

50-2021-MM-003886-AMB

ARREST / NOTICE TO APPEAR

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

1 NH JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5   4   21-001883</b>		Multiple Clearance Indicator						
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 <b>UNARMED</b>		Location of Arrest (Including Name of Business) <b>1111 LOVE ST JUPITER FL 33458</b>		Location of Offense (Business Name, Address) <b>1111 LOVE ST, JUPITER FL, FL 33458</b>							
	Date of Arrest <b>05/29/2021</b>	Time of Arrest <b>01:18</b>	Booking Date <b>05/29/2021</b>	Booking Time <b>01:28</b>	Jail Date	Jail Time	Location of Vehicle							
	Name (Last, First, Middle) <b>COOMBS, ALEXIA SHAY</b>				Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race: W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/11/1988</b>	Height <b>5'08</b>	Weight <b>135</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLONDE /</b>	Complexion <b>LIGHT</b>	Build <b>S -Thin</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT M BACK / CROSS</b>				Marital Status <b>M</b>	Religion <b>OTHER</b>	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>								
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2064 YORKSHIRE RD, BIRMINGHAM, MI 48009</b>				Phone <b>(317) 319-9515</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>4</b>								
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>2064 YORKSHIRE RD, BIRMINGHAM, MI 48009</b>				Phone <b>(317) 319-9515</b>		Address Source <b>VERBAL</b>								
Business Address (Name, Street) (City) (State) (Zip) <b>UNEMPLOYED,</b>				Phone		Occupation								
D/I Number, State <b>0620567901 / IN</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>BLOOMINGTON, IN,</b>		Citizenship <b>US</b>						
C O D E F	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					
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone									
	<input type="checkbox"/> Legal Custodian				Business Phone									
	Address (Street, Apt. Number) (City) (State) (Zip)													
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.				School Attended		Grade								
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
C H A R G E	Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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 <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>				Statute Violation Number <b>784.03(1)(A)(1)</b>		Violation of ORD #							
Drug Activity				Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>21-001883</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
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	Warrant / Capias Number		Bond			
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	Warrant / Capias Number		Bond			
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								
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> 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)									
	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.				Court Date and Time									
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed										
A D M I N	HOLD for Other Agency				Signature of Arresting Officer <b>Shaff 389</b>		Name Verification (Printed by Arrestee) <b>MAY 29 2:33</b>							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>SHAFF, SHANNA</b>		I.D. # <b>1217</b>		PAGE <b>1 OF 1</b>					
Inmate Deputy <b>Denny 600</b>				I.D. #	Pouch #	Transporting Officer <b>S. SHAFF</b>		I.D. # <b>389</b>	Agency <b>JPD</b>		Witness here if subject signed with an "X".			

0523602

3963

NOEN ARRESTED, CITE FILE PALM BEACH COUNTY FL 608  
MAY 30 AM 7:00  
No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>05/29/2021 01:05</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>			Agency Report Number <b>5   4   21-001883</b>		
	Name (Last, First, Middle) <b>COOMBS, ALEXIA SHAY</b>		Race <b>W</b>			Sex <b>F</b>		Date of Birth <b>08/11/1988</b>
C H R G	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>							
	Victim's Name (Last, First, Middle) <b>COOMBS, BRAYDEN</b>					Race <b>W</b>		Sex <b>M</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2064 YORKSHIRE RD, BIRMINGHAM, MI 48009</b>				Phone <b>(513) 407-0100</b>		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>NON-COOPERATIVE</b>					
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>SPOUSE</b>								
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>				
	Victim:		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <b>PD</b>			
	WEAPON USED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: <b>HAND</b>			
	WITNESSES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)			
	INJURIES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:			
	Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:			
	H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:				
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>					
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
N A R R	The following incident was captured utilizing my department issued BWC.							
	On Friday May 28, 2021 at approximately 2349hrs, I responded to 111 Love Street, Square Grouper Tiki Bar, in reference to an unwanted guest and a physical altercation. Upon arrival I made contact with detail officer							
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>389</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  <u>[Signature]</u> #389 SIGNATURE OF ARRESTING OFFICER  Sworn to and subscribed to before me this <u>29</u> day of <u>May</u> , <u>2021</u> .  <u>PANCZAK, BRIAN S</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time <b>05/29/2021 01:05</b>	Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   21-001883</b>
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Schnaderbeck #310, who advised a husband and wife were in a physical altercation in which the wife slapped the male in the face.

I made contact with Square Grouper Employee Eric Englander (WM 4/22/1987) who witnessed the altercation and provided the following sworn statement:

Englander was working at the front door of the bar, checking ID's, when Alexia Coombs (WF 8/11/88) was asked to leave the bar, as she was giving employees a hard time and she was causing a disturbance. Coombs was trying to get her husband, Brayden Coombs (WM 10/24/1986) to leave the bar, but he refused. She threw her phone at the ground in frustration and left the area. The phone hit the ground, the door and then the leg of the bouncer. Englander advised it did not appear that Coombs intentionally threw the phone at anyone, just threw the phone at the ground in a fit of anger.

Approximately 20 minutes later, Coombs returned to look for her phone and find her husband. One of the door workers went inside the establishment to find her husband and brought him to the door. When B. Coombs approached A. Coombs, A. Coombs open hand slapped B. Coombs in the face. Ofc. Schnaderbeck subsequently placed A. Coombs into PC.

I made contact with B. Coombs who was being less than cooperative with police and said that nothing happened and would not provide a statement. I checked B. Coombs for injuries; however he kept turning his face away. From what I could tell, the left side of B. Coombs face appeared slightly red.

I spoke with A. Coombs and advised her of her Miranda Warnings, which she stated she understood and agreed to speak with me about the incident. A. Coombs advised that she was frustrated with her husband for not wanting to leave the bar and threw her phone at the ground in frustration. She returned a short time later to try to convince him to leave, and when he came to the front of the bar, she open hand slapped him in the face. She slapped the B. Coombs on the left side of his face, with her right hand.

Based on the witness statements and statement from A. Coombs, probable cause has been established to arrest Alexia Coombs for Battery (Domestic) pursuant to F.S.S. 784.03(1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, 389 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

*[Signature]* 389  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 29 day of May, 2021.

PANCZAK, BRIAN S  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 248

# VICTIM NOTIFICATION FORM

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)
- 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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

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

1. Incident Report #: 21-001883 Agency: Jupiter Police Department  
Offense: Battery (Domestic)  
Suspect/Offender: Alexia Coombs  
D.O.B. 8/11/88 Race: W Sex: F

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

3a. Victim's Name: Brayden Coombs D.O.B. 10/24/86 Race: W Sex: M  
Address: 2064 Yorkshire Rd  
City: Birmingham State: MI ZIP: 48009  
Home #: 513-407-0100 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

3b. Victim's Next of Kin, Friend or Neighbor: \_\_\_\_\_  
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: \_\_\_\_\_

Officer's Name: S. Shaft I.D. # 389 Date: 5/29/21

1 copy = Corrections or State Attorney (Warrant Application)

1 Copy = Warrants Section

1 copy = Central Records

SUSPECT/OFFENDER:

(FOR WARRANT USE ONLY)

COURT CASE/WARRANT #:



**Palm Beach County Sheriff's Office – Arrests Only**

X	Florida State Statute	Description	Page Number(s)	
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	Other:		
	<input type="checkbox"/>	Other:		

**REVIEW COMPLETED BY**

Booking Number: 2021013059	Date: 5/30/21
	Specialist Name/ID: A. Pinkney/7796