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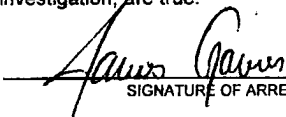

AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 22-000349							
D E F E N D A N T	Charge Type: 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: UNARMED		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business) 105 WATERBRIDGE LN JUPITER, FL						Location of Offense (Business Name, Address) 105 WATERBRIDGE LN, JUPITER, FL 33458					
C O D E F	Date of Arrest 01/28/2022		Time of Arrest 11:01		Booking Date		Booking Time		Jail Date		Jail Time	
	Name (Last, First, Middle) SAVAGE, MARK PETER		Sex M		Date of Birth 12/04/1974		Height 5'07		Weight 165		Eye Color BROWN	
J U V E N I L E	Race W - White		Complexion LIGHT		Build SMALL		Hair Color BLACK		Religion ATHEIST		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 105 WATERBRIDGE LN, JUPITER, FL 33458		(City) JUPITER		(State) FL		(Zip) 33458		Phone (508) 612-1076		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Out of State <input checked="" type="checkbox"/>	
C O D E F	Permanent Address (Street, Apt. Number) 105 WATERBRIDGE LN, JUPITER, FL 33458		(City) JUPITER		(State) FL		(Zip) 33458		Phone (508) 612-1076		Address Source VERBAL	
	Business Address (Name, Street) QUANTA,		(City) QUANTA		(State) FL		(Zip) 33458		Phone (508) 612-1076		Occupation Instructor	
C O D E F	D/L Number, State SI20555744440 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) MA, United States Of		Citizenship US			
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
J U V E N I L E	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Name (Last, First, Middle) VICTIM NOTIFICATION REQUIRED		(State) FL		(Zip) 33458		Residence Phone		Business Phone			
C O D E F	Notified by: (Name) [REDACTED]		Relationship [REDACTED]		Date [REDACTED]		Time [REDACTED]		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated			
	Released To: (Name) [REDACTED]		Relationship [REDACTED]		Date [REDACTED]		Time [REDACTED]					
C O D E F	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 [REDACTED]		Grade [REDACTED]		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property [REDACTED]		Value of Property [REDACTED]	
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispenses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
C H A R G E	Drug Type N		Amount / Unit /		Offense # /		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
	Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)		Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #		Bond					
C H A R G E	Drug Type N		Amount / Unit /		Offense # /		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	Charge Description		Statute Violation Number		Violation of ORD #		Bond					
C H A R G E	Drug Type N		Amount / Unit /		Offense # /		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	Charge Description		Statute Violation Number		Violation of ORD #		Bond					
I N T A K E	Health / Apparent Physical Condition of Defendants		Any knowledge of the following: Explain:		<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	
	Transported By		Date Transported		Time Transported		Other		Released To			
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.		Location (Court, Room)		Court Date and Time		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.		No Photo Available	
	Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Name Verification (Printed by Arrestee)		(PRINT)		PAGE 1 OF 1			
A D M I N I S T R A T I O N	HOLD for Other Agency		Signature of Arresting Officer [REDACTED]		ID # 366		Name of Arresting Officer (Print) GAINES, JAMES		ID # 1180		Agency JPD	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer GAINES		ID # 366		Agency JPD		Witness here if subject signed with arrest	

JAN 29 2022

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/28/2022 12:06		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 22-000349	
	Name (Last, First, Middle) SAVAGE, MARK PETER						Race W	Sex M
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) SAVAGE, STEPHANIE MARIE						Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 105 WATERBRIDGE LN, JUPITER, FL 33458				Phone (561) 222-7854		Address Source FL DL	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
A D D I T I O N A L I N F O R M A T I O N	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): UPSET WITH RED MARKS ON FACE				
	RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE							
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 checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>			
			Victim: <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CALLER: VICTIM		
	WEAPON USED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS, PURSE		
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)		
	INJURIES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:		
	Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:		
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CASE #:			
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
N A R R	On Friday, January 28, 2022, at approximately 1002 hours, I was dispatched to 105 Waterbridge Lane Jupiter, Florida 33458, in reference to a domestic violence investigation. Upon arrival with my BWC activated, contact was made with the caller/victim, Stephanie Savage (W/F 09/22/1977, 561-222-7854) who stated the following:							
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>Gaines</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. <div style="display: flex; justify-content: space-between;"> <div>  SIGNATURE OF ARRESTING OFFICER </div> <div> 366/1180 </div> </div> Sworn to and subscribed to before me this <u>28</u> day of <u>January</u> , <u>2022</u> . <div style="display: flex; justify-content: space-between;"> <div>  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) </div> <div> 344/1129 </div> </div>							

SCANNED

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

JAN 29 2022

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 01/28/2022 12:06		
	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 22-000349

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The victim stated she asked her husband/offender, Mark Savage (W/M 12/04/1974, 508-612-1076) about their mortgage and insurance when he started to yell and argue with her. She said a short time later she asked him about going to get breakfast when he again started yelling at her because he did not like the suggestions she was making about which place to go to. The victim explained that the offender threw his shaker bottle at the front door which spilled all over the rug before going upstairs and arguing with her more inside her bedroom (the offender stayed/slept in a room downstairs). She told me the offender went into her bedroom closet and started throwing her purses into the bedroom.

The victim went on to say she ran into the closet and tried to push him away from her things so he would stop throwing her belongings. She said the offender pushed her to the ground with both hands. The victim explained that she got up quickly and ran out of the closet towards her bed to get away from him. She told me the offender walked towards her at which point she tried to push and kick him to keep him away from her.

The victim then stated the offender picked up her black Burberry handbag and struck her four times on the right side of her face near her eye with it. She said she told him she was going to call law enforcement at which point he backed away from her. The victim explained that the offender told her that if the police came, they both would be arrested and her children would be taken away from her (their two kids were at school and not inside the residence during the incident). She told me the offender left the residence before JPD arrival.

I observed red marks on the right side of the victim's face especially near her right eye. There was also bruising under her right eye that she stated was from a previous incident where she was attempting to break up a fight at a restaurant/bar. The victim's denim jacket was ripped on the right and left side that she explained was sustained during the physical altercation with the offender.

Contact was made with the offender via phone call. He stated he would not come back to the residence to give a statement, but said he would meet at the Jupiter Police Department. The offender arrived shortly after at JPD and stated the following: He stated the victim started complaining about money, then he threw a water bottle at the front door out of frustration. The offender explained there was no physical altercation between him and the victim. I observed a few scratch marks on the right side of the offender's neck that he told me was from wrestling with his son and from the incident.

Based on the statements and evidence along with my investigation, I find probable cause to charge the offender with Domestic Battery because he did actually and intentionally touch or strike the victim against the will of the victim (or) did intentionally cause bodily harm to the victim and the victim was a family or household member of the offender, contrary to Florida Statute 784.03(1), 741.28 and 741.283.

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

[Signature] 366/1180
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28 day of January, 2022.

[Signature]
NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)

SCANNED

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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 #: 22-000349 Agency: Jupiter PD
Offense: DOMESTIC BATTERY
Suspect/Offender: MARK SAVAGE
D.O.B. 12/24/1974 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: STEPHANIE SAVAGE D.O.B. 09/22/1977 Race: W Sex: F
Address: 105 WATERBRIDGE LN
City: JUPITER State: FL Zip: 33458
Home #: _____ Work #: _____ Other: 561-222-7854

b. Victim's next of kin, friend or neighbor: KALI SAVAGE
Address: 105 WATERBRIDGE LN
City: JUPITER State: FL Zip: 33458
Home #: X Work #: X Other: X

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: _____
Deputy's Name: _____ I.D. # _____ Date: IAN 29 2022

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:

SCANNED



**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	<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: 2022002623	Date: 1/29/2022
	Specialist Name/ID: Chantel Daniels/30347

SCANNED

JAN 29 2022