

0483621

WCF 12275 AX/36

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.3. Request for Warrant  
4. Request for Capias

Juvenile

1

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR			Juvenile Referral Report			1. Arrest 2. N.T.A.			3. Request for Warrant 4. Request for Capias			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>															
ChargeType: 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</b>		Delray Beach FL 33446			Location of Offense (Business Name, Address) <b>557 BRITTANY L</b>			Delray Beach FL 33446														
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 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>W F</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, Tatoos, Unique Physical Features (Location, Type, Description)								Marital Status <b>UNK</b>		Religion <b>CHRISTIAN</b>		Indication of: Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Residence Type: 1. City 2. County 3. Florida 4. Out of State							
Local Address (Street, Apt. Number) <b>557 BRITTANY L</b>		(City) <b>Delray Beach</b>			(State) <b>FL</b>			(Zip) <b>33446</b>			Phone ( )											
Permanent Address (Street, Apt. Number) <b>557 BRITTANY L</b>		(City) <b>Delray Beach</b>			(State) <b>FL</b>			(Zip) <b>33446</b>			Phone ( )			Address Source <b>FL DL</b>								
Business Address (Name, Street)		(City)			(State)			(Zip)			Phone ( )			Occupation								
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								
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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)											School Attended <b>REQUIRED</b>						Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property														
CHARGE CODE	Drug Activity 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. Synthetics		U. Unknown Z. Other	
	Charge Description <b>BATTERY ON PERSON 65 YOA OR OLDER</b>												Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>784.08(1) and (2)(c)</b>		Violation of ORD #			
CHARGE	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>NO BOND</b>					
CHARGE	Charge Description <b>Simple Domestic Battery</b>				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>784.03.1.A1</b>								Violation of ORD #					
CHARGE	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>NO BOND</b>					
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number								Violation of ORD #					
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #										Warrant / Capias Number			Bond					
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number								Violation of ORD #					
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #										Warrant / Capias Number			Bond					
NOTICE TO APPEAR	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 <b>12/15/16</b>						
HOLD for other Agency Name:				Signature of Arresting Officer <b>ST. CLOUD</b>				Name Verification (Printed by Arrestee) <b>ST. CLOUD</b>														
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) <b>D/S. F. St. Cloud ID# 8382</b>				I.D. # ID # <b>8382</b>										
Intake Deputy <b>ST. CLOUD</b>				I.D. #		Pouch #		Transporting Officer <b>ST. CLOUD</b>		ID # <b>8382</b>		Agency PBSO										
Witness here if subject signed with an -X"																						

DISTRIBUTION: WHITE - COURT COPY

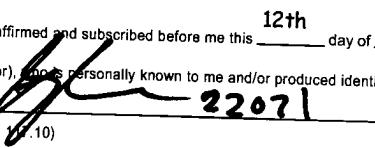
GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT					1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<input checked="" type="checkbox"/> 1	Juvenile	
	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06- 16165145</b>		Special Notes:				
DEF	Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Alias <b>SUZANNE DEE</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10-27-59</b>
	Name (Last, First, Middle) <b>CAPLAN SUZANNE</b>		Charge Description <b>Simple Domestic Battery</b>			Charge Description						
CHARGES	Charge Description		Charge Description			Charge Description						
	Victim's Name (Last, First, Middle) <b>WEISS, SHARON, MARSHA</b>		Local Address (Street, Apt. Number) <b>557 BRITTANY L</b>			(City) <b>Delray Beach</b>	(State) <b>FL</b>	(zip) <b>33446</b>	Phone <b>(516) 457-4800</b>	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/17/59</b>
VICTIM	Business Address (Name, Street)		(City)			(State)	(zip)	Phone <b>( )</b>	Address Source <b>FL DL</b>			Occupation
	<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>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.</p> <p><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.</p> <p>On the <u>15th</u> day of <u>December</u> <u>20 16</u> at <u>8:28</u> <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 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 [REDACTED] and was verbally abusive to him. Weiss said when Susan pushed [REDACTED] he fell backward on the couch.</p> <p>I also met and spoke with [REDACTED] 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. [REDACTED] said while he was in the apartment Susan, [REDACTED] started an argument with him. [REDACTED] said that during the argument Susan pushed him and he fell backward on the couch. I asked [REDACTED] where did Susan push him, [REDACTED] said she pushed him on his chest. I looked at [REDACTED] chest area and I saw no mark, or bruises on his chest. D/S Farrington ID# 6465 took pictures of [REDACTED] 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 SUZANNE 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 [REDACTED]. 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 [REDACTED] 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 [REDACTED]. 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>												
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D/S. F. St. Cloud ID# 8382</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>15th</u> day of <u>December</u> <u>20 16</u> by <u>D/S. F. St. Cloud ID# 8382</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Personally Known</u></p> <p><u>D/S Moore 22071</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>											
	<p>PAGE <b>1</b> OF <b>1</b></p>											

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
	Agency ORI Number	Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number				
DEF	FLO 500000	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:				
CHARGES	Caplan, Suzanne	Name (Last, First, Middle)	SUZANNE	DEE	Alias		Race W	Sex F	Date of Birth 10-27-59	
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			
VICTIM					Charge Description					
							Race W	Sex M	Date of Birth 02-24-34	
							Address Source FLID		Occupation Student	
							(City)	(State)	(zip)	Phone ( )
<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>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><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 20 16 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 pushed [REDACTED] and was verbally abusive to him. Weiss said when Susan pushed [REDACTED], he fell backward on the couch. I also met and spoke with [REDACTED] 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. [REDACTED] said while he was in the apartment Susan, [REDACTED] started an argument with him. [REDACTED] said that during the argument Susan pushed him and he fell backward on the couch. I asked [REDACTED] where did Susan push him, [REDACTED] said she pushed him on his chest. I looked at [REDACTED] chest area and I saw no mark, or bruises on his chest. D/S Farrington ID# 6465 took pictures of [REDACTED] 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 [REDACTED]. 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 [REDACTED] 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 [REDACTED]. 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>										
PROBABLE CAUSE STATEMENT	<p><b>NOTARIZED</b></p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D/S. F. St. Cloud ID# 8382 </p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of December 20 16 by D/S. F. St. Cloud ID# 8382</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known</p> <p>D/S Moore  22071</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 1.10.10)</p>									
ADMINISTRATIVE	<p>PAGE 1 OF 1</p>									

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

- **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

