

0498313

PL# 979

FCIC CHECK: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OBTS #		<b>ARREST / NOTICE TO APPEAR          JUVENILE REFERRAL          15TH JUDICIAL CIRCUIT</b>		1. Arrest 2. Notice to Appear 3. Arrest Affidavit		4. Compl. Affidavit 5. Request Capias 6. Juvenile Ref.		<b>3</b>	<input type="checkbox"/> Juvenile
Agency ORI Number <b>FL0502100</b>		Agency Name <b>MANALAPAN POLICE DEPARTMENT</b>		Agency Case # <b>18M0080</b>					
Check Type. Check as many as apply:		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		Weapon Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Agency Arrest # or Court Case #			
<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other/Capias							
Location of Arrest (include Name of Business) <b>EAU PALM BEACH RESORT 100 S. OCEAN</b>		City <b>MANALAPAN</b>		Business Name, Address <b>EAU PALM BEACH RESORT 100 S. OCEAN</b>		City <b>MANALAPAN</b>			
Date of Arrest <b>05/16/2018</b>		Time of Arrest <b>03:47 PM</b>		Date of Booking <b>05/16/2018</b>		Time of Booking <b>03:47 PM</b>		Jail Date <b>05/16/2018</b>	
								Jail Time <b>03:47 PM</b>	
Booking #		SPN #		Other ID #		FCIC/NCIC #		DOC #	
								Fingerprinted By: <input type="checkbox"/> ID Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal	

Name (Last, First, Middle, Suffix) <b>SALZMAN NORMA</b>										Alias/Maiden		
Race: W-White I-American Indian B-Black A-Oriental/Asian O-Other		<input checked="" type="checkbox"/> W		Sex <b>F</b>		Date Of Birth <b>10/11/1951</b>		Height <b>5'00"</b>		Weight <b>95</b>		
Eye Color <b>GRN</b>		Hair Color <b>BLK</b>		Complexion <b>TAN</b>		Build <b>THIN</b>						
SCARS/MARKS/TATOOS (Location/Describe)										Indication of: Alcohol Influence <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.		
Local Address <b>715 PARK AVE APT 9D</b>			City <b>NEW YORK</b>			State <b>NY</b>			Zip Code <b>10021</b>			
Phone # <b>(917) 817-6663</b>			1. City 2. County 3. FL 4. Out-of-State									
Permanent Address <b>715 PARK AVE APT 9D</b>			City <b>NEW YORK</b>			State <b>NY</b>			Zip Code <b>10021</b>			
Phone # <b>(917) 817-6663</b>			Address Source <b>DEFENDANT</b>									
Street Address			City			State			Zip Code			
DL # <b>853533610</b>			DL State <b>NY</b>		Soc. Sec. #		INS #		Place Of Birth <b>NY</b>		Country of Citizenship <b>US</b>	

Co-Defendant Name (Last, First, Middle)		Race		Sex		Date Of Birth		<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date Of Birth		<input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor	
								<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile	
								<input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor	

Activity: S. Sell N. N/A P. Possess		R. Smuggle B. Buy D. Deliver T. Traffic		K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other		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	
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Charge Description <b>Domestic BATTERY - CAUSE BODILY HARM</b>		Counts <b>1</b>		<input checked="" type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance		State Statute <b>784.03(1a2)</b>		Ordinance #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Drug Amount		State Attorney Number		Court Number		Bond Amount	
<input checked="" type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU		<input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation		Offense/Issued Date <b>05/16/2018</b>		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction		#			
								<input type="checkbox"/> Order of Arrest			

Charge Description		Counts		<input type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance		State Statute		Ordinance #			
Drug Activity		Drug Type		Drug Amount		State Attorney Number		Court Number		Bond Amount	
<input type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU		<input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation		Offense/Issued Date		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction		#			
								<input type="checkbox"/> Order of Arrest			

Charge Description		Counts		<input type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance		State Statute		Ordinance #			
Drug Activity		Drug Type		Drug Amount		State Attorney Number		Court Number		Bond Amount	
<input type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU		<input type="checkbox"/> Capias <input type="checkbox"/> BW <input checked="" type="checkbox"/> PW <input type="checkbox"/> Citation		Offense/Issued Date		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction		#			
								<input type="checkbox"/> Order of Arrest			

<input type="checkbox"/> Mandatory Appearance in Court.		<input type="checkbox"/> You need not appear in Court, but must comply with attached instructions.		Location Date: _____ 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.					
Defendant/Juvenile Signature		Parent/Guardian Signature		Released To:	
				Date <b>MAY 16 PM 6:05</b>	

<input type="checkbox"/> Miranda Warning		Hold For (Agency):		Verified By:		Bond Date		Bond Charge #		Bond Charge #	
<input type="checkbox"/> Adults Only		<input type="checkbox"/> Hold for First Appearance		<input type="checkbox"/> Do Not Bond Out		Reason:		Type: 1. ROR 2. Cash 3. Surety 4. Bail/Bond 5. Cert 6. Other		Bond Type	
I swear/affirm the above and attached statements are true and correct.		Sworn and subscribed before me, the undersigned authority this <u>16</u> day of <u>MAY</u> , 20 <u>18</u>		Signature of Person Administering Oath		Return to Court		Date: _____ Time: _____		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Officer's / Complainant's Signature <b>SANTIAGO PALACIO P830</b>		Signature of Person Administering Oath <b>[Signature]</b>		Signature of Person Administering Oath <b>[Signature]</b>		Released		Date: _____ Time: _____		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Name(Printed)		ID NO.		Name(Printed)		Title		Released by:		Page 1 of 3	

6997 11/10/18

NOTARIZED PER F.S. 117.10

MANALAPAN POLICE DEPARTMENT  
 15TH JUDICIAL CIRCUIT  
 BRANCH

MAY 16 2018 6:05 PM

# PROBABLE CAUSE CONTINUATION

Agency ORI Number <b>FL0502100</b>	Agency Name <b>MANALAPAN POLICE DEPARTM</b>	Agency Case # <b>18M0080</b>	OBTS #
Name (Last, First, Middle, Suffix) <b>SALZMAN NORMA</b>		Date Of Birth <b>10/11/1951</b>	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law: On <b>05/16/2018</b> at <b>15:56</b> (Specifically include facts constituting cause for arrest.) <b>On 05/16/2018, at approximately 1410 hrs I was dispatched to the EAU Resort in reference to a domestic dispute. Upon arrival I made contact with the security staff who advised that the victim Ira M. Salzman was waiting for the police by the lobby. I conducted a recorded interview with Ira Salzman in the back office of the front desk on 05/16/2018, at approximately 1420 Salzman stated that around 12 am of 05/16/2018, he and the arrestee Norma Salzman were in the hotel room and she was upset because her father was dying. She became irate and struck him on and about the face with a closed fist. I observed the victim had a swollen right cheek and black eye. Palm beach county Fire Rescue was contacted to attend to the victim's injury. Upon arrival Ira Salzman refused to be transported for medical treatment.  On 05/16/2018 at approximately, 1445hrs. Norma Salzman was brought to the back office, by hotel staff. Upon entering the room she began to become uncooperative and stated that she did not do anything to her husband. That he is a drunk and a liar. Norma Salzman was placed under arrest, and handcuffed. Officer Waldkoetter from Lantana Police Department Searched the subject for weapons. All property was turned over to subjects mother for safe keeping.  Norma Salzman was transported to Manalapan Police department to complete arrest paperwork.  Based on the above listed facts subject was arrested for; 784.03 Battery; in that the defendant did intentionally cause bodily harm to another, Ira Salzman, by striking him in the face with a closed fist . This is a Domestic Battery due to the fact that victim and suspect are married</b>			

1  
PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

Officer's / Complainant's Signature

SANTIAGO

Name (Printed)

PALACIO

P8309

ID NO.

Page  
2 of 3

# PROBABLE CAUSE CONTINUATION

Agency ORI Number <b>FL0502100</b>	Agency Name <b>MANALAPAN POLICE DEPARTM</b>	Agency Case # <b>18M0080</b>	OBTS #			
Name (Last, First, Middle, Suffix) <b>SALZMAN NORMA</b>			Date of Birth <b>10/11/1951</b>			
WITNESS	First Name	Middle	Last Name	Suffix	Phone #1	
	Street Address			City	State	Zip Code
WITNESS	First Name	Middle	Last Name	Suffix	Phone #1	
	Street Address			City	State	Zip Code
DEFENDANT	Marital Status	# of Dependents	Length in County	Property Owner	Address of Property	
	Place of Employment (Name and address)			Length of Employment	Previous Employment (if current less than 2 years)	
ADVISORY AND SOLVENCY HEARING	The Defendant named on the Arrest/Notice to Appear document came before me for an Advisory and Solvency hearing on the _____ day of _____, 20____, at _____ am/pm, and was advised by me on the charge against him/her, his/her right to remain silent, that any statements by him/her may be used against him/her, his/her right to counsel, and, if he/she is financially unable to afford counsel, that counsel forthwith will be appointed; of his/her right to communicate with his/her counsel, family or friends, and that reasonable implementation will be afforded him/her to contact the foregoing.					
	<b>I FURTHER CERTIFY THAT:</b>					
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/> Defendant has advised the court that he/she has retained counsel, or will retain counsel.			<input type="checkbox"/> The Defendant waived right to counsel at the first appearance only.		
	<input type="checkbox"/> The court investigated the Defendant's solvency and found the Defendant solvent and financially able to secure counsel.			<input type="checkbox"/> The Court reviewed the Advisory and finds (there is / there is not) probable cause to hold the bind over the Defendant for trial.		
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/> The court investigated the Defendant's solvency and appointed the Public Defender to represent Defendant.			<input type="checkbox"/> The probable cause determination is hereby passed 72 hours.		
	<input type="checkbox"/> Order of No Imprisonment (ONI)					
BOND ACTION TAKEN, If any _____ JUDGE: _____						
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/> I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.					
	<input type="checkbox"/> I hereby waive right to counsel at the first appearance only. Defendant's Signature _____					
<input type="checkbox"/> I hereby acknowledge receipt of a copy of the foregoing complaint and advisory Defendant's Signature _____ Defendant's Attorney Signature _____						
WAIVER	I have been advised of my rights to a Preliminary Hearing in Case Number(s) _____ in which I am the defendant, and I desire to waive and do hereby waive my right to such Preliminary Hearing concerning all of the charges against me in said case(s).					
	Defendant's Signature _____					
FIRST APPEARANCE	<b>ARRAIGNMENT, JUDGMENT, SENTENCE, AND ORDER</b>					
	Said Defendant was arraigned for trial on _____ and entered a plea of _____ to the charge(s) as set forth herein. After hearing the evidence and duly considering the same, the Court finds you, the defendant _____ of said charge(s); AND IT IS ORDERED AND ADJUDGED that you, the Defendant, are _____ as charged of said offense(s) and set forth herein.					
FIRST APPEARANCE	IT IS, THEREFORE, the judgement, Order, and Sentence of the Court that you, the Defendant, be imprisoned in the county jail of _____ County, FL, for the term of _____ days, and pay a fine of \$ _____ and \$ _____ the cost herein; and in default of such payment that you, the Defendant, stand committed to the County Jail of _____ County, FL, for a term of _____ days.					
	DONE, ORDERED, AND ADJUDGED in open Court at _____ County, FL, on _____.					
FIRST APPEARANCE	JUDGE _____ COUNTY COURT in and for _____ County, Florida.					
	Charge	Action			Date	
FIRST APPEARANCE	Bond Amount \$ _____ Cash/Surety: Receipt # _____					
	ESTREATED BY (Judge): _____ Date: _____					

  
 \_\_\_\_\_  
 Officer's / Complainant's Signature

SANTIAGO PALACIO P8309  
 \_\_\_\_\_  
 Name (Printed) ID NO.

# 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 M0080 Agency: Mandalapan  
Offense: Domestic Battery  
Suspect/Offender: Norma Salzman  
D.O.B. 05-16-2018 Race: White Sex: Female

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: Ira M. Salzman D.O.B. 02/09/47 Race: W Sex: M  
Address: 1301 Ridge Rd  
City: Syosset State: NY Zip: 11791  
Home #: 516 4109688 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: Off. Santiago Palacio I.D.# 18309 Date: 05-16-2018

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"/>	(vii) 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018016528	Date: 05/17/18
	Specialist Name/ID: Stewart/5660