0532037 22MM4502MS 2691

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700

Agency Name: Jupiter Police Department

Agency Report Number (N.T.A.'s only): 5 | 4 | 22-002184

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

If Weapon Seized: Enter Type: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 136 ASHLEY CT JUPITER FL

Location of Offense (Business Name, Address): 136 ASHLEY CT, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/03/2022	00:34					

DEFENDANT

Name (Last, First, Middle): BRIGGS, ROBERT J

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/17/1956	6'04	230	BROWN	GRAY	LIGHT	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: M

Religion: NO PREF

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 136 ASHLEY CT, JUPITER, FL 33458

Phone: (561) 301-8574

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 136 ASHLEY CT, JUPITER, FL 33458

Phone: (561) 301-8574

Address Source: 1

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

Phone:

Occupation:

D/L Number, State	SID Number	INS Number	Place of Birth (City, State)	Citizenship
B620770562970 / FL	[redacted]		ONTARIO, Canada	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

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

Name (Last, First, Middle): No Bond

Residence Phone

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

Business Phone

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 ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

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 D. Deliver E. Use K. Disperse/ 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 U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY-SIMPLE (TOUCH OR STRIKE)	784.03(1)(A)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Seizure
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ 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 SPECIFIED. 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.

JUN 03 2022

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: 812

Name of Arresting Officer (Print): ZESUT, BRANDEN I.D. # 1190

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

Intake Deputy I.D. # SHANN 9161 Pouch #

Transporting Officer: ZESUT I.D. # 312 Agency JPD

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☒ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 22-002184

Charge Type: 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
BRIGGS, ROBERT J		W	M	08/17/1956

CHARGES

Charge Description	Charge Description
784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
SAUNDERS, ELIZABETH	W	F	12/29/1961

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
136 ASHLEY CT, JUPITER, FL 33458	(250) 218-3125	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 3 day of June, 2022 at 00:34 (Specifically include facts constituting cause for arrest.)

On 6/2/2022 at 2351 hours I was dispatched to 136 Ashley Court, Jupiter FL 33458 in reference to a domestic violence incident that had just occurred.

Complainant W/F Elizabeth Saunders (12/29/1961) advised that her live in husband W/M Robert J. Briggs (8/17/1956) had grabbed her and pushed her down.

Upon arrival in the area, I made contact with Saunders outside of her residence. Saunders was shaky and appeared very flustered. She had a small cut on the palm of her left hand, and she declined medical attention. Saunders later told me the following via sworn statement on body worn camera: Briggs came home from the bar very intoxicated, and Saunders was upset that he drove home drunk. A verbal argument then occurred in the kitchen area.

Saunders filled a glass cup up with water to drink, and Briggs may have thought that Saunders intended to splash it on him. Briggs suddenly grabbed Saunders by the arm and pushed her backwards as she held the cup, causing her to fall down on the ground, and the glass cup to shatter. Saunders` hand was cut on a glass shard during the fall. The altercation continued with Saunders trying to prevent Briggs from driving by holding the car keys and a debit card. Briggs again forcefully grabbed Saunders by the forearms during a struggle in the doorway at the rear of the home. He then left on foot with the family dog on a leash.

I observed minor bruising on Saunders` right inner forearm. Photos of her injuries were taken and uploaded to evidence.com

Briggs was soon after located walking the dog near a golf course behind his residence. He was placed into custody and brought back to the residence. I read Briggs his Miranda rights from a Miranda card, and he stated that he understood his rights. Briggs appeared

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

06/03/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

ZESUT, BRANDEN (1190)
NAME OF OFFICER (PLEASE PRINT)

06/03/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 22-002184

Charge Type: 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
BRIGGS, ROBERT J		W	M	08/17/1956

PROBABLE CAUSE STATEMENT

to be very intoxicated as he smelled like alcohol and had glossy bloodshot eyes. Briggs declined to speak to me about the incident which occurred with his wife on this evening. He did not have any apparent injuries other than a small cut on his hand, which he stated was from cleaning up the glass that shattered in the kitchen. Briggs declined medical attention.

Based upon Saunders` statement and apparent injuries, Briggs was placed under arrest for Domestic Battery. His handcuffs were checked for proper spacing and double locked.

Saunders was provided with a Domestic Violence victims rights brochure. The broken glass in the kitchen had been cleaned up prior to police arrival.

Briggs was searched incident to arrest with negative results for contraband. His personal belongings were left at his residence per his request. Briggs was transported to the Jupiter Police Dept. for processing, and then to the Palm Beach County Jail without incident.
The above listed events are a summary of the body worn camera footage, and are not purported to be verbatim.

Based upon the above aforementioned facts I find probable cause to charge Robert J. Briggs with Florida Statute 784.03(1) DOMESTIC BATTERY.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

3/6/2006

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

06/03/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

ZESUT, BRANDEN (1190)
NAME OF OFFICER (PLEASE PRINT)

06/03/2022
DATE

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)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **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 #: **22-002184** Agency: **Jupiter Police Department**
   Offense: **Domestic Battery**
   Suspect/Offender: **Robert J. Briggs**
   D.O.B. **8/17/1956** Race: **W** Sex: **M**

2. Warrant #(s): _____

3a. Victim's Name: **Elizabeth Saunders** D.O.B. **12/29/61** Race: **W** Sex: **F**
   Address: **136 Ashley Court**
   City: **Jupiter** State: **FL** ZIP: **33458**
   Home #: **250 218 3125** 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: _____ I.D. # _____ Date: _____

1 copy = Corrections or State Attorney (Warrant Application) 1 Copy = Warrants Section 1 copy = Central Records

SUSPECT/OFFENDER: _____ **(FOR WARRANT USE ONLY)** COURT CASE/WARRANT #: _____

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: 2022014359	**Date:** 06/03/2022
	Specialist Name/ID: T Howard/7185