

0495173 ARREST / NOTICE TO APPEAR 3189 JUVENILE

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

Agency ORI Number: 0500200 Agency Name: Boca Raton Police Department Agency Report Number (N.T.A.'s only): 3, 2 | 2018-001135

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance 6. Other 18MM1012

Location of Arrest (Including Name of Business): 401 NE MIZNER BLVD APT 716, BOCA RATON Location of Offense (Business Name, Address): 401 NE MIZNER BLVD 716, BOCA RATON, FL 33432

Date of Arrest: 01/24/2018 Time of Arrest: 11:42 Booking Date: 01/24/2018 Booking Time: 11:52 Jail Date: // : : Jail Time: Location of Vehicle: N/A

Name (Last, First, Middle): HERZINGER, SUELI Alias: (blank)

Race: W - White I - American Indian B - Black O - Oriental/Asian W F Date of Birth: 10/23/1973 Height: 5'03 Weight: 125 Eye Color: BLUE Hair Color: BLONDE Complexion: LIGHT Build: new

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): (blank) Marital Status: S Religion: (blank) Indication of: Alcohol Influence Yes No Unk. Drug Influence Yes No Unk.

Local Address (Street, Apt. Number): 401 NE MIZNER BLVD 716, BOCA RATON, FL 33432 (City) (State) (Zip) Phone: (561) 633-3399

Permanent Address (Street, Apt. Number): 401 NE MIZNER BLVD 716, BOCA RATON, FL 33432 (City) (State) (Zip) Phone: (561) 633-3399

Business Address (Name, Street): SELF EMPLOYED (City) (State) (Zip) Phone: (blank) Occupation: DEFENDENT

D/L Number, State: H625780738830 / FL Soc. Sec. Number: (blacked out) INS Number: (blacked out) Place of Birth (City, State): ANNAPOLIS, Brazil Citizenship: (blank)

Co-Defendant Name (Last, First, Middle): (blank) Race: (blank) Sex: (blank) Date of Birth: (blank)

Co-Defendant Name (Last, First, Middle): (blank) Race: (blank) Sex: (blank) Date of Birth: (blank)

Parent Other: (blank) Name (Last, First, Middle): (blank) Residence Phone: (blank)

Legal Custodian Address (Street, Apt. Number): (blank) (City) (State) (Zip) Business Phone: (blank)

Notified by: (Name) (Date) (Time) JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship: (blank) Date: (blank) Time: (blank)

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 355-2526) informed of any change of address.

School Attended: (blank) Grade: (blank)

Property Crime? Yes No Description of Property: N/A Value of Property: (blank)

Drug Activity: N. N/A S. Sell R. Smuggle K. Disperse/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

Charge Description: DOMESTIC BATTERY Statute Violation Number: 784.03(1A1) Violation of ORD #: (blank)

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
N		/		1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		

Health Apparent Physical Condition of Defendant: GOOD

Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail

PROPERTY - Received By: HERRON Released By: HERRON Released To: PBCJ

Transported By: HERRON Date Transported: 01/24/2018 Time Transported: 12:30

INSTRUCTION NO. 1 - Mandatory appearance in court

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: (blank)

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian): (blacked out) Date Signed: (blank)

HOLD for Other Agency: (blank) Signature of Arresting Officer: (blacked out) Name Verification (Printed by Arrestee): (blacked out)

Dangerous Resisted Arrest Suicidal Other: (blacked out)

Name of Arresting Officer (Print): HERRON, B. ID.#: 806

Transporting Officer: HERRON ID.#: 806 Agency: BRPD

Witness here if subject signed with an "X": (blank)

SHARON BOCK, CLERK
PALM BEACH COUNTY, FL
JAN 25 2018 5:35 AM

2018 JAN 25 AM 5:35

PAGE 1 OF 1

SCANNED
JAN 25 2018

A D M I N I S T R A T I V E	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-001135
	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		
D E F E N D A N T	Name (Last, First, Middle) HERZINGER, SUELI		Alias
	Race W	Sex F	Date of Birth 10/23/1973
C H A R G E S	Charge Description 784.03(1A1)	Charge Description	
	Charge Description	Charge Description	
V I C T I M	Victim's Name (Last, First, Middle) NIEBUHR, JOHN JAY		Date of Birth 05/04/1984
	Race W	Sex M	
P R O B A B L E	Local Address (Street, Apt. Number) 3044 NW 29TH TER, FT LAUDERDALE, FL 33311		Phone (702) 750-6828
	Business Address (Name, Street)		Occupation

The undersigned certifies and swears that he/she has just and resonable 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 **BETH BLOCH** who told **OFFICER** that he/she saw the arrested person commit the below acts.
 confessed to **OFFICER HERRON 806** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **24** day of **January**, **2018** at **11:38** (Specifically include facts constituting cause for arrest.)

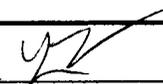
On 1/24/18 at 0845 hours I was dispatched to 401 NE Mizner Blvd (apartment# 716) in reference to a possible domestic disturbance. Upon arrival, I met Sueli Herzinger inside the apartment.

Sueli stated her boyfriend John Niebuhr (who does not live there) came up to her apartment and rushed the door to grab their baby Kylie Inocente (11 month old). Sueli advised John picked up the baby and left heading to the elevator. Sueli stated she grabbed John's hair pulling him down while he was holding the baby. At this point Sueli saw a neighbor and told them to "Call 911 he's stealing my baby."

I then met the nanny, Marcia Lopes in the apartment. Lopes stated that she was in the bedroom when the event occurred and heard yelling but did not witness anything physical within the apartment.

I then met John outside the apartment. John stated that Sueli and he had a pre-arranged agreement to meet today to exchange Kylie. John waited outside as they agreed but Sueli did not show up. John then went up to the apartment to get Kylie. John stated that Sueli let him in the apartment and argued about Sueli not wanting him to take Kylie. As John left the apartment Sueli stormed out of the apartment and grabbed Johns hair. John yelled "let go of my hair" to Sueli but she did not let go. John stated Sueli stopped grabbing his hair when she saw a neighbor in the hallway who witnessed the event. John completed a written witness statement and was placed into evidence.

It should be noted that John said he had text messages confirming the custody arrangement but that Sueli got his phone wet and it was out of battery. We asked Sueli if we could look at her texts and she provided us the text today that did confirm that John was supposed to pick up their daughter and bring her back by 6pm.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	MORAN, JOHN TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/24/2018 DATE	 HERRON, BENJAMIN (806) NAME OF OFFICER (PLEASE PRINT) 01/24/2018 DATE

A D M I N I S T R A T I V E	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-001135
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		
D E F	Name (Last, First, Middle) HERZINGER, SUELI		Alias Race: W Sex: F Date of Birth: 10/23/1973

Officer Rosenthal met with the witness Beth Bloch who called police. Beth stated that she heard a baby crying in the hallway. Beth saw Sueli grabbing and yanking Johns hair while holding the baby and dragging him down the hall by his hair. Beth stated that John did grab Sueli by the arm at one point to try to make her stop. Beth also stated that John kept telling her to let go of his hair. Beth stated that she recognized John as he usually picks up the child at least once a week. Beth completed a written witness statement and was placed into evidence.

Based on my investigation Sueli Herzinger did actually touch or strike John Niebuhr against the will of John Niebuhr or did internally cause bodily harm to John Niebuhr contrary to Florida Statute 784.03(1). (1 DEG MISD)

John denied any medical services and photos were placed into evidence. John was also issued a domestic violence pamphlet and victim notification form.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	
	MORAN, JOHN TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	01/24/2018 DATE	HERRON, BENJAMIN (806) NAME OF OFFICER (PLEASE PRINT)
		01/24/2018 DATE

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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

1. Incident Report#: 2018001135 Agency: BRPD
Offense: Domestic Battery
Suspect/Offender: SueLi Herzinger
D.O.B. 10/23/1973 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: John Niebuhr D.O.B. 5/4/1944 Race: W Sex: M
Address: 3044 NW 29th Ter
City: Fort Lauderdale State: FL Zip: 33311
Home#: 702-750-6828 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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

SCANNED

Signature of person waiving notification: _____

JAN 25 2018

Printed name of person waiving notification: _____

Officer's Name: Herron I.D.# 806 Date: 1/24/18
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: