

0510612

19CF8384

2809

ARREST / NOTICE TO APPEAR

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

ADMI NIST RATI ON	ORIS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 19-003997		Multiple Clearance Indicator		
DREN DANT	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type: HANDGUN		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)					
CO DE S	Date of Arrest 09/04/2019		Time of Arrest 15:33		Booking Date		Booking Time		Jail Date	
	Name (Last, First, Middle) COMFORT, THEODORE WHEATON		Alias:		Date of Birth 05/06/1969		Height 5'10		Weight 202	
JUV ENI LE	Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Eye Color Blue		Hair Color Gray		Complexion Light	
	Signs, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Left arm positive markings		Religion Catholic		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/>		Build Large	
C H A R G E	Local Address (Street, Apt. Number) 108 ANGELFISH LN, JUPITER, FL 33477		Phone (561) 339-2722		Residence Type: 1. City 3. Florida 2. County 4. Out of State		Address Source Driver's License		Occupation Currency Trader	
	Permanent Address (Street, Apt. Number) 108 ANGELFISH LN, JUPITER, FL 33477		Phone (561) 339-2722		Business Address (Name, Street) 108 ANGELFISH LN, JUPITER, FL 33477		Phone (561) 339-2722		Occupation Currency Trader	
I N V A R I A B L E	DL Number, State C516819691660 / FL		Sec. Sec. Number		DVS Number		Place of Birth (City, State) Philadelphia PA		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	
N O T I C E	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	
	Name (Last, First, Middle)		Relationship		Date		Time		Residence Phone	
A P P E A R	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			
H O L D	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		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
C H A R G E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Struggle 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/Deir.		P. Paraphernalia/ Equipment S. Synthetic	
C H A R G E	Charge Description ASSAULT - AGGRAVATED W/ DEADLY WEAPON W/O INTENT TO KILL		Statute Violation Number 784.021(1)(A)		Violation of ORD # NONE		Drug Activity		Drug Type	
	Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type	
	Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type	
	Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
I N V A R I A B L 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"/> Cocaine <input type="checkbox"/> Injuries		Explain:		Check which applies: <input type="checkbox"/> Released O.K. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> I.O.E. County Jail		PROPERTY - Received By	
	Transported By		Date Transported		Time Transported		Other		Released To	
N O T I C E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)		Court Date and Time		Released By		Released To	
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.									
I D O 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian) 9/4/19		Date Signed		No Photo Available			
	HOLD for Other Agency		Signature of Arresting Officer Kristi Coleman		ID.# 1003		Name Verification (Printed by Arrestee) COLEMAN, KRISTI		Agency 0501700	
A D M I N I S T R A T I O N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Initials/Deputy		Witness here if subject signed with an "X"		PAGE 1 OF 1	
	Signature of Arresting Officer (Print)		ID.#		Agency		Witness here if subject signed with an "X"		PAGE 1 OF 1	

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS DEFENDANT

SCANNED SEP 05 2019

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A C M I N	Date / Time 09/04/2019 15:05		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-003997																																																																																																																																								
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	Victim's Name (Last, First, Middle) COMER, LINDA RAYMONDE						Race W	Sex F	Date of Birth 12/10/1967																																																																																																																																						
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A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SCARED																																																																																																																																											
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N A R R	On 9/4/2019 at approximately 1422 hours I was dispatched to the above address in reference to a domestic assault with a deadly weapon. Upon arrival the suspect Theodore Comfort (w/m 5/6/69) was walking down the road toward A1A. I made contact with Theodore. Theodore sat on a parking stop. I advised him to lay flat on the ground, unsure if he was armed with the handgun. Theodore obeyed my commands. I searched Theodore for																																																																																																																																														
	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. <i>[Signature]</i> SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>4th</u> day of <u>September</u> , 2019. <i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)																																																																																																																																														

CERTIFIED COPY

SCANNED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 09/04/2019 15:05	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 19-003997
	Agency ORI Number FL 0501700		

weapons, with negative results. Theodore stated he and his live in girlfriend had an argument. Theodore stated, Linda did not like the fact he was walking around during the storm. I asked Theodore if he had guns. Theodore names several handguns and a rifle. I asked Theodore where the guns were, e stated Linda put them somewhere. I asked Theodore of he touched any of the weapons today, he stated no. I left Theodore with Ofc Kniffin and PFC Farinacci.

I went to the residence to make contact with Linda Comer (w/f 12/10/67). Linda was outside the residence with Ofc Owen. I asked Linda to show me where the weapons were, Linda took us onto the residence. Linda showed me and unloaded handgun in her underwear drawer. Linda then showed me under the bed, several more weapons in the cases. I asked Linda what happened today. Linda stated that Theodore has a drinking problem and anger issues. Linda stated he was sober for a month. Linda stated that Theodore had walked out on A1A to walk today. Linda stated she picked him up from Carlin Park. Linda stated Theodore was angry at a neighbor. Linda stated Theodore took the unloaded gun and said "I am mad at the world I will take you out 1st". Linda stated Theodore then laid the weapon and tried to place a bullet in the chamber unsuccessfully. Linda stated Theodore then pointed it at the wall trying to pull the trigger. Linda stated Theodore put the weapon down and went to sleep. Linda stated she hid the guns while he was sleeping, not knowing what he would awake like. Linda stated when Theodore awoke he was angry and asked her where the guns were. Linda stated she then called 911. I explained to Linda that Theodore was being placed under arrest for Domestic Aggravated Assault with a firearm per FSS 784.021(1)(A).

I left the residence and went to where Theodore was with the Officers. I asked Theodore to stand. Theodore stood and placed his hands behind his back. I explained to Theodore he was Being placed under arrest for Domestic Aggravated Assault with a firearm per FSS 784.021(1)(A). Theodore was placed in handcuffs, double locked and checked for spacing. Theodore was placed into PFC Farinacci's vehicle for transport. Through my investigation I found Theodore Comfort guilty of pointing a firearm at Linda Comer with the intent to do harm. BWC Utilized.

NOT A CERTIFIED COPY

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] 3/19/1003
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 4 day of Sept 2019

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

SCANNED

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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 #: 19-003997 Agency: Jupiter PD
Offense: Assault (deadly weapon) - domestic
Suspect/Offender: THEODORE W. COMFORT
D.O.B. 5/6/69 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: Linda R. Comer D.O.B. 12-18-67 Race: W Sex: F
Address: 108 Angelfish Ln
City: Jupiter State: FL Zip: 33477
Home #: 704-620-5285 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: Redder, Vicki
Address: 181 Faith Rd
City: Mooreville State: NC Zip: 28115
Home #: (704) 577-7418 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

SUSPECT/OFFENDER: THEODORE W. COMFORT
COURT CASE/WARRANT#: _____
(FOR WARRANTS USE ONLY)

SCANNED

SEP 05 2019



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(f)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019028813	Date: 9/4/2019
	Specialist Name/ID: J. Beck/9007

SCANNED
SEP 05 2019