

0275954

200F 3495

3025

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 22-001745
Charge Type: Check as many as apply: <input checked="" 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
Location of Arrest (Including Name of Business) 1509 VENUS AVE		Location of Offense (Business Name, Address) 1509 VENUS AVE, JUPITER, FL 33469
Date of Arrest 04/29/2022	Time of Arrest 21:30	Booking Date 04/29/2022
Booking Time 21:40	Jail Date	Jail Time
Name (Last, First, Middle) SPAGONE, BRIANA		Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: SPAGONE, BRIANA
Race W - White B - Black W	Sex M - Male F - Female F	Date of Birth 05/02/1984
Height 5'08	Weight 175	Eye Color BROWN
Hair Color BLACK	Complexion FAIR	Build S
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S
Local Address (Street, Apt. Number) 1509 VENUS AVE, JUPITER, FL 33469		Phone (561) 676-8639
Permanent Address (Street, Apt. Number) 1509 VENUS AVE, JUPITER, FL 33469		Phone (561) 676-8639
Business Address (Name, Street) DWYER HS.		Phone
D/L Number, State S125060846620 / FL	Soc. Sec. Number	INS Number
Place of Birth (City, State) (West Palm)		Citizenship US
Co-Defendant Name (Last, First, Middle)	Race	Sex
Co-Defendant Name (Last, First, Middle)	Race	Sex
Parent / Other: 1) Mr. Burd		Relationship Phone
Address (Street, Apt. Number) 2) 3000		Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	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 VICTIM NOTIFICATION REQUIRED
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Driver 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. Synthetic	L. Unknown Z. Other	
Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE) Receipt		Statute Violation Number 784.03(1)(A)(1)
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 - ON OFFICER, FIREFIGHTER, EMT ETC.		Statute Violation Number 784.07(2)(B)
Drug Type N	Amount / Unit /	Offense #
Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
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
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Released By
Transported By		Date Transported
Time Transported		Other
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		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
HOLD for Other Agency		Signature of Arresting Officer 350
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) WYATT, CHRISTIAN
<input type="checkbox"/> Substantial <input type="checkbox"/> Other		I.D. # 1234
Initials/Depos 5701	Pouch #	Transporting Officer WYATT, C
I.D. # 350	Agency JUPITE	Name Verification (Printed by Arrestee) APR 30 AM 12:05
Witness here if subject signed with an "X".		PAGE 1 OF 1


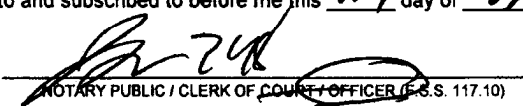
JUVENILE APR 30 2022

SCANNED APR 30 2022

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/29/2022 21:55		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 22-001745		
	Name (Last, First, Middle) SPAGONE, BRIANA			Alias SPAGONE, BRIANA			Race W	Sex F	Date of Birth 05/02/1984
Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)									
V I C T I M	Victim's Name (Last, First, Middle) MISERICORDIA, ANTHONY LEONARD						Race W	Sex M	Date of Birth 11/18/1985
	Local Address (Street, Apt. Number) 1509 VENUS AVE, JUPITER, FL 33469			(City)	(State)	(Zip)	Phone		Address Source
	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):						
VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			UPSET						
RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED									
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 checked="" type="checkbox"/>	<input type="checkbox"/>					
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: NEIGHBOR / HUSBAND				
	WEAPON USED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS				
	WITNESSES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)				
	INJURIES:		<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>						
N A R R	On April 29, 2022 at approximately 2048 hours, I arrived at 1509 Venus Ave in reference to an ongoing Police Service Call for W/M Spagone, Briana (5/2/1984), who wants to speak to Federal Agents. She is known to have mental health issues. Upon my arrival, I was approached by W/F Spagone, Briana (5/2/1984) who was irate saying that her husband and mom are trying to take her away. Spagone would not follow my commands to stay still and								
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.								
 SIGNATURE OF ARRESTING OFFICER									
Sworn to and subscribed to before me this <u>29</u> day of <u>April</u> , <u>2022</u>									
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 04/29/2022 21:55	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 22-001745
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kept walking away from Officers. She was subsequently placed in handcuffs that were checked for spacing and double locked protective custody for Officer Safety reasons. Spagone would not answer my direct questions and kept telling me to call a Federal Agent.

I then spoke to the victim W/M Misericordia, Anthony (11/18/1985) who has been married to Briana for the last 5 years. He advised that Spagone has been dealing with multiple mental illnesses and does not know for sure if she is taking her medication. She was going to go with her husband (Misericordia) and her mother and witness W/F Echo, Rita (2/20/1951), to a rehab center in Deerfield Beach. She was about to go into Misericordia's vehicle when she started spitting in his face and refusing to go. She then took her wedding off and threw it at Misericordia; however, it landed in the grass. Misericordia then tried to calm her down and she proceeded to punch him in the left ribcage with a closed fist. This was followed up by an elbow strike to his ribcage. He had visible red marks to this area. The Witness Echo, stated she saw this all happen the exact way Misericordia described it. Misericordia denied medical treatment.

Misericordia was provided with a victim's rights brochure. I find probable cause exists to arrest the defendant for domestic battery because the defendant 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 in a relationship with the defendant, contrary to Florida Statute 784.03(1), 741.28 and 741.283. Spagone was advised of the charges and transported to the Jupiter Police Department for booking, then to the Palm Beach County Jail without incident. The above was captured on my department issued body worn camera and is not purported to be verbatim.

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

[Signature] 359
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 29 day of April, 2022

[Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (E.S.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 #: 22-001745 Agency: Jupiter Police Department
Offense: Simple Battery (Domestic)
Suspect/Offender: Spagone, Briana
D.O.B. 5/2/1984 Race: W Sex: M

2. Warrant #(s): _____

3a. Victim's Name: MISERICORDIA, ANTHONY D.O.B. 11/18/198 Race: W Sex: M
Address: 1509 Venus Ave
City: Jupiter State: FL ZIP: 33469
Home #: 7325013330 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: Wyatt. C I.D. # 350 Date: 4/29/2022



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: 2022011291	Date: 4/30/2022
	Specialist Name/ID: Chantel Daniels/30347