

241872411

NR  
ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias1 Juvenile  
N

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report								
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06 17067135</b>				
Charge Type Check as many as apply 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator <b>0 1</b>				
Location of Arrest (Including Name of Business) <b>6225 PINE DR</b>		Location of Offense (Including Name of Business) <b>6225 PINE DR</b>				LANTANA, FL 33462				
Date of Arrest <b>Apr 20, 2017</b>	Time of Arrest <b>2020</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>RIESS SUSAN ANISIA</b>										
Alias (Name, DOB, Soc. Sec. # Etc.)										
Race W-White I- American Indian B-Black O- Oriental/Asian	Sex <b>W F</b>	Date of Birth <b>06/05/1963</b>	Height <b>5'4</b>	Weight <b>120</b>	Eye Color <b>BRW</b>	Hair Color <b>BLK</b>	Complexion <b>LIGHT</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>SINGLE</b>		Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Drug Influence <b>Y N</b>			
Local Address (Street, Apt. Number) <b>6225 PINE DR</b>		City <b>LANTANA, FL 33462</b>		State <b>561-414-5570</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>				
Permanent Address (Street, Apt. Number) <b>6225 PINE DR</b>		City <b>LANTANA, FL 33462</b>		State <b>Phone</b>		Address Source <b>DAVID</b>				
Business Address (Street, Apt. Number)		City		State <b>Phone</b>		Occupation <b>FLIGHT ATTENDANT</b>				
DL Number, State <b>R200781637050</b>		Social Security Number [REDACTED]		INS Number		Place of Birth <b>SAN FRANCISCO, CA</b>				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile			
Parent Legal Guardian Other		Name (Last, First, Middle)								
Address (Street, Apt. No.)		City		State		Zip				
Notified By (Name)		Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated		Business Phone				
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 561-355-2526) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property		
Drug Activity S. Sell N. NA P. Possess		R. Smuggle B. Buy T. Traffic	K. Dispose/ Distribute E. Use	M. Manufacture/ Produce Cultivate	2. Other	Drug Type B. Barbiturates N. N.A. A. Amphetamine	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description <b>SIMPLE BATTERY (DOMESTIC)</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1)A1</b>		Violation or ORD. #			
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Location (Court, Address, Room Number)		2017 APR 21 10:20								
Court Date and Time		Month	Day	Year	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>	2017 APR 21 10:20		
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WEFULLY 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.										
Apr 20, 2017										
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed				Name Verification (Printed by Arrestee)		
HOLD for Other Agency		Signature of Arresting Officer		(Print)		SCANNED APR 21 2017				
Name		Name of Arresting Officer <b>D/S Y. QUESADA</b>		ID # <b>17135</b>		AM 5:30				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other								
Intake Deposit		ID Pouch #	Transporting Officer <b>D/S Y. QUESADA</b>	ID #	Agency <b>PBSO</b>	Page 1 of 1				
Witness here if subject signed with an "X"										

OBTS Number

## PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

Agency ORI Number <b>FLO 5 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>	<b>17067135</b>			
Charge Type: Check as many as apply 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor 5. Ordinance <input type="checkbox"/> 6. Other _____	Special Notes					
Defendant Name (Last, First, Middle) <b>RIESS SUSAN ANISIA</b>	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/05/1963</b>			
Charge <b>SIMPLE BATTERY (DOMESTIC)</b>	Charge					
Charge	Charge					
Victim Name (Last, First, Middle) [REDACTED]	Sex <b>F</b>	Date of Birth <b>02/24/1998</b>				
Local Address (Street) [REDACTED]	Address Source <b>DAVID</b>					
Business Address (Street) [REDACTED]	Occupation <b>UNEMPLOYED</b>					
The undersigned 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...						
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the <b>20TH</b> day of <b>APRIL</b> 20 <b>17</b> at <b>2020</b>	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM				

On Thursday 04/20/2017 at approximately 2000 hours, I responded to [REDACTED] in reference to a domestic dispute. The complainant [REDACTED] called PBSO emergency services stating her mother Susan A. Riess [REDACTED].

When I arrived, [REDACTED] by the roadway crying. [REDACTED] arrived [REDACTED] while [REDACTED] said [REDACTED] a "crackwhore" and she became angry and put [REDACTED] and then released. [REDACTED] felt a slight pressure but did not loose consciousness or her breath.

As I was talking to [REDACTED], Susan walked up to me and said "she called the cops." I spoke with Susan separately, which said she arrived home from work and found [REDACTED] disorganized and [REDACTED]. Susan said when [REDACTED], she called her a "crackwhore" and the comment made her upset. She then told me [REDACTED]. I asked what did [REDACTED]. Susan then said she did not made those comments to me. I asked her again what did she do to [REDACTED] she would not explain any further. I placed Susan in handcuffs with her hands behind her back, check proper fit and double locked. Susan's other [REDACTED] were present during the above mentioned incident but [REDACTED] and tell me what they saw or heard. Susan was transported to the Palm Beach County Jail and turned over to the correction staff without incident.

Based on the above mentioned investigation, I find probable cause to arrest Susan A. Riess for simple battery (domestic related) in pursuant to F.S.S. 784.03(1).

This case is cleared by arrest.

The foregoing instrument was sworn to and affirmed before me this <b>20TH</b> day of <b>APRIL</b> 20 <b>17</b> , by:  <b>D/S J. LOPEZ 9560</b>	<b>D/S Y. QUESADA</b> <b>17135</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) [REDACTED]	Name of Arresting/Investigating Officer [REDACTED]
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) [Signature]	SCANNED Signature of Arresting/Investigating Officer [Signature] <b>APR 21 2017</b>
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**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
**(Submit this form with the original Probable Cause Affidavit)**

Defendant: **RIESS SUSAN ANISIA** DOB: **06/05/1963** Case #: **17067135**  
Victim: \_\_\_\_\_ Race: **W** Sex: **F**

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene  Yes  No      Victim  Yes  No      Defendant  Yes  No  
911 Call:  Yes  No      Caller: \_\_\_\_\_  
Weapon Used:  Yes  No      Type: \_\_\_\_\_  
Witness:  Yes  No      Name: \_\_\_\_\_  
Victim Pregnant:  Yes  No      If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months  
Injuries:  Yes  No      Description: \_\_\_\_\_  
Medical Treatment:  Yes  No  
At Scene:  Yes  No      Paramedics: \_\_\_\_\_  
At Hospital:  Yes  No      Hospital: **DCH OUTPOST**      Physician: **MD PAREDES**

Are children living in the home?  Yes  No      DCF Notified?  Yes  No

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Injunction:  Yes  No      Case #: \_\_\_\_\_  
No Contact Order:  Yes  No      Case #: \_\_\_\_\_

Alcohol or Drugs:  Yes  No  Unknown

Prior history of Domestic/Dating Violence  Yes  No

Defendant's statements  Yes  No      If yes,  written  recorded  oral

First words Defendant said when you responded to scene: **SHE CALLED THE COPS**

Victim's statements  Yes  No      If yes,  written  recorded  oral

First words Victim said when you responded to scene: \_\_\_\_\_

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

Yes  No      If yes, name: \_\_\_\_\_ phone: \_\_\_\_\_

Observations of Victim (Physical & Emotional): \_\_\_\_\_

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other: \_\_\_\_\_

Victim contact information: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_

**SCANNED**  
Phone: \_\_\_\_\_  
APR 21 2017

**VICTIM NOTIFICATION FORM**

- **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**
- **Dating Violence**

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17067135 Agency: Palm Beach County Sheriff's Office  
 Offense: SIMPLE BATTERY (DOMESTIC)  
 Suspect/Offender: RIESS SUSAN ANISIA  
 DOB: 06/05/1963 Race: W Sex: F

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

3.a. Victim's Name

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home #: \_\_\_\_\_

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 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/S Y. QUESADA ID #: 17135 Date: Apr 20, 2017