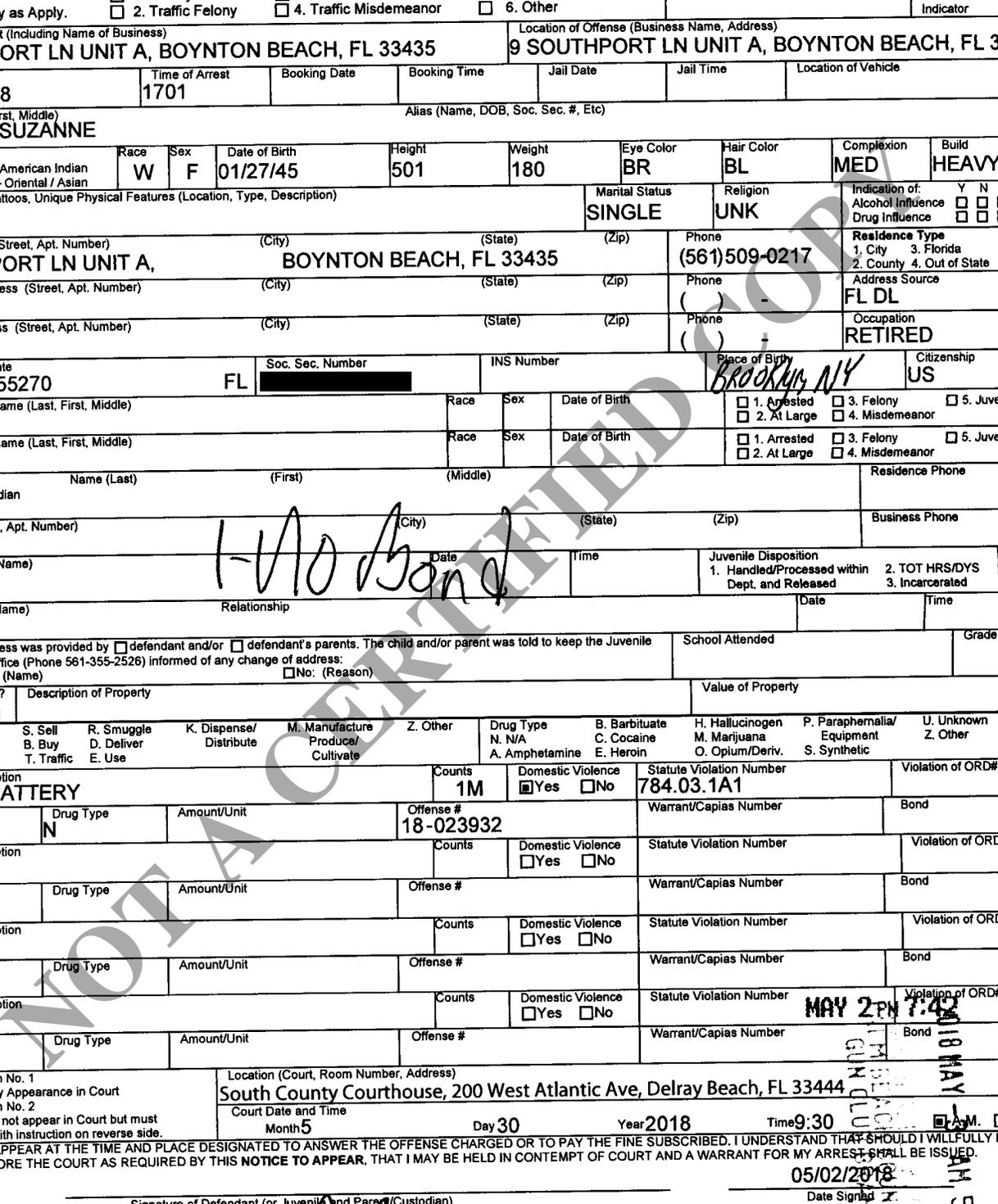


0497935

W#

2991

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/>		1	Juvenile <input type="checkbox"/> N		
ADMINISTRATION	Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-18-023932					
	Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					If Weapon Seized Enter Type		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) 9 SOUTHPORT LN UNIT A, BOYNTON BEACH, FL 33435					Location of Offense (Business Name, Address) 9 SOUTHPORT LN UNIT A, BOYNTON BEACH, FL 33435					
	Date of Arrest 05/02/2018	Time of Arrest 1701	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) EHRlich, SUZANNE											
W - White <input type="checkbox"/> I - American Indian <input type="checkbox"/> B - Black <input type="checkbox"/> O - Oriental / Asian <input type="checkbox"/>		Race W	Sex F	Date of Birth 01/27/45	Height 501	Weight 180	Eye Color BR	Hair Color BL	Complexion MED	Build HEAVY	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status SINGLE	Religion UNK	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 9 SOUTHPORT LN UNIT A,			(City) BOYNTON BEACH, FL	(State) 33435	(Zip)	Phone (561) 509-0217	Residence Type 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>		1		
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source FL DL				
Business Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Residence Type RETIRED				
D/L Number, State E642790455270 FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth BROOKLYN NY	Citizenship US				
CO-DEF											
										Co-Defendant Name (Last, First, Middle)	
JUVENILE											
										Co-Defendant Name (Last, First, Middle)	
JUVENILE											
										<input type="checkbox"/> Parent Name (Last) (First) (Middle)	
JUVENILE											
										<input type="checkbox"/> Legal Custodian	
JUVENILE											
										<input type="checkbox"/> Other	
JUVENILE											
										Address (Street, Apt. Number)	
JUVENILE											
										Notified by: (Name)	
JUVENILE											
										Released To: (Name)	
JUVENILE											
										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 change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)	
JUVENILE											
										Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHARGE											
										Drug Activity N. N/A P. Possess	
CHARGE											
										Charge Description SIMPLE BATTERY	
CHARGE											
										Drug Activity N	
CHARGE											
										Charge Description	
CHARGE											
										Drug Activity	
CHARGE											
										Charge Description	
CHARGE											
										Drug Activity	
CHARGE											
										Charge Description	
CHARGE											
										Drug Activity	
NOTICE TO APPEAR											
										<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	
NOTICE TO APPEAR											
										<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.	
NOTICE TO APPEAR											
										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.	
NOTICE TO APPEAR											
										Signature of Defendant (or Juvenile and Parent/Custodian)	
ADMIN.											
										HOLD for other Agency Name:	
ADMIN.											
										<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	
ADMIN.											
										Make Deputy [Signature]	



MAY 2 PM 7:40
 IMPROVED
 18 MAY
 5:28



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**



On the 2ND day of MAY 2018 at 1546
 Subject: EHRlich, SUZANNE DOB: 01/27/45 Case #: 18-023932
 Charge Description: SIMPLE BATTERY Statute #: 784.03.1A1
 Victim: EHRlich, JILL DOB: 09/08/71 Race: W Sex: F
 Local Address: 9 SOUTHPORT LN UNIT A, BOYNTON BCH, FL, 33435
 Personal Contact: _____

Narrative:

On the above date and time, I responded to 9 Southport Lane in reference to a report of domestic violence.

Upon arrival, I spoke with the victim (Jill Ehrlich) who advised she was involved in an argument with her mother (Suzanne Ehrlich) which escalated into a physical altercation. Jill stated that her mother attacked her in the hallway by the kitchen. Jill stated that Suzanne grabbed her by the wrists causing scratches and redness on her forearms/wrists. Jill pulled away and Suzanne grabbed her neck causing scratches and redness. Jill pushed Suzanne to get away and called the police. Medical attention was refused for the minor injuries. I observed the reported injuries which were consistent with her statement.

I spoke with Suzanne who advised there was an argument but Jill was the aggressor. Suzanne claims she was followed into her room where she was kicked in the back by Jill (no signs of injury). Suzanne stated that Jill most likely self inflicted the injuries shes reporting.

Photographs taken and submitted into evidence. There were no other witnesses to the incident. Jill was issued a victim advocate and victim rights brochure with the case number. 911 Master recording request was completed. Exemption from public records form was signed and submitted with this report.

Due to the aforementioned statements and evidence, Suzanne is being charged with FSS 784.03.1a1 simple battery (domestic). She was handcuffed (d/l and checked for tightness) and processed at the BBPD. She was later TOT PBCJ.

Defendant's Statement: Oral Victim's Statement: Oral

Observation Of Victim (Physical and Emotional):

Appeared upset and frustrated. Scratch marks on forearms and both sides of her neck.

Relationship Between Victim and Suspect:

Mother and daughter

MM 964

Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: Jill
 Tape Requested: Yes No
 Weapon Used: Yes No Type: hands
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

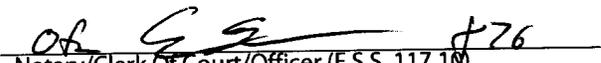
Victim Contact Information:

Phone Home: 631-972-2734 Work: none
 Employer: none
 Relative Name: _____ Phone: _____
 Address: 9 Southport Lane unit A
 City/State: Boynton Beach, FL, 33435

State Of Florida
 County Of Palm Beach
 Appeared before me, OFC MEDEIROS, (print name) 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 me before this 2nd day of May, 2018


 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-023932 Agency: Boynton Beach Police Department
Offense: SIMPLE BATTERY
Suspect/Offender: EHRlich, SUZANNE
DOB: 01/27/45 Race: W Sex: F
2. Warrant # (s): _____
3. Complete one (1) of the following:
 - A. Victim's Name: EHRlich, JILL
Address: 9 SOUTHPORT LN UNIT A
City: BOYNTON BCH State: FL Zip: 33435
Home #: 631-972-2734 Work #: none 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 Victim: _____

Printed Name of Victim: EHRlich, JILL

Officer's Name: OFC MEDEIROS I.D.# 864 Date: 05/02/2018

SUSPECT/OFFENDER:

EHRlich, SUZANNE

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