0373250 1663 Rough Arrest Only ☒

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request for Warrant | 2. N.T.A. 4. Request for Capias | Juvenile: 1 | n

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FL0500700	RIVIERA BEACH POLICE DEPARTMENT	84- 1605816

Charge Type: Check as many as apply. ☑ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized/Type: 1. Yes 2. No [2] | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
2655 Lake Drive	

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/13/2016	2135					

DEFENDANT

Name (Last, First, Middle)			Alias (Name, DOB, Soc. Sec. #, Etc.)
Caulfield	Susan		Peshkopia 10/16/1974, [redacted]

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
	W	F	10/16/1974	5'6	115	brown	black	white	small

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of: Alcohol Influence / Drug Influence (Y / N / Unk.)
left thigh "NY" Tattoo, scar on left elbow	divorced		☐ ☐ ☐ / ☐ ☐ ☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
300 Wilma Circle Apt B4	Riviera Beach	Fl	33403		1
Permanent Address (Street, Apt. Number)				Phone	Address Source
Business Address (Street, Apt. Number)				Phone	Occupation

D/L Number, State	INS Number	Place of Birth	Citizenship
C414795748760 [redacted]		Detroit (MI)	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other — Name (Last) (First) (Middle) — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

3,000

Notified by: (Name)	Date	Time	Juvenile Disposition (1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated)

Released To: (Name)	Relationship	FCIC/NCIC	Date	Time

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 informed of any change of address: ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended | Grade

CODE

Recovery Information: 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other

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 B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
~~Assault~~ or Battery of E.M.T BD	1	☐ Yes ☑ No	784.07 2(b) B	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N	N	1605816		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.

Location (Court, Room Number, Address)

Court Date and Time — Month Day Year Time A.M. P.M.

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.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

ADMIN.

HOLD for other Agency Name:	Signature of Arresting Officer X	Name Verification (Printed by Arrestee) (PRINT)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:	Name of Arresting Officer (Print) O. Douglas I.D. # 6406	JUL 14 2016 PAGE 1 OF 1
Intake Deputy I.D. # 7623 Pouch #	Transporting Officer O. Douglas I.D. # 6406 Agency RBPD	Witness here is subject signed with an "X".

DISTRIBUTION: 1st WHITE - COURT 2nd WHITE - RECORDS GREEN - STATE ATTY. YELLOW - CID PINK - JAIL (Rough Arrest) GOLD - DEFENDANT (Misd.) or BLOTTER (Felony)

JUL 15 2016 11:33

NOT A CERTIFIED COPY

SCANNED

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

1 | JUVENILE: n

ADMIN

Agency Ori Number: FL0500700

Agency Name: RIVIERA BEACH POLICE DEPARTMENT

Agency Report Number: 84 - 1605816

Charge Type (Check As Many As Apply):
1. ☑ Felony
2. ☐ Traffic Felony
3. ☐ Misdemeanor
4. ☐ Traffic Misdemeanor
5. ☐ Ordinance
6. ☐ Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date Of Birth
Caulfield Susan	Peshkopia	W	F	10/16/1974

CHARGE

Charge Description: Assault or Battery of E.M.T

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victims Name (Last, First, Middle)	Race	Sex	Date
Digangi Theodore	W	m	[redacted]

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
600 W. Blue Heron BLVD	Riviera Beach	Fl	33403	5618454125	

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
					EMS

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 in custody...

☒ committed the below acts in my presence.

☐ was observed by _____ who told _____ that he/she saw the arrest person commit the below acts.

☐ confessed to _____ admitting the below facts

☐ was found to have committed the below acts, resulting from my (described) investigation

On the 13 day of July, 2019 at 21:12 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On July 13th, 2016 Officer Douglas responded to an intoxicated female call at 2655 Lake Drive, in Riviera Beach, Palm Beach County, Florida. Contact was made with Susan Peshkopia Caulfield. Susan was non compliant and very defiant. I immediately smelled a strong odor of alcohol on her breath, and noticed she seemed to be intoxicated. The Riviera Beach EMS were on scene and when contact was made with Susan, she refused to come out of a locked bathroom.

Force entry was made to the bathroom door. When EMS medic Theodore Digangi touched the arm of Susan, she slapped him in the face with an open hand in my presence. Based on the aforementioned fact, and pursuant to fss 784.07 1(a), Assault or Battery of E.M.T. Susan was arrested and remanded to the custody of the Palm Beach County jail.

The victim did not show any signs of physical injury.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

7/13/16

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

Orlando Douglas PAS

NAME OF OFFICER (PLEASE PRINT)

7/13/16

DATE

SCANNED JUL 14 2016