

0392782

ARREST - NOTICE TO APPEAR

1310

OBTS Number		ARREST NOTICE TO APPEAR									
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 JUVENILE	
0500400		Delray Beach Police Department		4 0 17-009624							
Charge Type: Check as many as apply: 1. Felony 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		Multiple Clearance Indicator		1	
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)							
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
06/17/2017		23:54		06/18/2017		00:46					
Name (Last, First, Middle) SCHIFFMAN, DANIEL ROSS											
Aliases:											
Race W- White B- Black		Sex W- Male M- Female		Date of Birth 03/29/1984		Height 5'07		Weight 200		Eye Color BROWN	
Martial Status NOT INDICA		Religion NOT INDICA									
Local Address (Street, Apt. Number) 1705 PALM COVE BLVD 302, DELRAY BEACH, FL 33445		(City)		(State)		(Zip)		Phone (561) 445-0548		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 1705 PALM COVE BLVD 302, DELRAY BEACH, FL 33445		(City)		(State)		(Zip)		Phone (561) 445-0548		Address Source	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
D/L Number, State SI55-176-84-109-0/		Soc. Sec. Number		INS Number		Place of Birth (City, State) PHILADELPHIA, PA		Citizenship US			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____											
Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian											
Address (Street, Apt. Number)		(City)		(State)		(Zip)				Business Phone	
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.											
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:						School Attended				Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property				Value of Property	
C O D E		Drug Activity S. Sell B. Buy P. Possess N. N/A T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce Cultivate		Z. Other	
Drug Type N		Amount / Unit /		Offense # 17-009624		Counts <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number 784.03(1A1)	
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Drug Activity N											

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Date / Time
06/17/2017 23:54

Agency ORI Number

FL 0500400Agency Name
DELRAY BEACH POLICE DEPARTMENTAgency Report Number
4 | 0 | 17-009624

Name (Last, First, Middle)

SCHIFFMAN, DANIEL ROSS

Alias

Race

Sex

Date of Birth

W**M****03/29/1984**

Charge Description

784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)

Victim's Name (Last, First, Middle)

Race

Sex

Date of Birth

W**F****09/23/1987**

Local Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

Address Source

Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

Occupation

Written Taped Oral

DEFENDANT'S STATEMENTS:

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):

VICTIM'S STATEMENTS: **UPSET, CRYING, AND EMOTIONAL.**

RELATIONSHIP BETWEEN VICTIM & SUSPECT

CO-HABITANTPHOTOGRAPHS: Scene:

YES NO

Victim: 911 CALL:

CALLER: [REDACTED]

WEAPON USED:

TYPE:

WITNESSES:

(If YES, attach witness list)

INJURIES: MEDICAL TREATMENT: AT: Scene:

PARAMEDICS:

Hospital:

PHYSICIAN(S) / HOSPITAL:

ACT COMMITTED IN PRESENCE
OF MINOR(S):

NAMES/AGES:

H. R. S. NOTIFIED: VICTIM PREGNANT: VIOLATION OF RESTRAINING
ORDER:

CASE #:

PRIOR HISTORY OF DOMESTIC
VIOLENCE: ALCOHOL OR DRUGS INVOLVED:

This incident occurred in the City of Delray Beach, Palm Beach County FL.

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.



100

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 18 day of June, 2017.
HUNTER, DARRELL

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

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
CRIME ANALYSIS
JUN 18 2017

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

<p>A D M I N</p>	<p>Date / Time 06/17/2017 23:54</p> <p>Agency ORI Number FL 0500400</p>	<p>Palm Beach County Narrative Continuation</p> <p>Agency Name DELRAY BEACH POLICE DEPARTMENT</p> <p>Agency Report Number 4 0 17-009624</p>
<p>On 6/17/17 at 7:58 PM I was dispatched to 300 W Atlantic Ave in reference to a delayed assault that occurred at [REDACTED]. I made contact with the victim [REDACTED], who stated the following to me: At around 2:30 PM on this date her and [REDACTED] Daniel Schiffman, got into a verbal argument when she told Daniel that she wanted to take a break from [REDACTED]. [REDACTED] proceeded to grab some belongings and place it by the front door so she could leave the apartment. [REDACTED] attempted to retrieve their dog but Daniel held the dog and would not give it to her. [REDACTED] started to record Daniel through her iPhone. Daniel began throwing her stuff around the apartment and noticed that she was filming him doing so. Daniel told [REDACTED] that she is not leaving the apartment with her phone and that she has to delete that video she just recorded. Daniel grabbed onto the phone and kneeled [REDACTED] in the stomach. Daniel retrieved the phone and told [REDACTED] that he will not give it back and that he will break it and delete the video. Daniel walked out of the apartment and told [REDACTED] that he was going to a friends house with the phone to delete the video. [REDACTED] started to use her laptop in attempt to contact someone so she could report this incident but Daniel came back into the apartment and grabbed the laptop. Daniel continued to pull the laptop from [REDACTED] until the laptop broke. [REDACTED] managed to get her dog and proceed to the parking lot where her vehicle was. Daniel followed her down to her vehicle and stood behind it to block her from getting out. Daniel then moved out of the way and she left the area.</p> <p>It should be noted that [REDACTED] and Daniel have been in [REDACTED] and [REDACTED] the location of this incident.</p> <p>I made contact with Daniel on 6/17/17 at 11:30 PM and he stated the following to me: Daniel and [REDACTED] got into an argument when he told her that she needs to "change her attitude". [REDACTED] began to pack her belongings and told Daniel that she wanted to stay with her mother. Daniel became upset and [REDACTED] started recording him with her phone. Daniel grabbed the phone and took it away from her. Daniel denied ever physically hitting [REDACTED] and denied kneeing her in the stomach. Daniel put the phone away and then grabbed the laptop that [REDACTED] was using. Daniel denied breaking the laptop. [REDACTED] then left the apartment and Daniel followed to apologize. [REDACTED] then got into her vehicle and left the area.</p> <p>Based upon the above facts probable cause exists to charge W/M Daniel Schiffman with one count of Domestic Battery per F.S.S. 784.03(1A1).</p>		
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>18</u> day of <u>June</u>, <u>2017</u>.</p> <p>HUNTER, DARRELL <i>06-17-17-65</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>SCANNED JUN 18 2017</p>		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 17-9624 Agency: DBPD
Offense: Domestic Battery
Suspect/Offender: Schiffman, Daniel
D.O.B. 3/29/84 Race: W Sex: M
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim:
Address: _____
City: _____
Home #: _____
 - b. Victim's next of kin:
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

SCANNED

JUN 18 2017

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: Ferreir I.D.: 1100 Date: 6/17/17