

502021-MMM-001769-AMB NR

3968

0521846

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

A D M I N I S T R A T I O N	ORIS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 21-000808		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE		
	Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Offense <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Enter Type: Hands, Feet, Fist, Teeth		Multiple Clearance Indicator		
D E F E N D A N T	Location of Arrest (Including Name of Business) 196 MILITARY TRAIL						Location of Offense (Business Name, Address) 9272 INDIANTOWN RD / N MILITARY, JUPITER, FL 33478						
	Date of Arrest 03/06/2021	Time of Arrest 14:13	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
C O D E F E N D A N T	Name (Last, First, Middle) CHRISKE, BRIDGET JOHANNAH												
	Alias: CHRISKE, BRIDGET JOHANNAH												
	Race W - White 1 - American Indian B - Black Q - Oriental/Asian	Sex F	Date of Birth 03/19/1999	Height 5'08	Weight 136	Eye Color HAZEL	Hair Color BLONDE /	Complexion LIGHT	Build Thin	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 type="checkbox"/> Unk. <input type="checkbox"/>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTL WRIST / "BIRDS OF A FEATHER FLOCK TOGETHER" WITH						Marital Status S	Religion ISLAMIC	Residence Type: 1. City 3. Florida 4. Out of State 1 2. County 4. Out of State				
	Local Address (Street, Apt. Number) (City) (State) (Zip) 107 ANGELFISH LN, JUPITER, FL 33477						Phone (561) 313-2229		Address Source VERBAL				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 107 ANGELFISH LN, JUPITER, FL 33477						Phone (561) 313-2229		Occupation SELF EMPLOYED,				
	Business Address (Name, Street) (City) (State) (Zip) SELF EMPLOYED,						Phone		Occupation				
	DL Number, State C620070995990 / FL		INS Number		Place of Birth (City, State) DALLAS, TX, United				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)											Residence Phone		
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____											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						Drug Type		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		
	S. Sell B. Buy T. Traffic						R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		
	N. N/A P. Possess						Z. Other		F. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other		
	Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)						Statute Violation Number 784.03(1)(A)(1)		Violation of ORD # 1116				
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond				
	N				1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
	Charge Description											Statute Violation Number	Violation of ORD #
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond				
						<input type="checkbox"/> Y <input type="checkbox"/> N							
	Charge Description											Statute Violation Number	Violation of ORD #
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						
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		Released By		Released To		
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Data Transported		Time Transported		Other		
N O T I C E T O A P P E A R	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court												
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.												
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												
Signature of Defendant (or Juvenile and Parent/Custodian)											Date Signed		
MOLD for Other Agency						Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Detainee <input checked="" type="checkbox"/> Registered Arrest <input type="checkbox"/> Substantial						Name of Arresting Officer (Print) STAN, IRIS		ID # 1229		(PRINT)			
Intake Deputy						Transporting Officer STAN		ID # 309		PAGE 1 OF 1			
Witness here if subject signed with an "X".													

AR-7 AM 5:31
NO PHOTO AVAILABLE

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 03/06/2021 14:13	Agency OR# Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-000808												
	Name (Last, First, Middle) CHRISKE, BRIDGET JOHANNAH				Alias	Race W											
D E F					Sex F												
Date of Birth 03/19/1999																	
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)																
	Victim's Name (Last, First, Middle) CHRISKE, MAUREEN HEITZLER				Race W	Sex F											
V I C T I M					Date of Birth 05/24/1969												
	Local Address (Street, Apt. Number) (City) (State) (Zip) 107 ANGELFISH LN, JUPITER, FL 33477			Phone (561) 818-8558													
	Business Address (Name, Street) (City) (State) (Zip)			Address Source Occupation													
<table border="0"> <tr> <td>DEFENDANT'S STATEMENTS:</td> <td>Written <input type="checkbox"/></td> <td>Taped <input checked="" type="checkbox"/></td> <td>Oral <input type="checkbox"/></td> <td colspan="2">OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):</td> </tr> <tr> <td>VICTIM'S STATEMENTS:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">CRYING</td> </tr> </table>						DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):		VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRYING	
DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):													
VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRYING													
RELATIONSHIP BETWEEN VICTIM & SUSPECT MOTHER/DAUGHTER																	
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene: <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	CALLER: MAUREEN CHRISKE												
		Victim: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:												
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)												
	WEAPON USED:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:												
	WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:												
	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACT COMMITTED IN PRESENCE												
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OF MINOR(S): <input checked="" type="checkbox"/>												
	AT: Scene: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES: JACK CHRISKE/13YO												
	Hospital: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. R. S. NOTIFIED: <input checked="" type="checkbox"/>												
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VICTIM PREGNANT: <input type="checkbox"/>												
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/>													
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:													
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/>													
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/>													
N A R R	See Page 2																
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>J. STAN</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. <u>30911229</u> <u>[Signature]</u> SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>6</u> day of <u>March</u> , <u>2021</u> . <u>ERCOLANO, JANINE</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	Date / Time 03/06/2021 14:13	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-000808
	Agency ORI Number FL 0501700		

**N
A
R
R
A
T
I
V
E**

On 3/6/2021, at approximately 1338 hours, I responded to Jupiter Police Department (196 Military Trail) in reference to a domestic assault which abruptly walked into the lobby. Per Northcom, the caller, Maureen Chriske (w/f 5/24/69) stated that her daughter (Bridget Chriske w/f 3/19/1999) was hitting her in their vehicle (Black Hyundai sedan FL# Y93AIY). The caller and her husband Scott Chriske (w/m 8/14/68) then decided to drive to the police department in attempts of a police intervention with this matter.

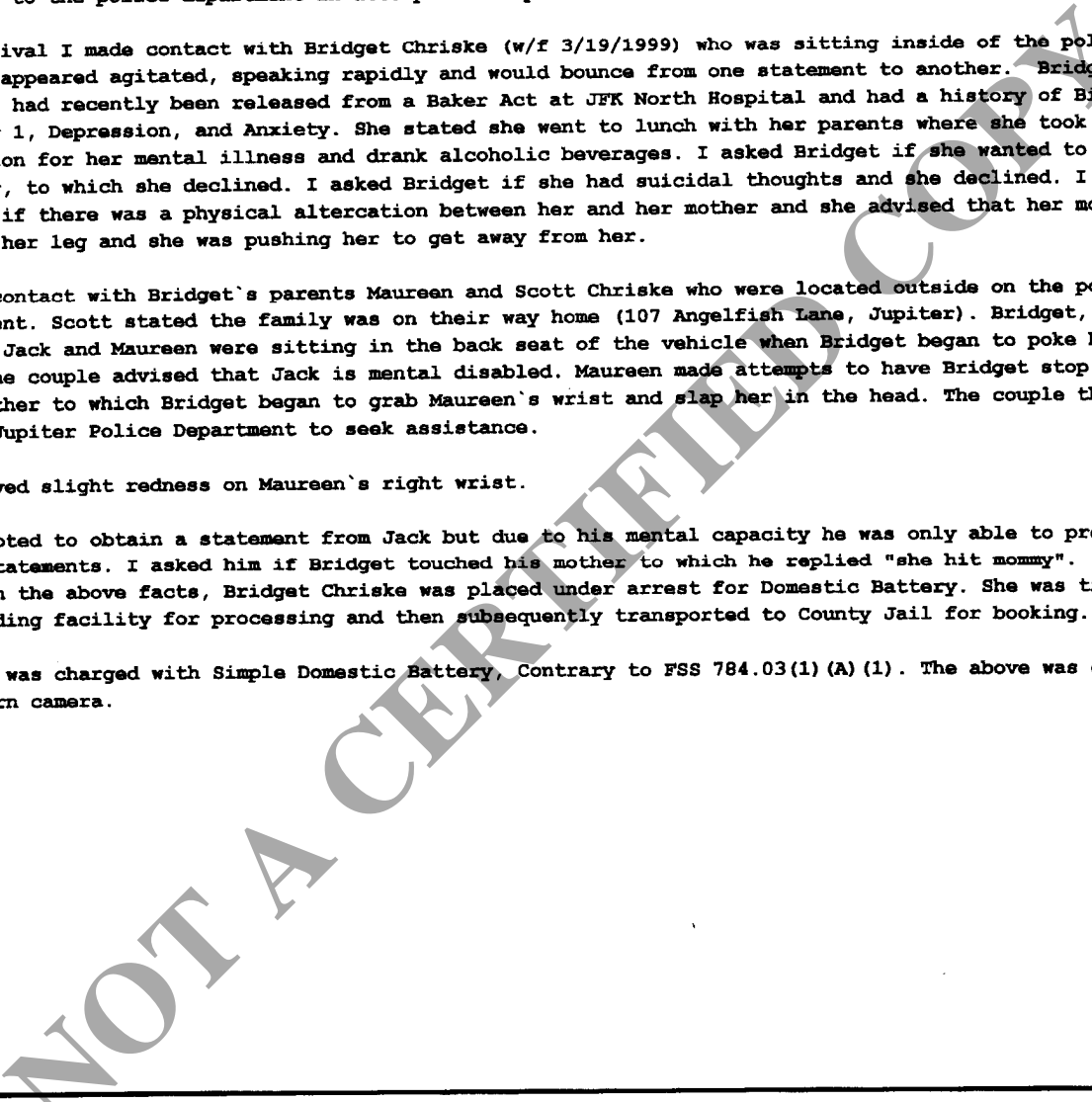
Upon arrival I made contact with Bridget Chriske (w/f 3/19/1999) who was sitting inside of the police lobby. Bridget appeared agitated, speaking rapidly and would bounce from one statement to another. Bridget advised that she had recently been released from a Baker Act at JFK North Hospital and had a history of Bipolar Polar Disorder 1, Depression, and Anxiety. She stated she went to lunch with her parents where she took her medication for her mental illness and drank alcoholic beverages. I asked Bridget if she wanted to hurt herself or other, to which she declined. I asked Bridget if she had suicidal thoughts and she declined. I asked Bridget if there was a physical altercation between her and her mother and she advised that her mother tried to grab her leg and she was pushing her to get away from her.

I made contact with Bridget's parents Maureen and Scott Chriske who were located outside on the police department. Scott stated the family was on their way home (107 Angelfish Lane, Jupiter). Bridget, her younger brother Jack and Maureen were sitting in the back seat of the vehicle when Bridget began to poke her brother Jack. The couple advised that Jack is mental disabled. Maureen made attempts to have Bridget stop from poking her brother to which Bridget began to grab Maureen's wrist and slap her in the head. The couple then stopped at the Jupiter Police Department to seek assistance.

I observed slight redness on Maureen's right wrist.

I attempted to obtain a statement from Jack but due to his mental capacity he was only able to provide me with brief statements. I asked him if Bridget touched his mother to which he replied "she hit mommy". Based on the above facts, Bridget Chriske was placed under arrest for Domestic Battery. She was transported to JPD holding facility for processing and then subsequently transported to County Jail for booking.

Bridget was charged with Simple Domestic Battery, Contrary to FSS 784.03(1) (A) (1). The above was captured on body worn camera.



STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, J. Spaw personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. 30911229

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 6 day of March, 2021.

ERCOLANO, JANINE
NOTARY PUBLIC / CLERK OF COURT (OFFICER (F.S. 117.10))

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 #: 21-000808 Agency: Jupiter Police Department
Offense: Simple Battery (domestic)
Suspect/Offender: Bridget Chriske
D.O.B. 3/19/99 Race: White Sex: Female

2. Warrant #(s): _____

3a. Victim's Name: Maureen Chriske D.O.B. 5/24/69 Race: W Sex: F
Address: 107 AngelFish Ln
City: Jupiter State: FL ZIP: 33458
Home #: 561-818-8558 Work #: _____ Other: _____

3b. Victim's Next of Kin, Friend or Neighbor: Scott Chriske
Address: 107 AngelFish Ln
City: Jupiter State: FL ZIP: 33458
Home #: 561-818-8558 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: _____ I.D. # _____ Date: _____

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: 2021005652	Date: 03/07/2021
	Specialist Name/ID: T Howard/7185