

0489520

330

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number			ARREST / NOTICE TO APPEAR						330		
Agency ORI Number		Agency Name				Agency Report Number (N.T.A.'s only)			1 JUVENILE		
0501700		Jupiter Police Department				5 4 17-003318					
Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				If Weapon Seized Enter Type NONE			Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) SAME AS LOCATION											
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
07/08/2017		02:06									
Name (Last, First, Middle) SAUNDRY, CAPRI AMBER											
Alias: Alias:											
Race W - White B - Black		Sex W - F		Date of Birth 04/21/1989		Height 5'07		Weight 140		Eye Color BROWN	
Religion OTHER		Marital Status S		Hair Color BROWN		Complexion MEDIUM		Build Thin			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT LOR ANKLE / BLUE STARS SPELL "CAPRI"											
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (803) 230-4761		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk.	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (803) 230-4761		Residence Type: 1. City 3. Florida 2. County 4. Out of State I	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Address Source	
THIRSTY TURTLE,										Occupation	
D/L Number, State S536101896410 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) JUPITER, FL, United		Citizenship US			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian											
Address (Street, Apt. Number) (City) (State) (Zip) NO BOND 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 <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.											
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No: Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property											
C O Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown D N/A B. Buy D. Deliver Distribute Produce/ Cultivate C. Cocaine M. Marijuana O. Opium/Deriv. Z. Other E P. Possess T. Traffic E. Use											
Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE) Statute Violation Number 784.03(1)(A)(1) Violation of ORD #											
Drug Activity Drug Type Amount / Unit Offense # 17-003318 Counts Domestic Violence Warrant / Capias Number Bond											
Charge Description Statute Violation Number Violation of ORD #											
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Health / Apparent Physical Condition of Defendant Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries Explain: REQUIRED NOTIFICATION											
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 Released To <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											
Transported By Date Transported Time Transported Other											
N O <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court Location (Court, Room) <input 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. 101 JUL 8 AM 2015 JUL 8 AM 2015 No Photo Available											
Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed											
A D M I N HOLD for Other Agency Signature of Arresting Officer Name Verification (Printed by Arrestee) <i>Man</i> <i>FERGUSON, RYAN</i> I.D. # 1202 (PRINT) AM <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Name of Arresting Officer (Print) FERGUSON, RYAN I.D. # 1202 AM <input type="checkbox"/> Suicidal <input type="checkbox"/> Other Transporting Officer Same as above I.D. # 1202 AM <input type="checkbox"/> Initial Deputy Pouch # Same as above Agency 1202 AM											
PAGE 5 OF 1 Witness here if subject signed with an "X": 101 JUL 8 AM 2015											

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

JUL 8 2015

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/08/2017 03:56	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-003318		
D E F	Name (Last, First, Middle) SAUNDRY, CAPRI AMBER	Alias	Race W	Sex F	Date of Birth 04/21/1989	
C H R O C K	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)					
V I C T I M	Victim's Name (Last, First, Middle) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]	Race W	Sex M	Date of Birth 10/23/1987
	Address Source VERBAL	Occupation [REDACTED]				
D E F	Business Address (Name, Street) [REDACTED]	(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]		
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET				
VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral						
SUSPECT [REDACTED]						
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: CAPRI A SAUNDRY WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE: WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" 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:					
N A R R	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 checked="" type="checkbox"/> <input type="checkbox"/>					
On July 8, 2017 at approximately 0140 hours, I was dispatched to [REDACTED] in reference to a domestic violence incident. Northcom was advising that the caller's [REDACTED] threw a plate of food and a bottle of wine in her face and took her keys; she was declining medic and mentioned the [REDACTED] left but now thinks he is returning. Upon arriving on scene I observed Officer Lowe (ID 363) making contact with an [REDACTED]						
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>8</u> day of <u>July</u> , <u>2017</u> _____ COUNIHAN, JOSEPH NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) SCANNED BY [REDACTED]						

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A	Date / Time 07/08/2017 03:56		
D	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-003318
M	unknown subject later identified as W/M [REDACTED] (DOB: 10/23/87), who was [REDACTED]		
N	stated the following:		
R	Him and [REDACTED] W/F Capri, Amber, Saundry (DOB: 04/21/1989) were just coming back from getting food and eating at the dinner table. [REDACTED] advised that Saundry got angry because [REDACTED] grabbed her keys and wanted to leave to go out. [REDACTED] did not want her to leave because he advised she was intoxicated which started a verbal altercation. Saundry then struck [REDACTED] with a kick on the right side of his body and scratched his back numerous times which caused red marks. I observed red marks and scratches on [REDACTED] back which were consistent with nail marks. [REDACTED] advised he managed to get away and walked out of the house to wait for Saundry's sister to pick him up.		
V	I then proceeded to make contact with Saundry who stated the following:		
E	Saundry and [REDACTED] were eating in the dining room when [REDACTED] tried to grab her keys and leave. She stated [REDACTED] threw his plate at her and walked out of the house as Saundry said she was going to call the police on him. I did not observe any physical injuries to Saundry; however, she did have what appeared to be a stain from food on her shirt.		
Based on my investigation, I found probable cause to charge Saundry with simple battery (domestic). I advised Saundry she was under arrest for domestic battery, and I placed Saundry into handcuffs, which were checked for proper spacing; double locked, and placed her in to my patrol vehicle. Inside of the residence I observed several pieces of glass and miscellaneous items lying around the living room that confirmed an altercation occurred. Photographs were taken of the scene and the injuries to [REDACTED], which were later placed into evidence. On scene, [REDACTED] refused to write a sworn written statement, and he was issued a Domestic Violence Brochure. Saundry was transported to Jupiter Police Department for processing and then transported to the Palm Beach County Jail without incident.			
Capri A. Saundry did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED] (or) did intentionally cause bodily harm to [REDACTED], contrary to Florida Statute 784.03(1). (1 DEG MISD).			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>8</u> day of <u>July</u>, <u>2017</u></p> <p> _____ COUNIHAN, JOSEPH NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

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 #: 17-003318 Agency: JUPITER P.D
 Offense: DOMESTIC BATTERY
 Suspect/Offender: CAPRI A. SAUNDAY
 D.O.B. 10/23/87 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: _____ D.O.B. 10/23/87 Race: W Sex: M
 Address: _____
 City: _____
 Home: _____

b. Victim's next of kin, friend or neighbor: NONE
 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: _____

Deputy's Name: _____ I.D. #: _____ Date: _____