

0443073

50-2020-MM-008188 AMB 378

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD MI NI ST RA TI ON	OBTS Number		Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9-1-2020-0015915		Multiple Clearance Indicator			
D E F E N D A N T	Charge Type: Check as many as apply		Location of Arrest (Including Name of Business) 1677 BRANDYWINE RD		Location of Offense (Business Name, Address) 1677 BRANDYWINE RD 1118, WEST PALM BEACH, FL 33409		If Weapon Seized Enter Type NOT APPLICABLE		Multiple Clearance Indicator			
	<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		Date of Arrest 10/21/2020		Time of Arrest 01:14		Booking Date 10/21/2020		Booking Time 01:24		Jail Date // : :	
J U V E N I L E	Name (Last, First, Middle) MELLINGER, MCARA JUNE		Alias		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White I - American Indian B - Black O - Asian W F		Date of Birth 07/19/1995		Height 5'05	
	Sex F		Weight 160		Eye Color BLUE		Hair Color BROWN		Complexion FAIR		Build Medium	
	Local Address (Street, Apt. Number) 1677 BRANDYWINE RD 1118, WEST PALM BEACH, FL 33409		(City) WEST PALM BEACH		(State) FL		(Zip) 33409		Home Phone (451) 800-9395		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Permanent Address (Street, Apt. Number) 1677 BRANDYWINE RD 1118, WEST PALM BEACH, FL 33409		(City) WEST PALM BEACH		(State) FL		(Zip) 33409		Mobile Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3	
C O D E	Business Address (Name, Street) 1677 BRANDYWINE RD 1118, WEST PALM BEACH, FL 33409		(City) WEST PALM BEACH		(State) FL		(Zip) 33409		Work Phone		Occupation SELF	
	D/L Number, State M452350957590 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) FORT LAUDERDALE, FL US		Citizenship US		Co-Defendant Name (Last, First, Middle)	
C O D E	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	
C H A R G E	<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone		Address (Street, Apt. Number)		(City)		(State)	
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
C H A R G E	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		Relationship		Date	
	Released To: (Name)		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	
C O D E	<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		Drug Activity	
	S. Sell N. N/A P. Possess		R. Snuggle B. Buy T. Traffic		K. Disperse/ D. Distribute		M. Manufacture/ P. Produce C. Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	
C H A R G E	Charge Description BATTERY - BATTERY (SIMPLE)		Statute Violation Number 784.03(1A)		Violation of ORD #		Drug Activity		Drug Type		Amount Unit	
	Offense #		Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond		Charge Description	
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		Bond		Charge Description	
I N T A K E	Health / Apparent Physical Condition of Defendant		Mental		Escape Risk		Meditation		Deformities		Injuries	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released To		2020/10/21	
N O T I C E T O A P P E A R	<input type="checkbox"/> 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		No Photo Available		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		I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.		(451) 800-9395		INITIAL		2020/10/21	
A D M I N	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		ID #		PAGE		1 OF 1	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) LANTIGUA, LISETTE		ID # 02042		Agency WPBPD		Witness here if subject signed with an "X".	

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 10/21/2020 00:25	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2020-0015915
	Name (Last, First, Middle) MELLINGER, MCARA JUNE			

D E T R I M	Local Address (Street, Apt. Number) 1677 BRANDYWINE RD 1118, WEST PALM BEACH, FL 33409	(City) WEST PALM BEACH	(State) FL	(Zip) 33409	Phone (561) 350-2228	Race W	Sex F	Date of Birth 07/19/1995
	Business Address (Name, Street) 1677 BRANDYWINE RD 1118, WEST PALM BEACH, FL 33409				(City) WEST PALM BEACH	(State) FL	(Zip) 33409	Address Source SELF

Charge Description
784.03(1A1) BATTERY- BATTERY (SIMPLE)

V I C T I M	Victim's Name (Last, First, Middle) ROFELSON, MICHAELA BETH	Race W	Sex F	Date of Birth 12/05/1989
	Local Address (Street, Apt. Number) 1677 BRANDYWINE RD 1118, WEST PALM BEACH, FL 33409			

DEFENDANT'S STATEMENTS:	Written: <input type="checkbox"/>	Taped: <input checked="" type="checkbox"/>	Oral: <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET
VICTIM'S STATEMENTS:	Written: <input type="checkbox"/>	Taped: <input checked="" type="checkbox"/>	Oral: <input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
DATING


A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene:	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>	
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: VICTIM
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)
	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MEDICAL TREATMENT:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	AT: Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS: WPBFR 6
	Hospital:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL: ST MARYS
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:
	H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:
	PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

On Tuesday, October 20, 2020 at approximately 2330 hours, I responded to 1677 Brandywine Rd Apt 1118 in reference to a domestic battery.


Upon my arrival, I made contact with Mcara Mellinger (W/F DOB 7/19/1995) in the parking who stated that she

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 OF ARRESTING OFFICER

Sworn to and subscribed to before me this 21 day of October, 2020


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

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 10/21/2020 00:25	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2020-0015915
	Agency ORI Number FL 0500800		

got into an argument with her girlfriend, Michaela Rofelson (W/F DOB 12/5/1995) over the cat they just adopted. Mellinger stated that she was eating and Rofelson threw her food. Mellinger stated that she plugged her ears because she was yelling at her. Mellinger then stated that she just walked away. Mellinger then stated that she went in the room and grabbed Rofelson keys. Then stated Rofelson came into the room and continued to yell at her. Mellinger then stated that Rofelson punched her with a closed fist in the mouth and on the left side of her stomach. Mellinger also stated that she hit her with her phone in the forehead to protect herself and get her off her.

I then made contact with Rofelson who stated that she got into an argument with Mellinger over the cat. Rofelson stated that she asked Mellinger to take care of the cat while she was at work and Mellinger told her that it was not her responsibility. Rofelson then stated that she got angry and threw her food on the floor. After she threw her food on the floor, Rofelson stated that Mellinger attacked her and started kicking and punching her. Rofelson then stated that she started to hold her back to prevent her from hitting her. Rofelson also stated that Mellinger threw her deodorant at her forehead and punched her with a close fist in her left eye.

Rofelson had injuries to her forehead and to her left eye. Mellinger had a cut on her lip and a red mark on the left side of her stomach. Both parties have been dating for about 4 months and just moved in together at the beginning of the month. Mellinger also advised me that she was approximately 17 weeks pregnant.

Due to the above stated facts, I find probable cause exists for the arrest of Mcara Mellinger for (1) one count of simple battery pursuant F.S.S. 784.03(1A1).

BWC was activated during this investigation.

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 OF ARRESTING OFFICER

Sworn to and subscribed to before me this 21 day of October, 2020

MYRTHIL RICHARSON *RM #2123*
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 # 2020-15915 Agency: WFB
 Offense: simple battery
 Suspect/Offender: Michaela Rufelson
 D.O.B. 12-5-89 Race: W Sex: F

2. Warrant #(s) _____

3. Complete one (1) of the following:

a. Victim's name: Mcara Mellinger
 Address: 1677 Brandwine Road
 City: WFB State: FL Zip: 33409
 Home #: 451-806-9395 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 specify).

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.

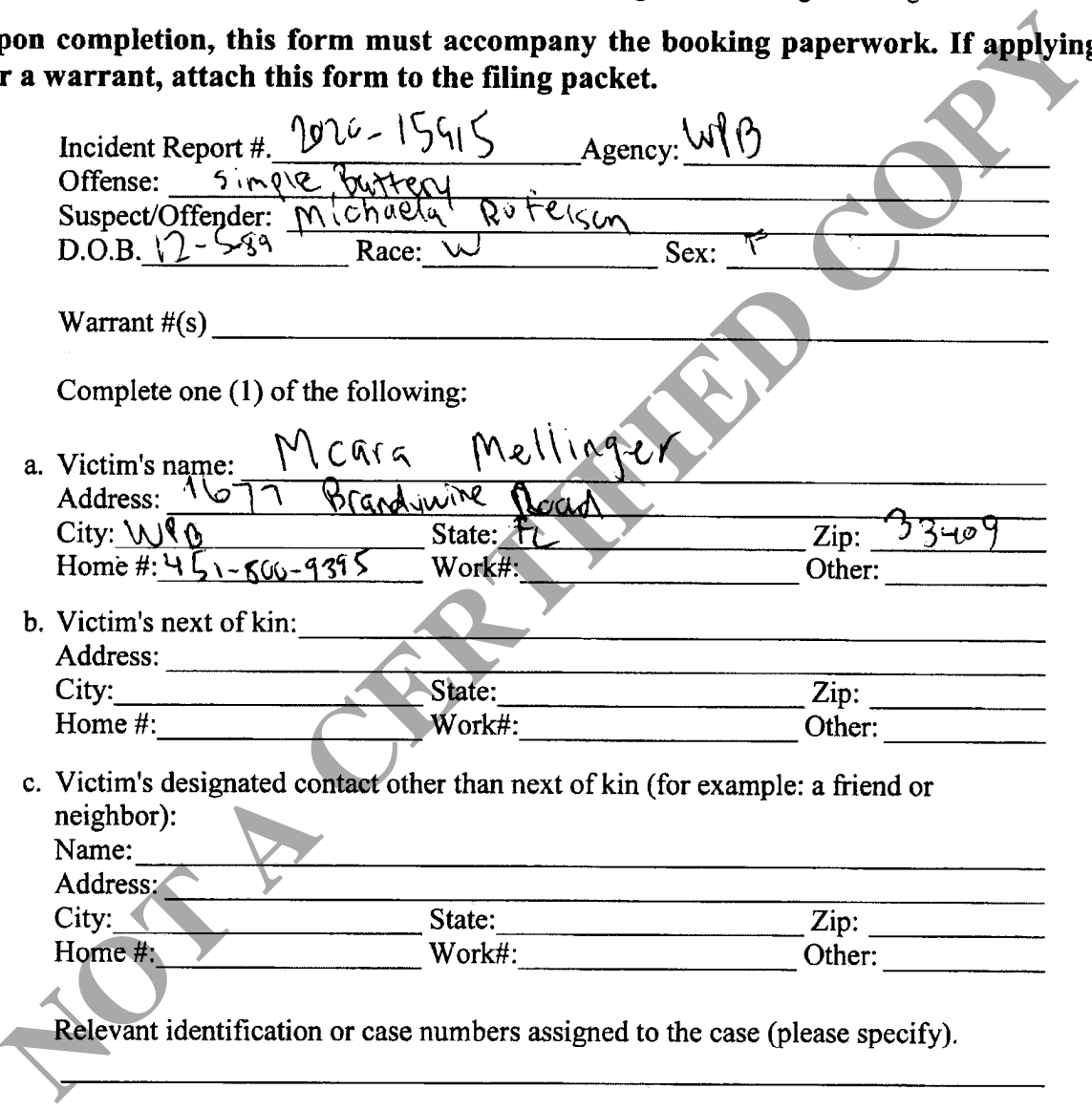
Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: OFC. Lantigua I.D.: 242 Date: 10-21-2020

SUSPECT/OFFENDER:

COURT CASE/WARRANT #
(FOR WARRANTS USE ONLY)





**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"/>	(ii) 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: 2020024835	Date:
	Specialist Name/ID: T Howard/7185