

0299473

Jail

1556

ARREST / NOTICE TO APPEAR

ADMI STR ATI ON	OBTS Number		Agency ORJ Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 17-005288		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE		
DEF END ANT	Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized		Multiple Clearance Indicator		
	Location of Arrest (Including Name of Business) 913 CHEYENNE ST						Location of Offense (Business Name, Address) 913 CHEYENNE ST, JUPITER, FL 33458						
	Date of Arrest 11/05/2017	Time of Arrest 23:53	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
D E F E N D A N T	Name (Last, First, Middle) PEARSON, MICHELE LEEANNE ANDERSON											Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White 1 - American Indian B - Black O - Oriental/Asian		Sex W	F	Date of Birth 08/27/1985	Height 5'04	Weight 115	Eye Color BROWN	Hair Color BLONDE /	Complexion FAIR	Build Thin		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT M BACK / BUTTERFLY; TATT LOL HIP / DIXIE TEES						Marital Status S	Religion CHRISTIAN	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 10490 POLO LAKE DR W 201, WELLINGTON, FL 33414				(City)	(State)	(Zip)	Phone (561) 339-0416		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2			
	Permanent Address (Street, Apt. Number) 10490 POLO LAKE DR W 201, WELLINGTON, FL 33414				(City)	(State)	(Zip)	Phone (561) 339-0416		Address Source FL DL			
	Business Address (Name, Street)				(City)	(State)	(Zip)	Phone		Occupation Nurse			
	D/L Number, State P625552858070 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		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				
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)											Residence Phone
<input type="checkbox"/> Legal Custodian													
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 <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	Grade	
<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 D E	Drug Activity		S. Sell	R. Smuggle	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 #								
C H A R G E	Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-005288	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond				
	Charge Description		Statute Violation Number		Violation of ORD #								
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		NOV 6 AM 2:52		
	Charge Description		Statute Violation Number		Violation of ORD #								
C H A R G E	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 #								
I N T A K E	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		Released By		Released To		
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												
N O T I C E T O A P P E A R	Transported By						Date Transported	Time Transported	Other				
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) North County 386 PEA 3ND		No Photo Available				
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Court Date and Time 12/6/17 0830						
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							
A D M I N	HOLD For Other Agency						Signature of Arresting Officer 386/1193		Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest						Name of Arresting Officer (Print) HOBBY, MATTHEW		I.D. # 1193		(PRINT)		
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Transporting Officer HOBBY, 386		I.D. # 386		Agency JPD		
	Intake Deputy SPANN 8101		ID. #		Fouch #		Witness here if subject signed with an "X".		PAGE		1 OF 1		

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTS Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 17-005288	
	Charge Type: Check as many as apply.		Special Notes:					
<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				

D E F	Name (Last, First, Middle) PEARSON, MICHELE LEEANNEANDERSON				Race W	Sex F	Date of Birth 08/27/1985
	Alias						

C H A R G E S	Charge Description	Charge Description
	784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)	
Charge Description	Charge Description	

V I C T I M	Victim's Name (Last, First, Middle) SANSENBACH, KATHERINE ELIZABETH				Race W	Sex F	Date of Birth 08/16/1982
	Local Address (Street, Apt. Number) (City) (State) (Zip) 913 CHEYENNE ST, JUPITER, FL 33458				Phone (561) 502-5997	Address Source	
Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation		

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 . . .
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 5 day of November, 2017 at 23:53 (Specifically include facts constituting cause for arrest.)

On 11/05/2017, at approximately 2334 hours, I was dispatched to 913 Cheyenne Street in reference to a battery that just occurred. While en-route, Northcom advised that the caller, later identified as W/F Katherine E. Sansenbach (08/16/1982), was battered by W/F Michele L. Pearson (08/27/1985). Upon arrival, I made contact with Sansenbach who was noticeably bleeding from her face, her hand, and had a bite mark on her left breast. Sansenbach advised the following:

Sansenbach stated Pearson came back to the residence after leaving because she was causing issues with her neighbors (JPD event # 17319620). Sansenbach advised Pearson's boyfriend is staying at the house and Pearson is just visiting. She stated she walked into the house and was trying to ask Pearson to leave the residence because of causing the scene with the neighbors. Sansenbach stated while confronting her, she clawed her face and bit her in the left breast. While Pearson was attacking her, a friend of Sansenbach, B/F Mirian M. Berry (10/14/1973), was inside the residence and broke up the altercations.

While on scene, I spoke with Berry who advised Pearson came back to the residence and started to make a scene. She heard Sansenbach ask Pearson to leave the residence and she was refusing to leave. Berry advised after hearing this, she heard Sansenbach scream "she bit my tit." Berry then ran into the room to break it up, and she stated Pearson kept saying that she is not leaving; I have the right to stay here. This is when Berry took Sansenbach outside and Pearson stayed inside.

I spoke with Pearson who was sitting on the bathroom floor inside the residence. She stated she was just sleeping in the bed and Sansenbach walked into the room and attacked her. I observed no visible injuries on Pearson. Pearson also advised she was just waiting for her boyfriend to get home. She kept saying that she did not do anything and Sansenbach attacked her.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) ZETZ, DIANA DATE 11/06/2017		HOBBY, MATTHEW (1193) NAME OF OFFICER (PLEASE PRINT) DATE 11/06/2017	

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 FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-005288			
Charge Type: Check as many as apply.			Special Notes:		
<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					
Name (Last, First, Middle) PEARSON, MICHELE LEEANNEANDERSON		Alias _____	Race W	Sex F	Date of Birth 08/27/1985
<p>Based on my investigation, I found probable cause to charge Michele L. Pearson with battery (simple) because she did actually and intentionally touch or strike Katherine Sansenbach against the will of Katherine Sansenbach {or} did intentionally cause bodily harm to Katherine Sansenbach, contrary to Florida Statute 784.03(1). (1 DEG MISD)</p> <p>Witness statements were obtained from Sansenbach and Berry. Photos of Sansenbach's injuries were obtained and later placed into Jupiter Police Evidence. Pearson was later transported to Palm Beach County Jail without incident.</p>					
NOT A CERTIFIED COPY					
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				
	_____ ZEITZ, DIANA <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</small>		_____ <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small>		
	_____ 11/06/2017 <small>DATE</small>		_____ HOBBY, MATTHEW (1193) <small>NAME OF OFFICER (PLEASE PRINT)</small>		
			_____ 11/06/2017 <small>DATE</small>		
			<small>PAGE</small> 2 OF 2		