

0483621

10CF 12275 ARK/36

ADMINISTRATIVE		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-16165145</b>							
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) <b>557 BRITTANY L Delray Beach FL 33446</b>				Location of Offense (Business Name, Address) <b>557 BRITTANY L Delray Beach FL 33446</b>							
Date of Arrest <b>12/15/16</b>		Time of Arrest <b>8:28</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Location of Vehicle											
Name (Last, First, Middle) <b>CAPLAN SUZANNE DEE</b>											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>W</b>		Date of Birth <b>10-27-59</b>		Height <b>5'8</b>		Weight <b>145</b>		Eye Color <b>Brown</b>	
Hair Color <b>Brown</b>		Complexion <b>Light</b>		Build <b>Med</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>UNK</b>		Religion <b>CHRISTIAN</b>		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Local Address (Street, Apt. Number) <b>557 BRITTANY L Delray Beach FL 33446</b>				(City)		(State)		(Zip)		Phone ( )	
Permanent Address (Street, Apt. Number) <b>557 BRITTANY L Delray Beach FL 33446</b>				(City)		(State)		(Zip)		Phone ( )	
Business Address (Name, Street) ( )				(City)		(State)		(Zip)		Phone ( )	
D/L Number, State <b>C-145-784-59-887-0</b>				Soc. Sec. Number ( )		INS Number		Place of Birth (City, State) <b>New York, New York</b>		Citizenship <b>USA</b>	
Co-Defendant Name (Last, First, Middle) ( )				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle) ( )				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent Legal Custodian Other: Name (Last) (First) (Middle) ( ) ( ) ( )				Residence Phone ( ) ( ) ( )							
Address (Street, Apt. Number) ( ) (City) (State) (Zip) ( ) ( ) ( ) ( )				Business Phone ( ) ( ) ( ) ( )							
Notified by: (Name) ( )				Date <b>12/15/16</b>		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name) ( )				Relationship ( )		Date		Time			
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Property Value of Property											
CODE Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver Produce/ Cultivate P. Possess T. Traffic E. Use											
Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/deriv. S. Synthetics											
Charge Description <b>BATTERY ON PERSON 65 YOA OR OLDER</b>				Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.08(1) and (2)(c)</b>		Violation of ORD #	
Drug Activity <b>UNK</b>		Drug Type <b>UNK</b>		Amount / Unit <b>N/A</b>		Offense # <b>16165145</b>		Warrant / Capias Number		Bond <b>NONE</b>	
Charge Description <b>Simple Domestic Battery</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 of ORD #	
Drug Activity <b>UNK</b>		Drug Type <b>UNK</b>		Amount / Unit <b>N/A</b>		Offense # <b>16165145</b>		Warrant / Capias Number		Bond <b>NONE</b>	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)											
Court Date and Time Month Day Year Time AM PM											
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							
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Signature of Arresting Officer <b>D/S. F. St. Cloud ID# 8382</b>				Name Verification (Printed by Arrestee) (PRINT)			
Intake Deputy <b>CW/18090</b>				Transporting Officer <b>St. Cloud 8382</b>				Agency <b>PBSO</b>			
Witness here if subject signed with an "X"				PAGE <b>1</b>				OF <b>1</b>			

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number			
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE		06-		16165145					
DEF	Charge Type:	<input checked="" type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Special Notes:			
	Check as many as apply:	<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other					
CHARGES	Name (Last, First, Middle)	SUZANNE DEE		Alias		Race		Sex		Date of Birth	
	Simple Domestic Battery					W		F		10-27-59	
VICTIM	Charge Description			Charge Description							
	Charge Description			Charge Description							
VICTIM	Victim's Name (Last, First, Middle)	WEISS, SHARON, MARSHA		Race		Sex		Date of Birth			
	Local Address (Street, Apt. Number)	(City)		(State)		(zip)		Phone		Address Source	
VICTIM	557 BRITTANY L	Delray Beach		FL		33446		(516) 457-4800		FL DL	
	Business Address (Name, Street)	(City)		(State)		(zip)		Phone		Occupation	
ADMINISTRATIVE	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.										
	<input type="checkbox"/> committed the below acts in my presence. <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 my (described) investigation.										
ADMINISTRATIVE	On the 15th day of December 2016 at 8:28 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)										
	On Thursday December 15, 2016 at approximately 1913 hours, I was dispatched to 557 BRITTANY L, Delray Beach in an unincorporated Palm Beach County FL regarding a domestic battery complainant. Upon arrival I met and spoke with SHARON MARSHA WEISS W/F D.O.B 05/17/59, who stated the following in a sworn writing statement: that she came home from work this afternoon and her roommate SUZANNE DEE CAPLAN W/F D.O.B 10/27/59, started an argument with her and was verbally abusive. Weiss said that Susan threatened to kill her and grabbed her by the shirt and ripped off her shirt. Weiss also stated that Susan pulled her hair. Weiss stated during that time Susan also pushed _____ and was verbally abusive to him. Weiss said when Susan pushed _____ he fell backward on the couch.										
ADMINISTRATIVE	I also met and spoke with _____ W/M D.O.B 02-24-34, in an audio recorded statement stated the following: that he came to Susan and Weiss' apartment because Weiss told him she had an argument with Susan last night and she did not want to go to the house by herself. _____ said while he was in the apartment Susan, _____ started an argument with him. _____ said that during the argument Susan pushed him and he fell backward on the couch. I asked _____ where did Susan push him, _____ said she pushed him on his chest. I looked at _____ chest area and I saw no mark, or bruises on his chest. D/S Farrington ID# 6465 took pictures of _____ chest and the pictures will be uploaded to the Domestic Violence Website.										
	When I arrived on scene I observed a white female subject next to a vehicle banging on the driver side window of the vehicle. The white female subject was later identified as SSUZANNE DEE CAPLAN. Susan appeared to be intoxicated or on drugs. She was rocking back and forth; unable to stand still. I attempted to speak with her and asked her what happened between her, her roommate and _____. She was yelling and screaming. I was unable to comprehend what she was saying. Palm Beach County Fire Rescue responded to the scene and Susan were transported to the Delray Medical Center - reference PBCFR run # 16130072.										
ADMINISTRATIVE	Based on Weiss and _____ statements I believe the above to be true and correct. I therefore decided to arrest SUSAN ANN KAPLAN for battery domestic ON PERSON 65 YOA OR OLDER which is _____. I went to the Delray Medical Center I advised Susan she was under arrest for domestic battery. Susan was also charged with simple battery on her Roommate SHARON MARSHA WEISS because she pulled her by the hair which constituted unwanted touching. I waited until she was medically cleared and I transported her to the Palm Beach County Jail.										
	STATE OF FLORIDA COUNTY OF PALM BEACH D/S. F. St. Cloud ID# 8382 (Signature of Arresting/Investigative Officer)										
ADMINISTRATIVE	The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of December 2016 by D/S. F. St. Cloud ID# 8382										
	(Print name of Arresting/Investigative Officer), who is personally known to me and produced identification. Type of identification produced Personally Known D/S Moore 22071 JLC Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										
PAGE 1 OF 1											

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
ADMIN	Agency ORI Number	FLO 500000		Agency Name		PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number		06- 16165145	
	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
DEF	Name (Last, First, Middle)	CAPLAN SUZANNE		Alias		DEE		Race	Sex	Date of Birth	
CHARGES	Charge Description	BATTERY ON PERSON 65 YOA OR OLDER 784.08(1) and (2)(c)		Charge Description		Simple Domestic Battery 784.03.1.A1		Race	Sex	Date of Birth	
	Charge Description			Charge Description				Race	Sex	Date of Birth	
VICTIM								Race	Sex	Date of Birth	
								Race	Sex	Date of Birth	
								Address Source		FLID	
								Occupation		Student	
<p>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.</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 12th day of December 2016 at 8:28 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Thursday December 15, 2016 at approximately 1913 hours, I was dispatched to 557 BRITTANY L, Delray Beach in an unincorporated Palm Beach County FL regarding a domestic battery complainant. Upon arrival I met and spoke with SHARON MARSHA WEISS W/F D.O.B 05/17/59, who stated the following in a sworn writing statement: that she came home from work this afternoon and her roommate SUSAN ANN KAPLAN W/F D.O.B 11/04/ 58, started an argument with her and was verbally abusive. Weiss said that Susan threatened to kill her and grabbed her by the shirt and ripped off her shirt. Weiss also stated that Susan pulled her hair. Weiss stated during that time Susan also pushed _____ and was verbally abusive to him. Weiss said when Susan pushed _____, he fell backward on the couch.</p> <p>I also met and spoke with _____ W/M D.O.B 02-24-34, in an audio recorded statement stated the following: that he came to Susan and Weiss' apartment because Weiss told him he had an argument with Susan last night and she did not want to go to the house by herself. _____ said while he was in the apartment Susan, _____ started an argument with him. _____ said that during the argument Susan pushed him and he fell backward on the couch. I asked _____ where did Susan push him, _____ said she pushed him on his chest. I looked at _____ chest area and I saw no mark, or bruises on his chest. D/S Farrington ID# 6465 took pictures of _____ chest and the pictures will be uploaded to the Domestic Violence Website.</p> <p>When I arrived on scene I observed a white female subject next to a vehicle banging on the driver side window of the vehicle. The white female subject was later identified as SUSAN ANN KAPLAN. Susan appeared to be intoxicated or on drugs. She was rocking back and forth; unable to stand still. I attempted to speak with her and asked her what happened between her, her roommate and _____. She was yelling and screaming. I was unable to comprehend what she was saying. Palm Beach County Fire Rescue responded to the scene and Susan were transported to the Delray Medical Center - reference PBCFR run # 16130072.</p> <p>Based on Weiss and _____ statements I believe the above to be true and correct. I therefore decided to arrest SUSAN ANN KAPLAN for battery domestic battery ON PERSON 65 YOA OR OLDER which is _____. I went to the Delray Medical Center I advised Susan she was under arrest for domestic battery. Susan was also charged with simple battery on her Roommate SHARON MARSHA WEISS because she pulled her by the hair which constituted unwanted touching. I waited until she was medically cleared and I transported her to the Palm Beach County Jail.</p>											
STATE OF FLORIDA COUNTY OF PALM BEACH											
D/S. F. St. Cloud ID# 8382											
(Signature of Arresting/Investigative Officer)											
The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of December 2016 by D/S. F. St. Cloud ID# 8382											
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known											
D/S Moore 22071											
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)											
PAGE 1 OF 1											

# 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 #: 16165145 Agency: PBSO  
Offense: BATTERY ON PERSON 65 YOA OR OLDER  
Suspect/Offender: CAPLAN SUZANNE  
D.O.B. 10-27-59 Race: W Sex: F

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

3.a. Victim's name: \_\_\_\_\_ D.O.B. 02-24-34 Race: W Sex: M  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Home #- \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: None  
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: D/S. F. St. Cloud ID# 8382 I.D.# \_\_\_\_\_ Date: 12/15/16

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# \_\_\_\_\_

**PALM BEACH COUNTY SHERIFF'S OFFICE**  
**DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM**  
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER# 16165145

DEFENDANT'S NAME: CAPLAN SUZANNE

DEFENDANTS STATEMENT ☐ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☒ ORAL)

SYNOPSIS: upset

VICTIM'S NAME: [REDACTED]

VICTIM'S STATEMENTS: ☒ YES ☐ NO (IF YES) ☒ WRITTEN ☐ TAPED ☒ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Normal

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: [REDACTED]

PHOTOGRAPHS: SCENE: ☒ YES ☐ NO VICTIM (S): ☒ YES ☐ NO

911 CALL: ☒ YES ☒ NO WHO CALLED: [REDACTED]

WEAPON USED: ☐ YES ☒ NO TYPE: \_\_\_\_\_

MEDICAL TREATMENT: ☐ YES ☒ NO

AT SCENE: ☒ YES ☐ NO PARAMEDICS: \_\_\_\_\_

AT HOSPITAL: ☒ YES ☐ NO HOSPITAL: Delray Medical Center PHYSICIAN: \_\_\_\_\_

ARE CHILDREN LIVING IN HOME: ☐ YES ☒ NO

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☐ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DCF NOTIFIED: (IF CHILD ABUSE) ☐ YES ☒ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☒ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: \_\_\_\_\_

VICTIM PREGNANT- ☐ YES ☒ NO

ALCOHOL OR DRUGS INVOLVED: ☒ YES ☐ NO

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIVE/FRIEND ADDRESS: \_\_\_\_\_