

OBTS Number		ARREST/NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number : 06-21095855															
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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1											
Location of Arrest (Including Name of Business) 12651 63rd Ln N				Location of Offense (Business Name, Address) West Palm Beach, FL 33412 12651 63rd Ln N				West Palm Beach, FL 33412													
Date of Arrest 08/13/21		Time of Arrest 22:10		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) Mirabal Garcia, Addiel												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 12/02/1972		Height 5'07		Weight 200		Eye Color BROWN		Hair Color BLACK		Complexion MEDIUM		Build MEDIUM					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE												Marital Status Single		Religion Christianity		Indication of Alcohol Influence Y N Unk. 0 0 0					
Local Address (Street, Apt. Number) 12651 63rd Ln N				(City) West Palm Beach, FL 33412				(State) FL				(Zip) 33412				Phone 786-546-0966		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3			
Permanent Address (Street, Apt. Number) 12651 63rd Ln N				(City) West Palm Beach, FL 33412				(State) FL				(Zip) 33412				Phone		Address Source FL DL			
Business Address (Name, Street)				(City) West Palm Beach, FL 33412				(State) FL				(Zip) 33412				Phone		Occupation MAINTENANCE			
DL Number, State M614000724420, FL				INS Number				Place of Birth (City, State) FOMENTO, CUBA				Citizenship NONE									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other:		(Last)		(First)		(Middle)		Residence Phone													
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone													
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated													
Released To: (Name)				Relationship				Date		Time											
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								School Attended				Grade									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property													
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamines		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		Q. Unknown R. Other	
Charge Description Battery (domestic)				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1a1)				Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21095855		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address)												Court Date and Time Month Day Year Time AM PM									
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												08/13/21		Date Signed							
Signature of Defendant (or Juvenile and Parent /Custodian)				Signature of Arresting Officer Deputy Sheriff A. Tejada				Name Verification (Printed by Arrestee) SCANNED AUG 14 AM 1:43				AUG 14 2021		PAGE 1 OF 1							
HOLD for other Agency Name:				Arresting Officer (Print) Deputy Sheriff A. Tejada				ID # 26703				Witness here if subject signed with an "X"									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Transporting Officer ID #				Agency PBSO									

OSTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-21095855</b>					
	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:					
DEF	Name (Last, First, Middle) <b>Mirabal Garcia</b>		Alias <b>Addiel</b>		Race <b>H</b>		Sex <b>M</b>		Date of Birth <b>12/02/1972</b>	
	Charges <b>Battery (domestic)</b>		<b>784.03(1a1)</b>							
VICTIM	Victim's Name (Last, First, Middle) <b>Ebinger</b>		<b>Michelle</b>		<b>Diane</b>		Race <b>W</b>		Sex <b>F</b>	
	Local Address (Street, Apt. Number) <b>12651 63rd Ln N</b>		(City) <b>West Palm Beach, FL 33412</b>		(State) (zip)		Phone <b>561-602-4240</b>		Address Source <b>FL DL</b>	
	Business Address (Name, Street)		(City)		(State) (zip)		Phone		Occupation	
<p>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  <input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.  <input type="checkbox"/> confessed to _____ admitting to the below facts.      <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>13th</u> day of <u>August</u>, 20<u>21</u> at <u>10:10</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On the above date and time I responded to the above mentioned location reference a verbal dispute and a female crying, heard over a 911 call. A female later identified as; MICHELLE, DIANE, EBINGER then advised that her head was bleeding. Another caller, Michelle's daughter, advised that her mother was bleeding from the back of her head after a heated argument ensued between Michelle and her step-father; ADDIEL, MIRABAL GARCIA.</b></p> <p><b>According to Michelle, Addiel has been drinking alcohol and became angry, accusing Michelle of "cheating". Michelle then told me that Addiel went outside to get some food and stormed back into the house, accusing Michelle of further cheating on his and demanding to know who left the front gate open after he closed it. Addiel then became irate and grabbed Michelle but the lower jaw and pushed her in a forceful manner against the wall. During this act of violence Michelle feared for her life as Addiel told he was going to brake her face.</b></p> <p><b>Michelle sustained a laceration to the back of her head that was bleeding at the time. Michelle told me she felt nauseous and requested to be checked out by fire rescue.</b></p> <p><b>Addiel was placed into handcuff per PBSO Policy and gave me his side of the story. Addiel told me that he had too much to drink (alcohol) and lost control. Addiel told me that he found it suspicious that the front gate of the property was open after he closed it earlier. Addiel then asked Michelle why and who left the gate open. Addiel accused Michelle of cheating. Addiel denied knowing exactly how Michelle injured her head. Addiel believes that he was set up</b></p> <p><b>Due to the above mentioned facts as a result of my investigation, I placed Addiel,, Mirabal Garcia under arrest for Domestic Battery, contrary to FSS 784.03(1A1).</b></p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>Deputy Sheriff A. Tejada</b> (ID # <u>26703</u> ) (Signature of Arresting/Investigative Officer)									
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13TH</u> day of <u>August</u> , 20 <u>21</u> by <u>Deputy Sheriff A. Tejada 26703</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: <u>KNOWN</u> <b>DEPUTY SHERIFF</b>									
	<b>Deputy Sheriff G. Iozzio 21070</b> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
	<b>AUG 14 2021</b>									

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)  
**Suspect:** Mirabal Garcia Addiel **DOB:** 12/02/1972 **Case #:** 21095855

Name (Last, First)  
**Victim:** Ebinger Michelle **DOB:** 08/18/1968 **Race:** W **Sex:** F

**Relationship between Victim and Defendant:** \_\_\_\_\_

**Photographs:** Scene Yes ☒ No ☐ Victim ☒ Yes ☐ No ☐ Defendant Yes ☒ No ☐

**911 Call:** ☒ Yes ☐ No **Caller:** Ebinger Michelle Diane

**Weapon Used:** ☐ Yes ☒ No **Type:** \_\_\_\_\_

**Witness:** ☒ Yes ☐ No **Name:** (Last) Ebinger (First) Lorelei (Middle) \_\_\_\_\_

**Victim Pregnant:** ☐ Yes ☒ No **If yes,** \_\_\_\_\_ **weeks** \_\_\_\_\_ **months**

**Injuries:** ☒ Yes ☐ No **Description:** Abrasion/Bruise

**Medical Treatment:** ☐ Yes ☒ No

**At Scene:** ☒ Yes ☐ No **Paramedics:** PBCFR RN 2109078452

**At Hospital:** ☐ Yes ☒ No **Hospital:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

**Are Children Living in Home?** ☒ Yes ☐ No **DCF Notified?** ☐ Yes ☒ No

**Name:** Ebinger, Lorelei **DOB:** 10/15/2008

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Injunction** ☐ Yes ☒ No

**Case #:** \_\_\_\_\_

**No Contact Order** ☐ Yes ☒ No

**Case #:** \_\_\_\_\_

**Alcohol or Drugs** ☒ Yes ☐ No **Unknown** ☐

**Prior History of Domestic/Dating Violence** ☐ Yes ☒ No

**Defendant's Statements** ☒ Yes ☐ No **If yes,** ☒ written ☐ recorded ☒ oral

**First words Defendant said when you responded to scene:** The gate was open and Michelle is cheating on me. We were in the jacuzzi, drinking and everything was fine.

**Victim's Statements** ☒ Yes ☐ No **If yes,** ☒ written ☐ recorded ☐ oral

**First words Victim said when you responded to scene:** Addiel drinks too much and accuses me of cheating. Am scared and he grabbed my jaw, pushed me against the wall. My head is bleeding.

**Did the Victim contact anyone other than police within an hour of the incident regarding the incident?**

**Yes** ☒ **No** ☐ **If yes, name:** \_\_\_\_\_ **phone:** \_\_\_\_\_

**Observations of Victim (Physical & Emotional)** \_\_\_\_\_

☐ Upset ☒ Crying ☒ Fearful ☐ Hysterical ☒ Afraid ☐ Calm ☒ Nervous

☒ Complained of pain ☐ Other \_\_\_\_\_

**Victim Contact Information:** (Last) Ebinger (First) Michelle

**Local Address:** 12651 63rd Ln N, West Palm Beach, FL 33412

**Phone:** 561-602-4240

**Employer:** (Name) \_\_\_\_\_ (Employer Address) \_\_\_\_\_

**Name of Relative:** (Last) Ebinger (First) Lorelei

**Phone:** 561-602-4240

**Address:** 12651 63rd Ln N, West Palm Beach, FL 33412

**AUG 14 2021**

# 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 #: 21095855 Agency: PBSO  
Offense: Battery (domestic)  
Suspect/Offender: Name (Last) Mirabal Garcia (First) Addiel (Middle) \_\_\_\_\_  
D.O.B. 12/02/1972 Race: H Sex: M

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: Ebinger Michelle D.O.B. 08/18/1968 Race: W Sex: F  
Address: 12651 63rd Ln N  
City: West Palm Beach, FL 33412  
Home #: 561-602-4240

b. Victim's next of kin, friend or neighbor: (Last) Ebinger (First) Lorelei  
Address: 12651 63rd Ln N, West Palm Beach, FL 33412  
City: \_\_\_\_\_  
Home #: 561-602-4240

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: \_\_\_\_\_ AUG 14 2021

Printed name of person waiving notification: Ebinger Michelle

Deputy's Name: Deputy Sheriff A. Tejada I.D.# 26703 Date: 08/13/21

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: Mirabal Garcia

Addiel

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021020165	<b>Date:</b> 8/14/2021
	<b>Specialist Name/ID:</b> T Howard/7185

SCANNED  
AUG 14 2021