

0210930

ARREST / NOTICE TO APPEAR

Amm 11MB899

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JUVENILE

OBTS Number			Agency ORI Number			Agency Name			Arrest			Request for Warrant								
0501700			Jupiter Police Department						1. Arrest			3. Request for Warrant								
Charge Type: Check as many as apply:			1. Felony			3. Misdemeanor			2. N.T.A.			4. Request for Capias								
Location of Arrest (Including Name of Business)			1460 CORBISON PT PL, JUPITER, FL			Agency Report Number (N.T.A.'s only)			5 1 4			17-004597								
Date of Arrest			09/26/2017			Time of Arrest			05:15			Enter Type			Hands, Feet, Fist, Teeth					
Booking Date						Booking Time						Location of Offense (Business Name, Address)			Multiple Clearance Indicator					
												1460 CORBISON POINT PL, JUPITER, FL 33458								
Name (Last, First, Middle)			DARIGO, ROBERT KEITH			Alias:			Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race						Height			Weight			Eye Color			Hair Color					
W - White			I - American Indian			6'00			240			BROWN			BROWN					
B - Black			O - Oriental/Asian																	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Complexion			Build					
												MEDIUM			Medium					
Local Address (Street, Apt. Number)			1460 CORBISON POINT PL, JUPITER, FL 33458			(City)			(State)			(Zip)			Indication of Alcohol Influence					
															Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>					
Permanent Address (Street, Apt. Number)			1460 CORBISON POINT PL, JUPITER, FL 33458			(City)			(State)			(Zip)			Drug Influence					
															Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>					
Business Address (Name, Street)															Residence Type					
															1. City 3. Florida					
D/L Number, State			D620771711080 / FL			Soc. Sec. Number			INS Number			2. County 4. Out of State								
															4					
Co-Defendant Name (Last, First, Middle)			100725, Ru Ben									Address Source								
															VERBAL					
Co-Defendant Name (Last, First, Middle)															Occupation					
J U V E N I L E			Parent <input type="checkbox"/> Other <input type="checkbox"/>			Name (Last, First, Middle)														
Address (Street, Apt. Number)															Residence Phone					
Notified by: (Name)															Business Phone					
Released To: (Name)						Relationship			Date			JUVENILE DISPOSITION								
												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			Grade					
																		Value of Property		
C O D E			Drug Activity S. Sell R. Smuggle K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property											
C H A R G E			Drug Activity N / Offense # 17-004597			Counts 1			Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown											
C H A R G E			Drug Activity N / Offense # 17-004597			Counts 1			C. Cocaine M. Marijuana O. Opium/Deriv.						S. Synthetic Z. Other					
C H A R G E			Drug Activity N / Offense # 17-004597			Counts 1			E. Heroin											
C H A R G E			Drug Activity N / Offense # 17-004597			Counts 1									Statute Violation Number 784.03(1)(A)(1)					
C H A R G E			Drug Activity N / Offense # 17-004597			Counts 1									Violation of ORD #					
C H A R G E			Drug Activity N / Offense # 17-004597			Counts 1									Bond					
C H A R G E			Drug Activity N / Offense # 17-004597			Counts 1									Violation of ORD #					
C H A R G E			Drug Activity N / Offense # 17-004597			Counts 1									Bond					
I N T A K E			Health / Apparent Physical Condition of Defendant						Warrant / Capias Number											
I N T A K E			Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail			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														
I N T A K E			<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Explain:														
I N T A K E			Transported By			Date Transported			Time Transported			Released By			Released To					
N O T I C E			<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court			Location (Court, Room)														
N O T I C E			<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Court Date and Time														
A P P E A R			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																	
A D M I N			Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed											
A D M I N			Signature of Arresting Officer						Name Verification (Printed by Arrestee)											
A D M I N			Name of Arresting Officer (Print)						I.D. #											
A D M I N			SANDERS, KELLY						0805											
A D M I N			Transporting Officer						Agency											
A D M I N			SCHWES, 349/053 JUPITER																	
A D M I N			I.D. #																	
A D M I N			Pouch #																	
C O U T			STATE ATTORNEY			AGENCY			CENTRAL RECORDS			JAIL			SCANNED					
																		P.I.O. DEFENDANT		
																		PAGE 1 OF 1		
																		Witness here if subject signed with an "X"		

SEP 27 2017

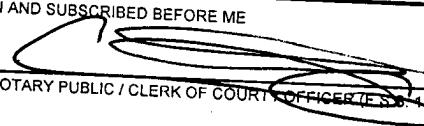
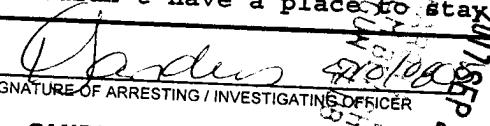
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PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTS Number FL 0501700	Agency ORI Number JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-004597
D E F	Charge Type: Check as many as apply. <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	Special Notes:	
C H A R G E S	Name (Last, First, Middle) DARIGO, ROBERT KEITH	Alias	Race W Sex M Date of Birth 03/28/1971
V I C T I M	Charge Description 784.03(1)(A)(2) BATTERY - CAUSE BODILY HARM	Charge Description	Charge Description
P R O B A B E C A U S T A T E M E N T A D M I N I T E R A T I V E	Victim's Name (Last, First, Middle) BACIGALUPO, JOSEPH	Race W Sex M Date of Birth 06/22/1983	Address Source
Local Address (Street, Apt. Number) 1460 CORBISON POINT PL, JUPITER, FL 33458 (City) (State) (Zip) Business Address (Name, Street) (City) (State) (Zip)			
Phone (215) 397-9130 Phone Occupation			
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 . . .			
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.			
On the <u>26</u> day of <u>September</u> , <u>2017</u> at <u>11:19</u> (Specifically include facts constituting cause for arrest.)			
<p>On 09/26/17 at about 0430 hours, dispatch received a call from the resident at 4225 Main St in Jupiter advising that there was a man on her doorstep claiming that he had been stabbed and asking for help. The caller did not know the man and was talking to him through her doorbell app. Officers from the Jupiter Police Department were dispatched to the area, and found Joseph Bacigalupo (W/M 06/22/83) who had two knife wounds to his rib area. According to Bacigalupo, he had recently moved into the home at 1460 Corbinson Point in Jupiter. The home is being rented by Jill Ellis and Robert Darigo (W/M 03/28/71), who are running a sober home from the residence. Also residing at this home is Rubin Torres (W/M 04/29/73), Melinda Higgins (W/F 02/17/79), Melinda and Robert's son Austin Darigo (W/M 06/20/99) and Robert's other son Mario Scuderi (W/M 03/14/04). Joseph Bacigalupo advised that on this day, he, Rubin Torres and Melinda Higgins were drinking in the home and at some point he and Rubin Torres got into an argument. Rubin Torres asked Joseph Bacigalupo if he wanted to go outside and fight, and the two of them went outside and a mutual fight ensued. Joseph Bacigalupo advised that during the fight, Rubin Torres straddled him and began cutting him with a knife. The cuts were superficial in nature. The two men agreed to stop fighting and went back inside the home.</p> <p>Joseph Bacigalupo went to his room and called his father to tell him what happened. Joseph Bacigalupo's father said that he wanted to speak to Robert Darigo. Joseph Bacigalupo advised that he came in contact with Robert Darigo and Rubin Torres in the living room and Rubin Torres told Robert Darigo that Joseph Bacigalupo was disrespecting Melinda Higgins, the mother of his child. Robert Darigo then punched Joseph Bacigalupo and Rubin Torres hit him in the ribs. Next, Rubin Torres pulled the knife out again and threatened Joseph Bacigalupo by putting the knife to his throat and telling him he was going to kill him. Robert Darigo twisted Joseph Bacigalupo's arm behind his back and told him he was going to forget this happened or he wouldn't have a place to stay.</p> <p>SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT OFFICER (S.B. 117.10) <u>09/26/2017</u> DATE </p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  SANDERS, KELLY (0805) NAME OF OFFICER (PLEASE PRINT) <u>09/26/2017</u> DATE </p>			

COURT

STATE ATTORNEY

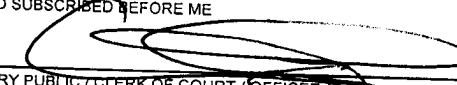
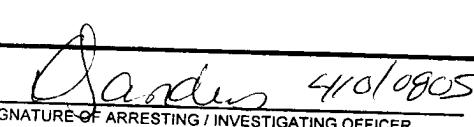
CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

PAGE
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A D M I N	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 17-004597	Special Notes:				
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	Name (Last, First, Middle) DARIGO, ROBERT KEITH	Alias						
P R O B A L E C A U S E S T A T E M E N T	<p>While Rubin Torres was threatening Joseph Bacigalupo with the knife, Melinda Higgins grabbed the knife, blade first, out of Rubin Torres's hand, causing a laceration to her right hand and tendons. After Melinda Higgins was injured, Rubin Torres and Robert Darigo began tending to her hand and told Joseph Bacigalupo to clean up the blood. He began doing that and left the paper towels used to clean up the blood in the living room. Also, at some point Rubin Torres took Joseph Bacigalupo's cell phone, a white Metro PCS phone, to stop him from talking to his father on Facebook. Joseph Bacigalupo advised that he was still afraid for his life, so he left and went to neighbor's home to call for help. Melinda Higgins advised that she left the knife in the sink in the kitchen. Joseph Bacigalupo described the knife as a large "Michael Meyers" type knife with a black handle.</p> <p>Based upon this information Robert Darigo did actually and intentionally touch or strike Joseph Bacigalupo against the will of Joseph Bacigalupo {or} did intentionally cause bodily harm to Joseph Bacigalupo, contrary to Florida Statute 784.03(1) (A) (2). (1 DEG MISD)</p>							
NOT A CERTIFIED COPY								
A D M I N I S T R A T I V E	<p>SWORN AND SUBSCRIBED BEFORE ME </p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>09/26/2017 DATE</p>							
NOT A CERTIFIED COPY								
<p> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>SANDERS, KELLY (0805) NAME OF OFFICER (PLEASE PRINT)</p> <p>09/26/2017 DATE</p>								
NOT A CERTIFIED COPY								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.