

6357306

21MM4137 MB

2017 3440

ARREST / NOTICE TO APPEAR

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

Agency ORI Number <b>0500700</b>	Agency Name <b>Riviera Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>8:4 21-04137</b>
Charge Type: Check as many as apply: <input 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: <b>Hands/fists/feet/teeth</b>	Multiple Clearance Indicator: <b>1</b>
Location of Arrest (Including Name of Business) <b>155 E BLUE HERON BLVD RIVIERA BCH FL</b>		Location of Offense (Business Name, Address) <b>100 W 25TH ST, RIVIERA BEACH, FL 33404</b>
Date of Arrest <b>06/07/2021</b>	Time of Arrest <b>11:27</b>	Booking Date <b>06/07/2021</b>
Booking Time <b>11:37</b>	Jail Date	Jail Time
Location of Vehicle		
Name (Last, First, Middle) <b>MIELE, CANDICE A</b>		
Alias:		
Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/24/1981</b>
Height <b>5'05</b>	Weight <b>132</b>	Eye Color <b>BLUE</b>
Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Marital Status <b>S</b>	Religion <b>NONE</b>	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) (City) (State) (Zip) <b>2916 TUSCANY CT 111, PALM BEACH GARDENS, FL 33410</b>		Phone
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>2916 TUSCANY CT 111, PALM BEACH GARDENS, FL 33410</b>		Phone
Business Address (Name, Street) (City) (State) (Zip)		Phone
D/L Number, State <b>M400-101-81-884-0 / FL</b>		Sec. Sec. Number
INS Number		Place of Birth (City, State) <b>CALABASAS, CA,</b>
Citizenship <b>US</b>		
Co-Defendant Name (Last, First, Middle)		
Co-Defendant Name (Last, First, Middle)		
Name (Last, First, Middle)		
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		
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		
Value of Property		
Drug Activity N. N/A P. Possession		
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. 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 <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>		
Statute Violation Number <b>784.03(1)(A)(1)</b>		
Violation of ORD #		
Drug Activity		
Drug Type		
Amount / Unit		
Offense # <b>21-04137</b>		
Counts		
Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Warrant / Capias Number		
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		
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		
Statute Violation Number		
Violation of ORD #		
Health / Apparent Physical Condition of Defendant		
Any knowledge of the following: <input type="checkbox"/> Mutilation <input type="checkbox"/> Scarring <input type="checkbox"/> Wounds <input type="checkbox"/> Bruises <input type="checkbox"/> Injuries		
Explain:		
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"/> PROPERTY - Received By <input type="checkbox"/> Released By		
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		
Transported By		
Date Transported		
Time Transported		
Other		
INSTRUCTION NO. 1 - Mandatory appearance in court		
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		
Location (Court, Room)		
Court Date and Time		
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)		
Date Signed		
HOLD for Other Agency		
Signature of Arresting Officer		
Name of Arresting Officer (Print) <b>JOHNSON, C. R.</b>		
I.D. # <b>6531</b>		
Transporting Officer		
I.D. # <b>6531</b>		
Agency <b>RBPB</b>		
Name Verification (Printed by Arrestee) (PRINT)		
Witness here if subject signed with an "X".		

**FILED**  
**JUN 08 2021**  
**CIRCUIT & COUNTY COURTS**  
**(CRIMINAL DIV.)**

No Photo Available

**SCANNED**  
**JUN 08 2021**  
PAGE 1 OF 1

OBT'S Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
A	D	M	I	N	D	E	F	C	H
Agency ORI Number <b>FL FL0500700</b>		Agency Name <b>Riviera Beach Police Department</b>		Agency Report Number <b>8 4 21-04137</b>					
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" 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:					
Name (Last, First, Middle) <b>MIELE, CANDICE A</b>						Race <b>W</b>		Sex <b>F</b>	
						Date of Birth <b>10/24/1981</b>			
Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>				Charge Description					
Charge Description				Charge Description					
Victim's Name (Last, First, Middle) <b>SMITH, DARRYL ANDRE</b>						Race <b>B</b>		Sex <b>M</b>	
						Date of Birth <b>03/23/1974</b>			
Local Address (Street, Apt. Number) <b>100 W 25TH ST, RIVIERA BEACH, FL 33404</b>				(City)		(State)		(Zip)	
Business Address (Name, Street) <b>Car Wash</b>				(City)		(State)		(Zip)	
Phone <b>(561) 848-0932</b>				Address Source <b>VICTIM</b>					
<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.</p> <p>The Person taken into custody</p> <p><input 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.</p> <p><input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>7</u> day of <u>June</u>, <u>2021</u> at <u>11:04</u> (Specifically include facts constituting cause for arrest.)</p> <p>On Monday, June 07, 2021 at approximately 11:04 hours, I responded to 100 East 25th Street in the City of Riviera Beach FL in reference to a Disturbance. While I was en-route, Riviera Beach Communications advised that a White female, wearing a Pink shirt with Gray pants was causing the disturbance and no longer at the residence. I located the aforementioned female at 155 East Blue Heron Blvd. The female was identified as Candice A. Miele (W/F, 10-24-1981).</p> <p>While I was in contact with Miele, Miele stated that she needed to retrieve her belongings from Darryl Smith. Smith and Miele have one child in common that was not present during this incident. Miele went to the residence and said Smith attacked her. Miele said Darryl was drinking Vodka but she did not see him drinking. Miele was previously trespassed from 100 East 25th Street (case number 21-01313). Miele said Smith was making threats that she would not see their son again, Andre Miele (B/M, 05-21-2015). Miele alleges that Smith struck her with a mop and cornered her between the refrigerator. Miele does have bruises on her left arm inside her bicep, bruise on her left wrist and a bruise to her middle finger located on the left hand. Smith stated that Miele received the bruises from breaking into his home. Officer Wright #6470 observed Brown stains on the front door, which appeared to be Coffee stains from Miele's drink at the time of contact. Photos were taken and uploaded into Riviera Beach Evidence.com.</p> <p>Smith provided a video footage of himself and Miele in contact with each other inside the residence. Miele and Smith appeared to be in the kitchen area having a verbal dispute. I observed Smith walk towards Miele as she sat down in the chair. Smith did not show any signs of being a threat to Miele. Miele then hit Smith in the head area with her Left hand followed by a kick using her right leg. Smith then walked away exiting the kitchen area. The incident was capture by cell phone from another individual. Patrol units were unable to make contact with that person. Smith never responded to the Riviera Beach Police Department in reference to the possible Burglary that occurred. Smith did</p>									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><u>597/1000 4814</u></p> <p><b>WILLIAMSON, GREGORY A</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>06/07/2021</u></p> <p>DATE</p> <p style="text-align: right;"> <u><i>Johnson</i></u>          SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>JOHNSON, CARL RASHAD (6531)</b>          NAME OF OFFICER (PLEASE PRINT)  <u>06/07/2021</u>          DATE       </p>									
PAGE 1 OF 2									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

 SCANNED  
 JUN 08 2021

OBT# Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number <b>FL FL0500700</b>	Agency Name <b>Riviera Beach Police Department</b>	Agency Report Number <b>8   4   21-04137</b>					
Charge Type: Check as many as apply. <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		Special Notes:					
Name (Last, First, Middle) <b>MIELE, CANDICE A</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/24/1981</b>
inform Riviera Beach Patrol units via cell phone that he wanted to prosecute.  Based on my investigation and video surveillance available, I find probable cause to arrest Miele for 1 count of Simple Battery Domestic Pursuant to Florida State Statute 784.03 (1) (A) (1) .							
NOT A CERTIFIED COPY							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i></p> <p><b>WILLIAMSON, GREGORY A</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>06/07/2021</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>JOHNSON, CARL RASHAD (6531)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>06/07/2021</b></p> <p>DATE</p> </div> </div>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

 SCANNED  
 JUN 08 2021  
 P.410.

## VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (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.

SUSPECT/OFFENDER

Candice

A

COURT CASE/WARRANT#

(FOR WARRANTS USE ONLY)

1. Incident Report 21-04137 Agency Riviera Beach Police Department  
Offense: Simple Battery Domestic  
Suspect/Offender: Candice A Miele  
D. O. B.: 10/24/1981 Race: White Sex: Female
2. Warrant #(s): \_\_\_\_\_
3. Complete one (1) of the following:
  - a. Victim's Name: Darryl Smith  
Address: 100 West 25th Street  
City: Riviera Beach State: FL Zip: 33404  
Home #: 561-803-9056 Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - b. Victim's next of kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please \_\_\_\_\_)

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: C JOHNSON I.D. # 6531 Date: 06/07/2021

SCANNED  
JUN 08 2021



**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)
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)(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.	
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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021013886	Date: 06/08/2021
	Specialist Name/ID: T Howard/7185