

051545

20mm1761AMB

1623

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-20-041689				
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			Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01		
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)					
100 CLAREMONTE LN #2, PALM BEACH SHORES, FL 33404				100 CLAREMONTE LN #2, PALM BEACH SHORES, FL 33404					
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
02/23/2020	21:42								
Name (Last, First, Middle) Jackowski, Michelle, Lisa				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build <i>Small</i>	
W - White I - American Indian B - Black O - Oriental/Asian	W F	09/23/1990	5'04	106	HAZEL	BLOND	LIGHT	THIN <i>DB</i>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT on right ankle				Martial Status	Religion	Indication of Alcohol Influence Drug Influence			
				Single	CATHOLIC	Y N Unk. 0 0 0			
Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Residence Type			
110 Ne 19th Ave Apt 10, Deerfield Beach, FL 33441				(772) 713-7579		1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source			
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation			
D/I Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship	
J220552908430, FL						MIAMI, FL		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		
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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				Residence Phone					
Address (Street, Apt. Number) (City) (State) (Zip)				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 <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 (Phone 355-2526) informed of any change of address.				School Attended		Grade			
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property		Value of Property			
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/Synthetic U. Unknown, Z. Other			
Charge Description SIMPLE BATTERY (DOMESTIC)				Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
				1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	784.03(1)(a)(1)			
Drug Activity Drug Type Amount / Unit				Offense #		Warrant / Capias Number		Bond	
N N				20-041689					
Charge Description				Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
					<input type="checkbox"/> Y <input type="checkbox"/> N				
Drug Activity Drug Type Amount / Unit				Offense #		Warrant / Capias Number		Bond	
Charge Description				Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
					<input type="checkbox"/> Y <input type="checkbox"/> N				
Drug Activity Drug Type Amount / Unit				Offense #		Warrant / Capias Number		Bond	
Charge Description				Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
					<input type="checkbox"/> Y <input type="checkbox"/> N				
Drug Activity Drug Type Amount / Unit				Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)									
Court Date and Time									
Month Day Year Time AM									
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									
02/23/2020									
Signature of Defendant (or Juvenile and Parent /Custodian)					Date Signed				
HOLD for other Agency Name		Signature of Arresting Officer			Name Verification (Printed by Arrestee)				
		<i>D. Bumgardner 36199</i>							
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) I.D. #			(PRINT)				
		D. Bumgardner 36199							
Intake Deputy I.D. # Pouch #		Transporting Officer ID # Agency			Witness here if subject signed with an -X-				
		D. Bumgardner 36199							

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

PBSO #148 REV. 8/97

Bumgardner 36199

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 20-041689					
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes			
CHARGES	Name (Last, First, Middle) Jackowski, Michelle, Lisa		Alias	Race W	Sex F	Date of Birth 09/23/1990		
	Charge Description SIMPLE BATTERY (DOMESTIC)	784.03(1)(a)(1)	Charge Description					
VICTIM	Victim's Name (Last, First, Middle) Hipp, Jordan, Cameron		Race W	Sex M	Date of Birth 02/01/1993			
	Local Address (Street, Apt. Number) 110 Ne 19th Ave Apt 10, Deerfield Beach, FL 33441		(City)	(State)	(zip)	Phone (954) 551-9836	Address Source	
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation	
	<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. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by JORDAN HIPP who told D/S BUMGARDNER <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 23RD day of FEBURARY 2020 at 21:42 <input type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>							
PROBABLE CAUSE STATEMENT	<p>On 02/23/2020 at 9:42PM, D/S Sanchez and I responded to 100 Claremont LN Palm Beach Shores, FL in reference to a domestic battery in progress. Upon arrival we were informed by dispatch that the victim (HIPPI) had been physically hit by his girlfriend (JACKOWSKI) and had thrown "Poison" on him. Hipp also advised PBSO Dispatch that she was armed with a knife blocking the door preventing him exiting. Upon arrival we knocked on the door and a W/F identified as Michelle Lisa Jackowski answered the door. She did not say anything just looked confused on why we were there. I placed her in handcuffs, checking for fit and double locking them, to secure her for officer safety purposes while I investigated the incident. We then made entry into the apartment and found the victim, W/M Jordan Cameron Hipp extremely upset and coming out of his room.</p> <p>He stated that he was hit by Jackowski and that she threw Damp Rid granules on him, which is a powder air humidifier. There was an empty container of Damp Rid next to the bed and the granules were spread in heavy concentration throughout the floor and area where the victim had been standing. In the house I could see piles of laundry on the floor in the hallway. When we entered his room I saw a white powder substance, which was the Damp Rid on the floor with the container next to it. Hipp complained of burning in his mouth. He also claimed that Jackowski hit him with a closed fist on his chest and right side of his head. I could see redness on his chest and side of his head from where he was hit. He also had a small amount of blood on his right hand. Hipp stated that he had everything on video. He showed me the video and I could see where Jackowski and Hipp were arguing. Jackowski then struck Hipp with a closed fist and tried to knock the phone from his hand. She then threw the took the container of Damp Rid and shook it out towards Hipp. I was unable to tell if any of the powder actually got onto Hipp. D/S took photographs of the apartment and of Hipp's wounds. Based on the above information I do believe probable cause exist to charge Jackowski with simple battery domestic per F.S.S. 784.03(1)(a)(1).</p> <p>It was determined that Hipp and Jackowski have been residing together as if a family at the listed residence for the last two years and are in a domestic relationship as defined by Florida Statute.</p>							
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>D/S Bumgardner</i> 26779 (Signature of Arresting Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 23RD day of FEBURARY 2020 by D/S BUMGARDNER (Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN</p> <p><i>[Signature]</i> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>							
	<p style="text-align: right;">PAGE 1 OF 1</p>							

VICTIM NOTIFICATION FORM

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

- **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.**

1. Incident Report #: 20-041689 Agency: PBSO
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: Jackowski, Michelle, Lisa
D.O.B. 09/23/1990 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Hipp, Jordan, Cameron D.O.B. 02/01/1993 Race: W Sex: M
Address: 110 Ne 19th Ave Apt 10
City: Deerfield Beach, FL 33441
Home #- (954) 551-9836 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: 336 404 1254 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: Hipp, Jordan, Cameron

Deputy's Name: D/S BUMGARDNER I.D.# 36199 Date: 02/23/2020

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: **Jackowski, Michelle, Lisa**
COURT CASE/WARRANT#:
(FOR WARRANTS USE ONLY)

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Jackowski, Michelle, Lisa DOB: 09/23/1990 Case #: 20-041689

Victim: Hipp, Jordan, Cameron DOB: 02/01/1993 Race: W Sex: M

Relationship between Victim and Defendant: BOYFRIEND/GIRLFRIEND (COHABITATION)

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Hipp, Jordan, Cameron

Weapon Used: Yes No Type: HANDS/FIST

Witness: Yes No Name:

Victim Pregnant: Yes No If yes, weeks months

Injuries: Yes No Description: REDNESS ON CHEST AND HANDS

Medical Treatment: Yes No

At Scene: Yes No Paramedics: RIVIERA BEACH FIRE RESCUE

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: "What's going on?"

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

First words Victim said when you responded to scene: "She hit me and threw poison on 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/ distressed/ scared

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other

Victim Contact Information:

Local Address: 110 Ne 19th Ave Apt 10, Deerfield Beach, FL 33441

100 CLAREMONT LN APT 2 PALM BEACH SHORES, FL 33404

Phone: Home (954) 551-9836 Work () - Cell () -

Employer: DAN CO. SPORTS

Name of Relative: LISA HIPPI Phone (336) 404 - 1254

Address:

Report of Law Enforcement Officer Initiating Involuntary Examination

State of Florida, County of PALM BEACH, Florida

I, D/S D. BUMGARDNER, am a law enforcement officer certified by the State of Florida. In my opinion

Michelle Lisa Jackowski appears to meet the following criteria for involuntary examination:

1. I have reason to believe said person has a mental illness pursuant to Section 394.455 (18), F.S., and because of the mental illness (check a or b):

- a. Person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; OR
- b. Person is unable to determine for himself/herself whether examination is necessary, AND

2. Either (check all that apply)

- a. Without care or treatment said person is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or refusal poses a real and present threat of substantial harm to his/her well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; AND/OR,
- b There is substantial likelihood that without care or treatment the person will cause serious bodily harm to (check one or both)
 - self
 - others in the near future, as evidenced by recent behavior.

Circumstances supporting this opinion, including specific information about the person's behavior, threats and actions and information offered by others:

On 02/23/2020 W/F Michelle Lisa Jackowski was taken into custody for domestic battery at 100 Claremont APT 2 Palm Beach Shores, FL 33404. While in the back of the patrol vehicle, audio and video recordings captured

[REDACTED]

NOT A CERTIFIED COPY

D/S Bumgardner
Signature of Law Enforcement Officer

D/S. D BUMGARDNER
Printed Name of Law Enforcement Officer

36199
Badge or ID Number

02 / 23 / 2020

11:55 am pm
Time

PALM BEACH COUNTY SHERIFF'S OFFICE
Full Name of Law Enforcement Agency (printed)

20-041689
Law Enforcement Case Number

Transportation to Receiving Facility

Part I: General Information

The circumstances, under which (Name of Person) Michelle Lisa Jackowski was taken into custody are as follows:

On 02/23/2020 W/F Michelle Lisa Jackowski was taken into custody for domestic battery at 100 Claremont APT 2 Palm Beach Shores, FL 33404. While in the back of the patrol vehicle, audio and video recordings captured [REDACTED]

Time: 11:55 am pm ✓

Date: 02/23/2020

Place or Facility Name:

Palm Beach County Jail

Pick Up Address:

100 Claremont LN APT2 Palm Beach Shores, FL 33404

Family members or others present when person was taken into custody

Name	Address	Relationship	Phone Number
Jordan Hipp	100 Claremont LN Apt 2 PBS, FL 33404	Boyfriend	954-551- 9836
Next of Kin (if known)			

Indicate personal knowledge by family members and others about the person's condition.

Delivered to (Nearest Receiving Facility):

Basis for Custody: (Check one) Ex Parte Order Certificate of Mental Health Professional Report of Law Enforcement Officer

D/S D. Bumgardner 36199
Signature of Law Enforcement Officer

02/23/2020
Date

11:55 am pm ✓
Time

D/S D. BUMGARDNER
Printed Name of Law Enforcement Officer

PALM BEACH COUNTY SHERIFF'S OFF
Full Name of Law Enforcement Agency

36199
Badge or ID Number

20-041689
Law Enforcement Case Number

CONTINUED OVER



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 checked="" type="checkbox"/>	394.4615(7)	Mental health information.	6, 7
	<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"/>	119.071 (3)(A),(3)(B), (1-3C)	Other: Security at the Jail	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020006163	Date: 2/24/2020
	Specialist Name/ID: M. Tooks #8557