



DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>07/23/2018 17:57</b>		Agency ORI Number <b>FL 0502000</b>		Agency Name <b>LANTANA POLICE DEPARTMENT</b>		Agency Report Number <b>6   4   18-001751</b>	
	Name (Last, First, Middle) <b>BLAIR, SUSAN PAULINE</b>						Race <b>W</b>	Sex <b>F</b>
C H I E F	Charge Description <b>784.03 BATTERY - DOMESTIC</b>							
	Victim's Name (Last, First, Middle) <b>BLAIR, SCOTT D</b>						Race <b>W</b>	Sex <b>M</b>
V I C T I M	Local Address (Street, Apt Number) (City) (State) (Zip) <b>133 LAS BRISAS CIR, HYPOLUXO, FL 33462</b>				Phone <b>(305) 610-7192</b>		Address Source	
	Business Address (Name, Street) (City) (State) (Zip) <b>RETIRED</b>				Phone		Occupation	
A D D I T I O N A L	DEFENDANT'S STATEMENTS		Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL)		
	VICTIM'S STATEMENTS		Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	<b>UPSET</b>		
I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>SPOUSE</b>							
	PHOTOGRAPHS. Scene:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	CALLER: <b>TODD BLAIR</b> TYPE: <b>EYGLASSES</b> (If YES, attach witness list) PARAMEDICS PHYSICIAN(S) / HOSPITAL NAMES/AGES CASE #: VICTIM PREGNANT VIOLATION OF RESTRAINING ORDER PRIOR HISTORY OF DOMESTIC VIOLENCE ALCOHOL OR DRUGS INVOLVED:			
Victim		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
911 CALL.		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
WEAPON USED		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
WITNESSES		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
INJURIES		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
MEDICAL TREATMENT.		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
AT Scene		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Hospital		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
ACT COMMITTED IN PRESENCE OF MINOR(S)		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
H R. S. NOTIFIED.		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
VICTIM PREGNANT		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
VIOLATION OF RESTRAINING ORDER		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
PRIOR HISTORY OF DOMESTIC VIOLENCE		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
N A R R	On 07/23/18 at 1728hrs I responded to 133 Las Brisas Cir, Hypoluxo regarding a domestic disturbance. The caller, (Victim's Brother) Todd Blair was not present at the residence but stated he was on the phone with his brother Scott Blair DOB 08/23/58 (Victim) and heard an argument between Scott and his wife Susan Blair DOB 03/16/49 (Defendant). Todd also stated Susan was throwing things and this is why he called 911.							
	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 <u>23</u> day of <u>July</u> , 2018								
_____ SCHORR, JARED NEIL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 1				 891				

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE  
AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>07/23/2018 17:57</b>	Agency ORI Number <b>FL 0502000</b>	Agency Name <b>LANTANA POLICE DEPARTMENT</b>	Agency Report Number <b>6   4   18-001751</b>
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On scene I made contact with Scott who stated he was in a verbal argument with his wife Susan over her car keys. Scott stated both parties had been drinking and Susan requested to have her car keys. Scott refused to give them to her. Scott then stated Susan walked in from the patio and suddenly threw a pair of eyeglasses in anger at Scott which struck him in the top of the head. The glasses caused an inch scratch at the top of his hairline. Scott refused medical attention on scene. Scott stated he was on the phone with his brother Todd Blair during the incident so that he could hear what was going on and this was when Todd called the Police. Photos were taken of Scott and his injuries. Scott refused to give a written statement and completed a victim's notification form and was given a victim's rights brochure for reference.

Contact was then made with Susan who stated she was in a verbal argument with her husband which did not get physical. Susan stated both parties had been drinking and there was a discussion over her car keys because Scott refused to give them to her. Susan did not have any injuries.

Due to the circumstances, probable cause exists to arrest Susan Blair for Domestic battery. Susan was placed under arrest in handcuffs (double locked and checked for spacing) then transported to Lantana Police Department for processing. On the way to Lantana PD, Susan spontaneously uttered that she did not understand why she was being arrested; she stated she was just in an argument with her husband and threw a pair of glasses at him. She stated she didn't think it was a big deal.

Contact was then made with Todd Blair over the phone who stated Scott had called him when the argument started. Todd stated the argument was mainly her yelling at Scott. At one point Todd heard Scott say "are you really going to throw that at me." And this was when Susan threw the glasses and Scott advised Todd that she threw them and hit him. Todd stated after that he called 911.

After Lantana PD, Susan was transported to Palm Beach County Jail for booking.

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 23 day of July, 2018

**SCHORR, JARED NEIL**  
\_\_\_\_\_  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117.10)

  
**JARED NEIL SCHORR**  
MY COMMISSION # FF914611  
EXPIRES: August 31, 2019  
897



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/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"/>	(viii) 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: 2018024504	Date: 7/24/2018
	Specialist Name/ID: J. Beck/9007

# 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#: 18001751 Agency: LPD  
Offense: DOMESTIC BATTERY  
Suspect/Offender: SUSAN BLAIR  
D.O.B. 3/16/49 Race: W Sex: F

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

3. Complete one (1) of the following:

a. Victim's name: SCOTT BLAIR  
Address: 133 LAS BRISAS CIR  
City: HUNTSVILLE State: FL Zip: 33467  
Home #: 305-647-7192 Work #: \_\_\_\_\_ Other#: \_\_\_\_\_

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: \_\_\_\_\_ I.D.: 0007 Date: 7/23/18

SUSPECT/OFFENDER:

SUSAN BLAIR

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