

0381435

1068

ARREST - NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-005209		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias 1		JUVENILE				
D E F E N D A N T	Charge Type: Check as many as apply	<input 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		If Weapon Seized Enter Type: Hands/fist/feet/teeth		Multiple Clearance Indicator 1				
	Location of Arrest (Including Name of Business) 450 W ATLANTIC AVE				Location of Offense (Business Name, Address) 450 W ATLANTIC AVE, DELRAY BEACH, FL 33444									
	Date of Arrest 03/31/2017		Time of Arrest 16:17		Booking Date 03/31/2017		Booking Time 16:27		Jail Date // : :		Jail Time			
	Name (Last, First, Middle) EPSTEIN, TARA		Sex F		Date of Birth 07/25/1979		Height 5'04		Weight 150		Eye Color BROWN			
J U V E N I L E	Race W - White B - Black W		Complexion FAIR		Build MEDIUM		Marital Status S		Religion CATHOLIC		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT RIGH FINGER / BUTTERFLY; TATT UPPR ARM / 6 HEARTS										Residence Type: 1. City 3. Florida 2. County 4. Out of State 2			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 43 SW 12TH AVE, DELRAY BEACH, FL 33444						Phone (561) 929-9683		Address Source VERBAL					
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 43 SW 12TH AVE, DELRAY BEACH, FL 33444						Phone (561) 929-9683		Occupation Unemployed					
	Business Address (Name, Street) (City) (State) (Zip) NONE,						Phone							
	D/L Number, State E123800797650 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) FORT LAUDERDALE,		Citizenship US					
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian										Residence Phone			
	Address (Street, Apt. Number) (City) (State) (Zip)										Business Phone			
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
Released To: (Name)				Relationship		Date		Time						
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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____										School Attended		Grade		
Property Crime? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										Description of Property		Value of Property		
C O D E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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 Description SIMPLE BATTERY(TOUCH OR STRIKE)						Statute Violation Number 784.03(1A1)		Violation of ORD #					
	Drug Activity		Drug Type N		Amount / Unit /		Offense # 17-005209		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
C H A R G E	Charge Description						Statute Violation Number		Violation of ORD #					
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			
	Charge Description						Statute Violation Number		Violation of ORD #					
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			
I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:							
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By		Released By		Released To			
	Transported By						Date Transported // : :		Time Transported		Other			
	INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time							
N O T I C E T O A P P E A R	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						Signature of Arresting Officer [Signature]							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) SCHWARTZ, MICHAEL A. I.D. # 1047							
	Initials [Signature] Pouch #						Transporting Officer SCHWARTZ I.D. # 1047 Agency DBPD							
AD M I N I S T R A T I O N	Name Verification (Printed by Arresting Officer) [Signature]						Witness here if subject signed with an "X"							

APR 05 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
ADMINISTRATIVE	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-005209			
	Charge Type: <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		Special Notes					
DEFENDANT	Name (Last, First, Middle) EPSTEIN, TARA				Race W	Sex F	Date of Birth 07/25/1979	
	Alias							
CHARGES	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)				Charge Description			
	Charge Description				Charge Description			
VICTIM	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth	
	[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	
BUSINESS	Business Address (Name, Street)				(Zip)	Phone	Occupation	
	[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	
<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. <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 31 day of March, 2017 at 16:15 (Specifically include facts constituting cause for arrest.)</p>								
<p>The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.</p> <p>On March 31 2017, I was dispatched to 450 W Atlantic Ave regarding a fight in progress. I arrived and asked a w/f if she was involved in an altercation as she matched the description of a suspect. She told me her name was Tara Epstein which I confirmed through RMS. Epstein advised she was in a fight with a w/m that was around the corner. She claims that he took \$600 from her the other day and she wanted her money back however she stated she never saw him take the money. Epstein advised she thought it was him because he was in the area earlier in the day.</p> <p>I then made contact with the victim, [REDACTED] advised that Epstein and two males asked him for money and he stated he did not have any. The two males and Epstein then began running after him and striking him multiple times in the face and head area. He then fell and Epstein continued striking [REDACTED] screaming "he took all my money". No money was located on [REDACTED] as he consented to a search.</p> <p>The incident was caught on video by a [REDACTED] who did not want to leave her information. The video corroborates with [REDACTED] story.</p> <p>Based on my investigation, Probable Cause exists to charge Tara Epstein with Simple Battery per F.S.S. 784.03(1A1)</p>								
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME MOSCHETTE, FRANCIS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 03/31/2017 DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER SCHWARTZ, MICHAEL A (1047) NAME OF OFFICER (PLEASE PRINT) 03/31/2017 DATE			
					PAGE 1 OF 1			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED

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