

0392782

1710

AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	
	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-009624						
D E F E N D A N T	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		If Weapon Seized Enter Type: Hands/fist/feet/teeth		Multiple Clearance Indicator 1						
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)								
C O D E F	Date of Arrest 06/17/2017	Time of Arrest 23:54	Booking Date 06/18/2017	Booking Time 00:46	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) SCHIFFMAN, DANIEL ROSS										
J U V E N I L E	Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 03/29/1984	Height 5'07	Weight 200	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build THIN	
C H A R G E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion NOT INDICA		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"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1705 PALM COVE BLVD 302, DELRAY BEACH, FL 33445				Phone (561) 445-0548		Residence Type: 1. City 2. County 3. Florida 4. Out of State				
C H A R G E	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1705 PALM COVE BLVD 302, DELRAY BEACH, FL 33445				Phone (561) 445-0548		Address Source				
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation				
C H A R G E	D/L Number, State S155-176-84-109-0 /		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		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
C H A R G E	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone						
C H A R G E	<input type="checkbox"/> Legal Custodian				Business Phone						
	Address (Street, Apt. Number) (City) (State) (Zip)										
C H A R G E	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				
C H A R G E	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 H A R G E	Drug Activity S. Sell N. N/A P. Possess				R. Smuggle D. Deliver E. Use		K. Disperses/ 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
C H A R G E	Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)				Statute Violation Number 784.03(1A1)		Violation of ORD #				
	Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-009624	Counts I	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
C H A R G E	Charge Description				Statute Violation Number		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
C H A R G E	Charge Description				Statute Violation Number		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
I N T A K E	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:						
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> F.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By		Released To		
N O T I C E T O A P P E A R	Transported By				Date Transported // : : :	Time Transported	Other				
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time				
A D M I N	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 1100		Name Verification (Printed by Arrestee) 1100		PAGE 1 OF 1		
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) FERREIRO, DANIEL C.		I.D. # 1100		Agency DBPD		
	Witness here if subject signed with an "X".				Transporting Officer FERREIRO		I.D. # 1100		Agency DBPD		


☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ SCANNED ☐ IMPRINT

JUN 18 2017 2:25

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/17/2017 23:54		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-009624	
	Name (Last, First, Middle) SCHIFFMAN, DANIEL ROSS						Race W	Sex M
C H A R G E S	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) [REDACTED]						Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]				Phone [REDACTED]		Address Source	
	Business Address (Name, Street) (City) (State) (Zip) [REDACTED]				Phone [REDACTED]		Occupation	
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET, CRYING, AND EMOTIONAL.					
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral							
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT CO-HABITANT							
	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: [REDACTED]</p> <p>WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE:</p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)</p> <p>INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS:</p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>							
N A R R	This incident occurred in the City of Delray Beach, Palm Beach County FL.							
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> 100 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this 18 day of June, 2017.</p> <p>HUNTER, DARRELL 0118 #965 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
CRIME ANALYSIS
JUN 18 2017

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 06/17/2017 23:54		
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-009624

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 kneed [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.

It should be noted that [REDACTED] and Daniel have been in [REDACTED] and [REDACTED] the location of this incident.

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 kneeling 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.

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).

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 18 day of June, 2017.

HUNTER, DARRELL

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

SCANNED
JUN 18 2017

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: DRPD
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.

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

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

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)

SCANNED
JUN 18 2017