0530791 ~~0530791~~ 50-2022-MM-002813-AMB 2234

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22-055361

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type (1. Yes 2. No): 2 | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 13860 Wellington Trace, Wellington, FL 33414

Location of Offense (Business Name, Address): 13860 Wellington Trace, Wellington, FL, 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/09/2022	23:37					

DEFENDANT

Name (Last, First, Middle): Kirby, Elizabeth,

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/25/1990	5'05	130	Brown	Brown	Light	Medium

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): Left wrist/ green heart Leg/ red star

Marital Status: Single | Religion: NONE

Indication of: Alcohol Influence: Y ☒ N ☐ Unk. ☐ | Drug Influence: Y ☐ N ☒ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 2720 Twin Oaks way, Wellington, FL, 33414

Phone: (201) 602-4812

Residence Type (1. City 2. County 3. Florida 4. Out of State): 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,

Phone: ( )

Address Source: DL

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: Self Employed

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K610220909250	[redacted]		Ft Worth Texas	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

1 - No Bond JM #648

Address (Street, Apt. Number) (City) (State) (Zip):

Residence Phone: ( ) | Business Phone: ( )

Notified by: (Name) | Date | 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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

Drug Activity: N. 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Domestic Battery	1	☒ Y ☐ N	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22-055361		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

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: 04/09/2022

ADMIN

HOLD for other Agency Name:

Signature of Arresting Officer: x [signature] 33622

Name Verification (Printed by Arrestee): (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): J. Camilleri | I.D. #: 33622

Intake Deputy	I.D. #	Pouch #	Transporting Officer	ID #	Agency
D/S Williams [signature]			J. Camilleri	33622	PBSO

Witness here if subject signed with an -X-

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	Juvenile	N
Agency ORI Number: FLO 500000	Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number: 06- 22-055361			
ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:			

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Elizabeth , Kirby,		W	F	11/25/~~2000~~ 1990 A

CHARGES

Charge Description	Charge Description
Domestic Battery	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Brown, Justin, Russell	W	M	01/20/1984

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
280 E Broad ST 1612 , Rochester, NY, 14604	(315) 380-9186	
Business Address (Name Street) (City) (State) (zip)	Phone	Occupation
	( )	

PROBABLE CAUSE STATEMENT

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.
The Person taken into custody

☐ committed the below acts in my presence.
☐ was observed by ____ who told ____ that he/she saw the arrested person commit the below acts.
☒ confessed to ____ admitting to the below facts.
☒ was found to have commited the below acts resulting from my (described) investigation.

On the 09 day of April 2022 at 23:37 ☐ A. M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On April 09, 2022 at approximately 23:28 hours I responded to 13860 Wellington Trace, Wellington, FL 33414 in reference to a male who called 911 and stated that his intoxicated girlfriend bit him and that he was trying to restrain him.

Upon my arrival to the above location I made contact with an adult male who identified himself as the complainant being named Justin Brown. Brown stated that he and his girlfriend (Elizabeth Kirby) were at Kontiki restaurant on 04/09/2022 located at the above location. Brown advised that upon leaving the restaurant, Kirby was extremely intoxicated. Brown advised that Kirby became upset due to Brown not allowing her to drive her vehicle home due to intoxication. Brown stated that he stood in front of the driver door to prevent Kirby from entering the vehicle for her safety. Brown advised that while standing in front of the driver side door, Kirby began to yell and scream at Brown. Brown stated that he then called 911 due to Kirby becoming aggressive. Brown stated that while speaking to PBSO dispatch , Kirby bit his right tricep muscle . Brown advised that shortly after Kirby bit him, PBSO Deputies arrived to the scene. I observed Brown to have a large teeth mark laceration on the back of his right tricep.

I then made contact with Kirby, at which time I observed her to be extremely intoxicated and agitated. Due to Kirby becoming agitated, she was placed and handcuffs and detained. I then read Kirby her Miranda rights, at which time she stated that she understood her rights. I then asked Kirby what had occurred between her and Brown on 04/09/2022, at which time she stated that she and Brown had been in an argument after leaving Kontiki. Kirby stated that Brown began to say things to get her upset, at which time she bit the back of his right tricep. Kirby advised that she bit Brown due to her being upset with him. I did not locate any injuries on Kirby.

Other PBSO deputies then made contact with a waitress from Kontiki, who identified herself as being named Lauren Soto. Soto stated that while cleaning up the front patio to the restaurant, she observed Kirby and Brown arguing. Soto stated that she walked over to Brown and Kirby to see if they needed assistance, at which time Brown asked her for help. Soto stated that Brown informed her that Kirby bit his arm. Soto advised that she stood by Brown and Kirby until police arrived.

After my investigation, I found probable cause to arrest Kirby for simple battery domestic related Fl State Statute (784.03(1)(a)(1)).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

33672
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 09 day of April 20 22 by D/S J. Camilleri

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced Known LEO

Notary Public Clerk of Court, Officer (F.S. 117.10)

PAGE 1 OF 1

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Elizabeth , Kirby, **DOB:** 11/25/2990 **Case #:** 22-055361

Victim: Brown, Justin, Russell **DOB:** 01/20/1984 **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

Photographs: Scene × Yes No Victim × Yes No Defendant × Yes No

911 Call: × Yes No **Caller:** _____

Weapon Used: Yes × No **Type:** _____

Witness: × Yes No **Name:** _____

Victim Pregnant: Yes × No **If yes,** ___ weeks _____ months

Injuries: × Yes No **Description:** Bite laceration

Medical Treatment: × Yes No

At Scene: × Yes No **Paramedics:** Rescue 20 PBCFR

At Hospital: Yes No **Hospital:** _____ **Physician:** _____

Are Children Living in Home? Yes × No **DCF Notified?** Yes × No

Name: **DOB:** ___/___/_____

Name: **DOB:** ___/___/_____

Name: **DOB:** ___/___/___

Injunction Yes × No **Case #:** _____

No Contact Order Yes × No **Case #:** _____

Alcohol or Drugs Yes No × Unknown

Prior History of Domestic/Dating Violence Yes × No

Defendant's Statements × Yes No **If yes,** written × recorded oral

First words Defendant said when you responded to scene: I bit my boyfriend because he made me upset.

Victim's Statements × Yes No **If yes,** written × recorded oral

First words Victim said when you responded to scene: Me and my girlfriend got into an argument and she bit me.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes × No **If yes, name:** _____ **phone** (___)___-_____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

× Complained of pain × Other _____

Victim Contact Information:

Local Address: 280 E Broad ST 1612 , Rochester, NY, 14604

Phone: Home (315) 380-9186 Work (___)___-_____ Cell (___)___-_____

Employer: _____

Name of Relative: _____ **Phone** (___)___-_____

Address: _____

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **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.)

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

SUSPECT/OFFENDER: **Elizabeth , Kirby,** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#: _____

1. Incident Report #: **22-055361** Agency: **PBSO**
   Offense: **Domestic Battery**
   Suspect/Offender: **Elizabeth , Kirby,**
   D.O.B. **11/25/2990** Race: **W** Sex: **F**

2. Warrant # (s): _____

3.a. Victim's name: **Brown, Justin, Russell** D.O.B. **01/20/1984** Race: **W** Sex: **M**
   Address: **280 E Broad ST 1612**
   City: **Rochester, NY, 14604**
   Home #- **(315) 380-9186** Work #: **()** Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____
   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: **Brown, Justin, Russell**

Deputy's Name: **D/S J. Camilleri** I.D.# **33622** Date: **04/09/2022**

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00029A REV. 4199

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2022009296	**Date:** 4/10/2022
	Specialist Name/ID: Chantel Daniels/30347