

0489371

ARREST / NOTICE TO APPEAR

17MM 8180 2821

OBTS Number				ARREST / NOTICE TO APPEAR																					
A	D	M	I	Arrest				3. Request for Warrant																	
N	I	N	S	2. N.T.A.				4. Request for Capias																	
T	O	O	R																						
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)																					
0501700		Jupiter Police Department		5 4 17-003229																					
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input 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 Hands, Feet, Fist, Teeth																					
Location of Arrest (Including Name of Business) 25 S COASTAL WAY				Location of Offense (Business Name, Address) 25 S COASTAL WAY, JUPITER, FL 33477																					
Date of Arrest 07/02/2017		Time of Arrest 00:33		Booking Date 07/02/2017		Booking Time 00:43		Jail Date // : :		Jail Time		Location of Vehicle													
Name (Last, First, Middle) BREEN, LISA NICOLE												Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:													
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth 03/11/1987		Height 5'05		Weight 130		Eye Color HAZEL		Hair Color BROWN													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status S		Complexion LIGHT				Build Thin											
Local Address (Street, Apt. Number) 17392 SENTIMENTAL JOURNEY, JUPITER, FL 33458								(City) (State)		(Zip) (561) 598-2506		Religion CHRISTIAN													
Permanent Address (Street, Apt. Number) 17392 SENTIMENTAL JOURNEY, JUPITER, FL 33458								(City) (State)		(Zip) (561) 598-2506		Residence Type 1. City 2. County													
Business Address (Name, Street) UNEMPLOYED,								(City) (State)		(Zip) Phone		Address Source DL													
D/L Number, State B650534875910 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) JUPITER, FL		Occupation Unemployed																	
Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth													
Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth													
Parent <input type="checkbox"/> Other: _____								Name (Last, First, Middle)																	
Legal Custodian								Residence Phone																	
Address (Street, Apt. Number) (City)								Business Phone																	
Notified by: (Name)								Date		Time		JUVENILE DISPOSITION													
Released To: (Name)								Relationship		Date		1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated													
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																	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:								Grade																	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								Description of Property																	
Value of Property																									
Drug Activity S. Sell N. N/A P. Possess								R. Smuggle B. Buy T. Traffic		K. Disperses/ 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 Description BATTERY-SIMPLE (TOUCH OR STRIKE)								Statute Violation Number 784.03(1)(A)(1)								Violation of ORD #									
Drug Activity N								Drug Type /		Amount / Unit 17-003229		Offense #		Counts 1		Domestic Violence Y N		Warrant / Capias Number 784.03(1)(A)(1)		Bond					
Charge Description								Statute Violation Number								Violation of ORD #									
Drug Activity /								Drug Type /		Amount / Unit /		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
Charge Description								Statute Violation Number								Violation of ORD #									
Drug Activity /								Drug Type /		Amount / Unit /		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
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 Explain:								Violation of ORD #									
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health								PROPERTY - Received By								Released By									
Transported By								Date Transported // : :		Time Transported		Other													
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.								Location (Court, Room)								2017 JUL 13 AM 10:30									
Court Date and Time																No Photo Available									
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.																									
Signature of Defendant (or Juvenile and Parent/Custodian)								Date Signed																	
HOLD for Other Agency								Signature of Arresting Officer								Name Verification (Printed by Arrestee)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal								<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other								(PRINT)									
Name of Arresting Officer (Print) CONNOR, CHRISTOPHER								I.D. # 1173																	
Transporting Officer C. CONNOR								I.D. # 350 Agency JUPITER																	
Pouch # 470								Witness here if subject signed with an "X".								PAGE 1 OF 1									

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/02/2017 02:41	Agency Name JUPITER POLICE DEPARTMENT			Agency Report Number 5 4 17-003229
D E F	Name (Last, First, Middle) BREEN, LISA NICOLE	Alias	Race W	Sex F	Date of Birth 03/11/1987
C H R G	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]	Race W	Sex M	Date of Birth 10/29/1980	
	Local Address (Street, Apt. Number) [REDACTED]	(City)	(State)	(Zip)	Phone [REDACTED]
	Business Address (Name, Street) [REDACTED]	(City)	(State)	(Zip)	Phone [REDACTED]
	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BLEEDING, UPSET, RIPPED SHIRT			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>				
RELATIONSHIP BETWEEN VICTIM & SUSPECT SHARE SON TYLER					
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"/> <input checked="" type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: HARBOURSIDE SECURITY 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:				
N A R R	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES: [REDACTED]				
	H. R. S. NOTIFIED: <input checked="" type="checkbox"/> <input type="checkbox"/>				
	VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/>				
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: [REDACTED]				
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/>				
	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>				
On Sunday 7/2/17 at approximately 0003 hours I was dispatched to the area of 25 S Coastal Way in reference to a disturbance. While en-route I was informed by Northcom the disturbance has become physical. Upon my arrival, underneath the east side of the W Indiantown Rd bridge (500 E Indiantown Rd), I observed a white female, and two white males arguing next to a gray Mercedes bearing FL #EBBR48. I separated all subjects and waited for a					
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. _____ SIGNATURE OF ARRESTING OFFICER Scanned Sworn to and subscribed to before me this 2 day of July, 2017. JUL 03 2017 BAYNHAM, LUKE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.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	Date / Time
D	07/02/2017 02:41
M	Agency ORI Number
N	FL 0501700

Agency Name

Agency Report Number

JUPITER POLICE DEPARTMENT

5 | 4 | 17-003229

N
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V
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backup officer to respond to the area.

Officers K. Anderson and R. Counts arrived on scene and I approached a white male subject standing just east of the vehicle. As I got closer to him I noticed his white t-shirt collar was stretched. I asked him for identification and he provided his name, identifying him as W/M [REDACTED]. I asked [REDACTED] what occurred prior to police arrival and he stated the following: [REDACTED] stated he met with his ex-girlfriend Lisa at the Jupiter Lanes Bowling Alley (350 Maplewood Dr). [REDACTED] stated he went bowling with Lisa and their son [REDACTED] and Lisa saw text messages from another girl on his phone. [REDACTED] stated Lisa was drinking alcohol in excess at the bowling alley and pulled a receipt from his front left pocket. I looked at the receipt and noticed a large amount of alcoholic drinks were in fact purchased at the bowling alley. [REDACTED] stated after Lisa had several drinks and saw the text messages from another girl on his phone she became upset. [REDACTED] stated Lisa then grabbed [REDACTED] left the bowling alley and entered her vehicle. [REDACTED] further stated he was concerned about Lisa driving intoxicated with [REDACTED] in the car and he got on the hood of the car. [REDACTED] further advised Lisa drove the car with him on the hood of it. I asked [REDACTED] how long he was on the hood of the car for and he stated he was on the hood of the car from the bowling alley until Lisa stopped the car under the E Indiantown Rd bridge. [REDACTED] advised Lisa then exited her vehicle and began to push and scratch him. I asked [REDACTED] if he had any injuries and he motioned to his neck. At this time I saw a fresh scratch on the back right of [REDACTED] neck which was bleeding onto his white t-shirt. Photographs of [REDACTED] and his injury were taken by Officer R. Kolenich.

From my patrol vehicle (#1613) I ran an NCIC/FCIC check on the vehicle registration, and identified Lisa to be the registered owner, W/F Lisa Breen (3/11/87). Breen was on scene, but was initially unable to interact with me because she was screaming and crying. Breen then entered her car and took [REDACTED] from his child seat. Breen and [REDACTED] walked with Officer K. Anderson to the Jupiter Police Harbourside Sub Station, and Officer K. Anderson attempted to calm down Breen.

I then made contact with the other male subject on scene and identified him by name as W/M Richard Morrison (12/31/74). I asked Morrison what occurred and he stated he has been dating Breen for approximately six months. Morrison stated he received a phone call from Breen stating she was in trouble and wanted his help. Morrison stated he lives on a boat by Harbourside and told her to stop underneath the E Indiantown Rd bridge. Morrison further stated because of Breen's demeanor on the phone, he grabbed a hammer from his boat. Morrison advised he saw Breen's vehicle enter the parking lot under the bridge, Breen exit her car and begin to push and scratch her ex-boyfriend. I asked Morrison if he threatened anyone with the hammer and he denied implying anything violent with it, he only brought it because he thought Breen was in danger.

I made contact with [REDACTED] a second time and I asked him if Morrison threatened him with the hammer and he stated "ya, just take him to jail too". I also asked [REDACTED] what [REDACTED] full name was and he identified his son as W/M [REDACTED].

I walked towards the Jupiter Police Department Sub Station where I attempted to speak with Breen for the first time. Prior to speaking with Breen I visually inspected her and noticed no signs of injury on her. I asked Breen several questions pertaining to the physical altercation and she continued to yell "he is a sex offender, get him away from my [REDACTED]. I told Breen I was investigating a battery and she continued to yell obscenities towards myself and other officers on scene. I asked Breen to explain her side of the physical altercation but she continued to yell obscenities such as "hes a fucking drug addict" and also "he is just gonna fuck your kids". Due to Breen's demeanor, and the injuries on [REDACTED] I placed handcuffs on Breen and

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, [REDACTED] 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 2 day of July, 2017.

SCANNED BY
BAYNHAM, LUKE
NOTARY PUBLIC CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 07/02/2017 02:41		
N A R A T T I V E	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-003229
<p>escorted her to my patrol vehicle. It should be noted when speaking with Breen I detected the strong odor of an unknown alcoholic beverage emitting from her breath which became stronger as she spoke.</p> <p>Due to conflicting statements between [REDACTED] and Morrison, and no third party witness, Morrison was released from the scene. Probable cause on Morrison for aggravated assault with a deadly weapon does not exist at this time.</p> <p>I called Breen's mother to turn over custody of [REDACTED] to her. Breen's mother responded to the area and I identified her by her Florida Drivers License as W/F Sherill Breen (12/3/56). I notified S. Breen of the domestic incident and turned over [REDACTED] to her.</p> <p>I transported Breen to the Jupiter Police Department holding cell where she continued to yell and threaten me. While in the holding cell Breen told me "I am going to come to your house and put a bullet in your head" and also "I hope your fucking kids get raped". It should also be noted while on scene Breen continued to slip her hands out of the handcuffs, and was kicking on my patrol vehicle windows.</p> <p>Based on the above described investigation I believe probable cause exists to charge Lisa Breen with simple domestic battery in violation of FSS 784.03(1)(A)(1) because she knowingly and intentionally touched/struck [REDACTED] with the intent to cause her bodily harm. Breen was subsequently transported to Palm Beach County Jail without incident</p>			

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

[Handwritten Signature]

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 2 day of July, 2017.

[Handwritten Signature]
JUL 03 2017
BAYNHAM LUKE

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

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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.)

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-3229 Agency: Jupiter PD

Offense: Domestic Simple Battery

Suspect/Offender: L.S. Breen

D.O.B. 3/11/87 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: _____ D.O.B. 10/29/80 Race: W Sex: M

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Other: _____

b. 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: _____

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

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/99

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #: _____