

0497735

NH

3338

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

OBTs Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18-066770	
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		Weapon Seized / Type 2 1. Yes 2. No	
Location of Arrest (Including Name of Business) 23072 SANDALFOOT PLAZA DRIVE, BOCA RATON, FL 33428				Location of Offense (Business Name, Address) WEST BOCA MEDICAL CENTER 21644 S STATE RD 7 #-----, Boca Raton, FL 33428			
Date of Arrest 04/25/2018	Time of Arrest 1420	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Kaplan, Joseph, Robert				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 12/17/1969	Height 5'09	Weight 180	Eye Color BLUE	Hair Color BRO	Complexion MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status Married	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N	
Local Address (Street, Apt. Number) 5648 Nw 64th Terrace, Coral Springs, FL 33067		(City)	(State)	(Zip)	Phone (Cell) 954-868-0844	Residence Type: 1. City 2. County 3. Florida 4. Out of State 3	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DAVID	
Business Address (Name, Street) SAME AS HOME		(City)	(State)	(Zip)	Phone	Occupation REALSTATE	
D/L Number, State K145496694570, FL	Soc. Sec. Number	INS Number		Place of Birth (City, State) Bronx, New York		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"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number)				Residence Phone	
Address (Street, Apt. Number)		(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 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 (Phone 355-2528) informed of any change of address. <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 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
Charge Description Simple Battery Domestic		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1A1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 18-066770	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)							
Court Date and Time Month Day Year Time AM PM 04/25/2018							
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				Date Signed 04/25/2018			
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D. Harrison		ID # 9140		(PRINT) APR 25 PM 4:17	
Dep. # D/S. C. GILYARD #7392		Transporting Officer D. Harrison		ID # 9140		Agency PBSO	
Witness here if subject signed with 'X'				Date APR 26 2018			

NONE

VICTIM NOTIFICATION
REQUIRED

APR 25 PM 5:37
APR 26 2018

SCANNED

Agency ORI Number: **FLO 500000** Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number: **06-18-066770**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance 6. Other
 2. Traffic Felony 4. Traffic Misdemeanor

Name (Last, First, Middle): **Kaplan, Joseph, Robert** Alias: _____ Race: **W** Sex: **M** Date of Birth: **12/17/1969**

Charge Description: **Simple Battery Domestic** Charge Description: **784.03(1A1)**

Charge Description: **Domestic Simple Battery** Charge Description: _____

Victim's Name (Last, First, Middle): **Kaplan, Kim, Anne** Race: **W** Sex: **F** Date of Birth: **08/30/1973**

Local Address (Street, Apt. Number) (City) (State) (zip) Phone (Cell) **954-806-3458** Address Source

Business Address (Name, Street) (City) (State) (zip) Phone () Occupation

The undersigned certifies and 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

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **11th** day of **May** 20 **17** at **1017** A.M. P.M. (Specifically include facts constituting cause for arrest.)

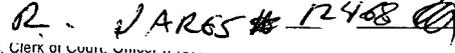
On Wednesday, 04/25/18 at 0826 hrs, I was dispatched to West Boca Medical Center located at 21644 South State Road 7, Boca Raton, FL 33428, in reference to a domestic battery. Upon my arrival, I met with the victim, Kim Kaplan W/F 08/30/73, who stated the following; The victim has been talking to her husband (defendant) identified as Joseph Kaplan W/M 12/17/69, about getting a divorce. The victim advised that the defendant has requested that they work things out. The victim is still currently residing with the defendant in the city of Coral Springs. On Wednesday, 04/25/18, the victim let her boyfriend, identified as Justin Labonte W/M 08/29/84, use her 2011 Red Ford Explorer bearing FL Tag #MBA440, VIN #1FMHK7D89BGA71628. Justin Labonte dropped the victim off at work at approximately 0800 hrs. The victim received six (6) calls on her cellphone from Justin Labonte advised the victim to come back outside cause your husband is hitting your car. The victim advised she ran down stairs and out the south doors of the birth care pavilion. The victim observed the defendant pulling on the door handles. Justin Labonte opened the door and stepped out. The victim observed the defendant lunge at Justin Labonte. At that point, the victim ran into the middle to stop the altercation. The victim raised her hands above her head to protect her head in case the defendant attempted to punch Justin Labonte. The victim told her boyfriend, Justin Labonte, to go get security. The defendant screamed, "Your calling security on me?" The defendant then slapped the victims hands downwards using both of his hands. The victim stated the defendant then grabbed her wrist and started to squeeze them tightly as he pushed her away. At that point, the defendant returned to his Ford F150 and drove off.

I spoke to the boyfriend, identified as Justin Labonte W/M 08/29/84. He advised the following; On Wednesday, 04/25/18, after dropping off the victim at work, he noticed the defendant driving back and forth. When Justin Labonte drove off, the defendant attempted to cut him off using his F150 truck. Just outside the parking lot, the defendant exited his truck and walked over to Justin Labonte where the defendant started banging on the vehicle. Justin Labonte performed a U-turn and drove back to the hospital entrance. Justin Labonte called the victim several times and told her to come outside. Justin Labonte stated the defendant then blocked the Explorer that he was driving so that he couldn't leave. Justin Labonte told the defendant multiple times to calm down but the defendant kept banging on the vehicle with his hands. Justin Labonte then opened the door and got out of the vehicle. At that point, the victim ran outside and got between them. Justin Labonte was about to go get security and heard the victim say, "Your not doing this here." Justin Labonte stated the defendant grabbed the victim right in front of him.

STATE OF FLORIDA
 COUNTY OF PALM BEACH

D. Harrison
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **11th** day of **May** 20 **17** by **D. Harrison**
 (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced _____


 Notary Public, Clerk of Court, Circuit Court

SCANNED PAGE 1 OF 2
APR 26 2018

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

N

ADMIN CHARGES DEE

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-18-066770

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): Kaplan, Joseph, Robert Alias: Race: W Sex: M Date of Birth: 12/17/1969

Charge Description: Simple Battery Domestic 784.03(1A1)

Charge Description: Domestic Simple Battery

VICTIM

Victim's Name (Last, First, Middle): Kaplan, Kim, Anne Race: W Sex: F Date of Birth: 08/30/1973

Local Address (Street, Apt. Number): 5648 Nw 64th Terrace, Coral Springs, FL 33067 Phone: (Cell) 954-806-3458

Business Address (Name, Street): West Boca Medical Center

PROBABLE CAUSE STATEMENT

The undersigned certifies and 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... On the 11th day of May 2017 at 1017 A.M.

ADMINISTRATIVE

I then spoke to Kristen Ryan W/F 02/21/81, who stated the following; While leaving work, she witnessed a Black Ford F150 chasing a Maroon Ford Explorer SUV. Both vehicles were traveling west on the south loop of Central Park Blvd towards US 441. The defendant (F150) pulled right in front of Justin Labonte (Explorer) at a 45 degree angle forcing him to stop. The defendant then walked to the Explorer yelling, "That's her car!" The defendant was banging and hitting the windows of the vehicle. The defendant then started to pull on the door handles while screaming. The Explorer (Justin Labonte) drove back to the Birthcare Pavilion parking lot. The F150 (defendant) continued to chase the Explorer. Justin Labonte pulled the Explorer into the drop off lane. The defendant pulled his F150 on the opposite side of the drop off loop. The defendant then exited, ran over to the Explorer, and started banging on the windows while yelling. After several minutes, Justin Labonte exited the Explorer. The victim exited the building in ran over in between the defendant and Justin Labonte. The defendant then grabbed the arms of the victim, slapped then down, and returned to his F150 where he drove away. The victim had no visible injuries as a result of the incident. I offered to call EMS for medical attention but the victim refused stating it wasn't necessary and she works at the hospital as a nurse. Digital pictures were taken of the victim. The pictures were uploaded to the Palm Beach Sheriff's Office Domestic Website. The victim and witnesses completed sworn written statements which were entered into PBSO Records Department. A Domestic pamphlet with a case information form was issued to the victim. A level 2 contact was made. It should be known that the defendant and the victim are husband and wife which have been married for over nine (9) years. The victim / defendant has children in common. At 1056 hrs, I attempted to make contact with the defendant with negative results. I left a message for the defendant to contact me. At 1059 hrs, I attempted to make contact with a PBSO phone patch. I left another message with instructions for the defendant to contact me ASAP. At 1345 hrs, I made contact with the defendant who agreed to meet me at the Mc Donalds located at 23073 Sandalfoot Plaza Drive, Boca Raton, FL 33428. Due to the above stated facts, I believe probable cause exists to charge the defendant, Joseph Robert Kaplan, with Domestic Simple Battery Domestic as per FSS 784.03(1A1) Handcuffs were placed on the defendant. The handcuffs were double locked and checked for tightness as per department policy. The defendant was transported to the District 7 Station for processing and later transported to The Palm Beach County Jail.

STATE OF FLORIDA COUNTY OF PALM BEACH D. Harrison (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of May 2017 by D. Harrison

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced R. JARVIS #12468

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

SCANNED APR 26 2018 PAGE 2 OF

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

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

1. Incident Report #: 18-066770 Agency: PBSO
Offense: Domestic Simple Battery
Suspect/Offender: Kaplan, Joseph, Robert
D.O.B. 12/17/1969 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: Kaplan, Kim D.O.B. 08/30/73 Race: W Sex: F
Address: 5648 NW 64 Terrace
City: Coral Springs State: FL Zip: 33067
Home #: _____ Work #: _____ Other: 954-806-3458

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: D. Harrison I.D.# 9140 Date: 04/25/18

SUSPECT/OFFENDER: Kaplan, Joseph
COURT CASE/WARRANT#: 18-066770
(FOR WARRANTS USE ONLY)

SCANNED
APR 26 2018

VICTIM NOTIFICATION FORM

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- Attempted Murder
- Stalking (F.S. 784.048)
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Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-066770 Agency: PBSO
Offense: Domestic Simple Battery
Suspect/Offender: Kaplan, Joseph, Robert
D.O.B. 12/17/1969 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: Kaplan, Kim D.O.B. 08/30/73 Race: W Sex: F
Address: 5648 NW 64 Terrace
City: Orlando Springs State: FL Zip: 33067
Home #: _____ Work #: _____ Other: 954-806-3458

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

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Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D. Harrison I.D.# 9140 Date: 04/25/18

SUSPECT/OFFENDER: Kaplan, Joseph
(FOR WARRANTS USE ONLY)
COURT CASE/WARRANT#: _____
18-066770

