50-2023-MM-001102 AMB

0538071

1135

☒ Marsy's Law CVI FL. Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile: N

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06-23-034241 ( )

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

If Weapon Seized — Enter Type

Multiple Clearance Indicator: 1

Location of Arrest (including Name of Business): [redacted]

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/07/2023	23:31					

DEFENDANT

Name (Last, First, Middle): **Carriere, Suzanne ,**

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	7/20/1960	5'06	145	Green	Brown	Light	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Married

Religion: CATHOLIC

Indication of: Alcohol Influence ☐ Y ☒ N ☐ Unk; Drug Influence ☐ Y ☒ N ☐ Unk

Local Address (Street, Apt. Number) [redacted] (City) (State) (Zip)

Mobile Phone: (305) 331-6192

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

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

Phone ( )

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip)

Phone ( )

Occupation: Nurse

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C660784607600,	[redacted]		Canada	CAN

CO-DEF

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

Marsy's Law VICTIM NOTIFICATION REQUIRED

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) 355-8511) 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/Derv. P Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Simple Battery	1	☒ Y ☐ N	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23-034241		NO 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

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
					1:05

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time

Month Day Year Time A.M. ☐ P.M. ☐

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: 02/07/2023

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

Signature of Arresting Officer: X [signature] 33622

Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): J. Camilleri I.D. #: 33622

Initial Deputy I.D. # Pouch #: J CAMILLERI 33622

Transporting Officer I.D. # Agency: [illegible] PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 1

Juvenile: N

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 23-034241

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
Carriere, Suzanne ,		W	F	7/20/1960

CHARGES

Charge Description	Charge Description
Simple Battery 784.03(1)(a)(1)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	M	[redacted]

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
[redacted]	[redacted]	FL DL
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	( )	Nurse

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) 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 committed the below acts, resulting from my (described) investigation

On the 07 day of February 20 23 at 23:00 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

☒ **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

On February 7, 2023 at approximately 2235 hrs, I responded to [redacted] in reference to a female who called PBSO to report that her husband slapped her leg and that he was refusing to leave. While en-route I was advised that the male half called PBSO to report that his wife kicked him at which time he kicked her back.

Upon my arrival to the above location I made contact with the female half who idetnfied herself as being named Suzanne Carriere. Carriere stated that she and her [redacted] are in the middle of a divorce. Carrier stated that on February 7, 2023 [redacted] was in their bedroom which is attached to the bathroom. Carrier stated that [redacted] began yelling at her and cussing at her within a close proximity to her person stating that he needed to use the bathroom. Carrier stated that as [redacted] was walking into the bathroom, she lightly smacked him on the butt, at which time he turned around and kicked her in her left leg. Carrier stated that she then called PBSO to report the incident. I observed Carriere's leg for injuries, at which time I did not locate any injuries.

I then made contact with [redacted] stated that he told Carriere that he needed to go in the bathroom, at which time carrier called him a piece of shit. [redacted] stated that he turned around and told her to stop calling him names, at which time he walked away. [redacted] advised that as he walked away Carriere stated that he needed a kick in the butt, at which time Carriere kicked [redacted] in the butt. [redacted] advised that he then turned around and Carriere was walking towards him aggressively. [redacted] stated that he kicked Carriere in the leg in order to keep her away from him. [redacted] stated that he kicked Carriere due to him being afraid that she was going to hit him again. After being placed under arrest, Carriere stated she hit [redacted] due to being afraid for her life.

I found probable cause to arrest Suzanne Carriere with Simple Battery (FL State Statute 784.03(1)(a)(1).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Camilleri
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 07 day of February 20 23 by J. Camilleri

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

23306
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

PAGE 1 OF 1

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004 REV. 04/22

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Carriere, Suzanne , **DOB:** 7/20/1960 **Case #:** 23-034241

Victim: [redacted] **DOB:** [redacted] **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

Photographs: Scene ☒ Yes ☐ No Victim ☐ Yes ☒ No Defendant ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No **Caller:** _____

Weapon Used: ☐ Yes ☒ No **Type:** _____

Witness: ☐ Yes ☒ No **Name:** _____

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 Home? ☐ Yes ☒ No **DCF Notified?** ☐ Yes ☒ No

Name: _____ **DOB:** __/__/____

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: [redacted] kicked me in the leg.

Victim's Statements ☒ Yes ☐ No **If yes,** ☒ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: Carriere kicked me in the butt.

Did the Victim contact anyone other than 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: [redacted]

Phone: Home [redacted] Work (___)___ -_____ Cell (___)___ -_____

Employer: _____

Name of Relative: _____ **Phone** (___)_____-_____

Address: _____

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VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: **Carriere, Suzanne ,** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#

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

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

1. Incident Report #: **23-034241** Agency: **PBSO**
   Offense: **Simple Battery**
   Suspect/Offender: **Carriere, Suzanne ,**
   D.O.B. **7/20/1960** Race: **W** Sex: **F**

2. Warrant # (s):

3.a. Victim's name: [redacted] D.O.B. [redacted] Race: **W** Sex: **M**
   Address: [redacted]
   City: [redacted]
   Home #- [redacted] Work #: 0 Other:

b. Victim's next of kin, friend or neighbor:
   Address:
   City:
   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: [redacted]

Deputy's Name: **J. Camilleri** I.D.# **33622** Date: **02/07/2023**

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

PBSO 00029A REV. 4199

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FILED
2023 FEB -8 AM 6:18
CLERK & COMPTROLLER
PALM BEACH COUNTY, FL
CLERK

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PLEASE TEAR HERE

PALM BEACH COUNTY SHERIFF'S OFFICE
STATE OF FLORIDA COUNTY OF PALM BEACH

On February (DATE), 2023, I, [redacted] (PRINT VICTIM'S NAME)

have received a copy of the VICTIM'S RIGHTS BROCHURE PBSO CASE NUMBER 23034241

Signatu[redacted] PBSO Signature 33822 I.D. Number

1. ☑ Yes - As a victim of harassment (FSS 784.048(2)), sexual battery, aggravated child abuse, domestic violence, aggravated stalking (FSS 784.048 (3)(4)), or aggravated battery (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address, and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

2. ☑ Yes - I request Confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:

As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number, and work and business addresses of me and my family be redacted from my records, if my records are requested pursuant to a public records request.

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	☒	Art.I s.16 (b)(5)	Other: Marsy's Law	1-6
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023003658	**Date:** 2/8/2023
	Specialist Name/ID: Chantel Daniels/30347