. At which point Smit then grabbed her and attempted to restrain her from un-holstering the firearm.			

In addition, while Smit was attempting to restrain Sanscrainte he suffered multiple lacerations to his face due to Sanscrainte scratching him. Smit then called the police when Sanscrainte's behavior worsened.

I then made contact with Sanscrainte, and she stated that Smit was verbally abusive when they got home from a friend's house. After Smit had said something "mean" (unknown what was said), Sanscrainte then threw a glass filled with water at Smit. Sanscrainte also mentioned that she was so upset and scared of Smit and went into their bedroom and attempted to grab his firearm. At which point, Smit then restrained her.

North Palm Beach Fire Rescue (NPBFR) was called due to the lacerations on Smit's face and for possible injuries on Sanscrainte. Both parties declined any medical attention. NPBFR Run#: 66.

Based on my investigation, I found Susan Sharon Sanscrainte the primary aggressor in this case. Sanscrainte was then placed under arrest and in handcuffs which were double locked and checked for proper fitting.

Sanscrainte was then transported to the North Palm Beach Police Department for processing and to county jail without incident.

Pictures of Smit's face were taken on scene. Smit also completed a sworn Witness Statement along with a Domestic Violence Risk Assessment form. Smit was provided with a Domestic Violence Victims Rights Brochure.

Susan Sharon Sanscrainte did actually and intentionally touch or strike Douw Gerbrand Smit against the will of Douw Gerbrand Smit and did intentionally cause bodily harm to Douw Gerbrand Smit, contrary to Florida Statute 784.03(1)

No further information.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.



SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this _____ day of January, 2020



NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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
- Dating Violence

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

1. Incident Report #: 20-000026 Agency: NPI/BPD
Offense: Domestic Battery
Suspect/Offender: Sanscruinte, Susan Sheron
D.O.B. 8/11/53 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: Smit, Dawn Gerbrand D.O.B. 8/8/43 Race: W Sex: M
Address: 112 Dahlen Ct Apt 304
City: North Palm Beach State: FL Zip: 33408
Home #: 954-641-4040 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: _____ I.D. # _____ Date: _____

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

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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020000899	Date: 1/9/2020
	Specialist Name/ID: J. Beck/9007