

J: 0495475

2020MM005128/AMB P: 3228

ARREST / NOTICE TO APPEAR

- 1. Arrest
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral

1 JUVENILE

ADMI NIST RATIO N

OBTS Number

Agency ORI Number: **0500200** Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **3, 2 | 2020-007296**

Charge Type: Check as many as apply. 1. Felony 3. Misdemeanor 5. Ordinance 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Location of Arrest (Including Name of Business): **798 ELM TREE LN** Location of Offense (Business Name, Address): **798 ELM TREE LN, BOCA RATON, FL 33486** Enter Type: **Hands, Feet, Fist, Teeth** Multiple Clearance Indicator:

Date of Arrest: **06/25/2020** Time of Arrest: **20:03** Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle:

DEFENDANT

Name (Last, First, Middle): **MCCARTHY, MICHAEL JAMES** Alias: Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: **W - White** Sex: **M** Date of Birth: **12/14/1976** Height: **5'11** Weight: **198** Eye Color: **HAZEL** Hair Color: **RED** Complexion: **LIGHT** Build: **Medium**

Local Address (Street, Apt. Number): **798 ELM TREE LN, BOCA RATON, FL 33486** (City) (State) (Zip) Phone: **(305) 479-8753**

Permanent Address (Street, Apt. Number): **798 ELM TREE LN, BOCA RATON, FL 33486** (City) (State) (Zip) Phone: **(305) 479-8753**

Business Address (Name, Street): **ROYAL PALM, ROYAL PALM WAY** (City) (State) (Zip) Phone: **SUBJECT**

D/L Number, State: **M263550764540 / FL** Soc. Sec. Number: [Redacted] INS Number: Place of Birth (City, State): **MORRISTOWN, PA,** Citizenship: **US**

CO-DEFENDANT

Co-Defendant Name (Last, First, Middle): [Redacted] Race: Sex: Date of Birth: 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

Co-Defendant Name (Last, First, Middle): [Redacted] Race: Sex: Date of Birth: 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

JUVENILE

Parent Other: 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

Released To: (Name) Relationship Date Time

The above address was provided by defendant and/or 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.

Yes, by: No: Property Crime? Yes No Description of Property: Value of Property:

CHARGE

Drug Activity: **N. N/A** S. Sell **T. Traffic** R. Smuggle **D. Deliver** K. Disperse/Distribute **M. Manufacture/Produce/Cultivate** Z. Other **Drug Type: N. N/A** B. Barbiturate **E. Heroin** H. Hallucinogen **O. Opium/Deriv.** P. Paraphernalia/Equipment **S. Synthetic** U. Unknown **Z. Other**

CHARGE

Charge Description: **BATTERY** Statute Violation Number: **784.03(1A1)** Violation of ORD #:

Drug Activity: **N** Drug Type: Amount / Unit: Offense #: Counts: Domestic Violence: Y N Warrant / Capias Number: Bond:

CHARGE

Charge Description: Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Counts: Domestic Violence: Y N Warrant / Capias Number: Bond:

CHARGE

Charge Description: Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Counts: Domestic Violence: Y N Warrant / Capias Number: Bond:

IN TAKE

Health / Apparent Physical Condition of Defendant: Any knowledge of the following: Mental Escape Risk Medication Delirium Injuries Explain:

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail Posted Bond South County Mental Health

Transported By: Date Transported: Time Transported: Other: Released To: **25 AM 6:00**

PROPERTY - Received By: Released By: Released To: **25 AM 6:00**

IN TAKE

INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **South County 200 W Atlantic Ave Delray Beach, FL 33444** 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:

No Photo Available

ADMI N

HOLD for Other Agency: Dangerous Resisted Arrest Suicidal Other

Name of Arresting Officer (Print): **BURNETTE, A. N.** I.D. #: **798** Agency: **798 BRPD**

Name Verification (Printed by Arrestee):

Transporting Officer: **Burnette** I.D. #: **798** Agency: **BRPD**

Witness here if subject signed with an "X":

SCANNED

PAGE 1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/25/2020 20:01	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-007296
	Agency ORI Number FL 0500200	Name (Last, First, Middle) MCCARTHY, MICHAEL JAMES		

D I S T R I B U T I O N	Charge Description 784.03(1A1) BATTERY / DOMESTIC BATTERY	Race W	Sex M	Date of Birth 12/14/1976
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V I C T I M	Victim's Name (Last, First, Middle) MCCARTHY, DEBORAH LEE	Race W	Sex F	Date of Birth 03/04/1969
	Local Address (Street, Apt. Number) (City) (State) (Zip) 798 ELM TREE LN, BOCA RATON, FL 33486	Phone (561) 756-6410	Address Source	
	Business Address (Name, Street) (City) (State) (Zip) SHYFT DEVELOPMENT, 271 NE 6TH AVE, DELRAY BEACH	Phone	Occupation BUSSINESS DEVEL	

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

RELATIONSHIP BETWEEN VICTIM & SUSPECT
SPOUSE

PHOTOGRAPHS:	Scene: <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	Victim: <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
911 CALL:	<input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
WEAPON USED:	<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
WITNESSES:	<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
INJURIES:	<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
MEDICAL TREATMENT:	<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
AT: Scene:	<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Hospital:	<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
H. R. S. NOTIFIED:	<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
VICTIM PREGNANT:	<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

On 06/25/20 at 1853 hours, I responded to 798 Elm Tree Ln in reference to a domestic disturbance. Upon arrival, I made contact with Deborah McCarthy and asked her what happened. Deborah stated that her husband, Michael McCarthy pushed her into the pool and prevented her from getting out. It should be noted that

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 25 day of June, 2020.

BROWN, KEISHA L
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

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 06/25/2020 20:01	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-007296
	Agency ORI Number FL 0500200			

Deborah's clothing and hair was completely wet. I asked her what would trigger her husband to push her and she stated that he had been going through some things with his family and she believed he was taking it out on her. I asked Deborah if she had been drinking and she stated yes, however, she added that Michael had been drinking since the early morning hours and would not stop.

I then made contact with Michael and asked him what happened. Michael was immediately dismissive and refused to speak with me. After a few moments, Michael began to answer questions, leaving his answers very short. Sgt. Brown was on scene and asked Michael how Deborah ended up in the pool. Michael replied, stating he did not know because he had his back turned. I asked Michael hat he and Deborah were arguing about and he stated that he was not talking.

I then returned to Deborah and asked her if her RING camera system was operable. Deborah stated yes and began to replay the footage from the backyard. The footage I observed consisted of the following events: At 1848 hours, Deborah and Michael are seen in the corner of the video, engaged in a verbal argument. During that same frame Michael is seen forcefully showing Deborah with two open hands into the pool. During the pushing, I also observed Deborah attempting to anchor herself with her feet in what appears to be an effort to prevent getting in the water. At 1849 hours, Michael is seen pacing the edge of the pool as Deborah makes her way to the stairs. Michael meets Deborah at the stairs and begins to violently point his finger at Deborah. I asked Deborah what he was saying, and she stated that he was telling her "what do ya got now"? Deborah gets out of the pool at 18:49:22 hours and attempts to walk inside. Michael is seen taking a fighting stance, separating his feet shoulder width apart and leaning forward. Again, he is seen pointing his fingers at Deborah and screaming. At the end of the video, Michael puts his hands in the air and allows Deborah to pass.

Based on the findings of my investigation, I have concluded that Michael did actually and intentionally touch or strike Deborah against her will. Deborah and Michael have been married for 10 years and reside in the same household. This is a violation of Florida Statute 784.03(1). Michael has been charged for this offense and as transported to Palm Beach County Jail without incident.

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 25 day of June, 2020.

BROWN, KEISHA L

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 17.70)

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#: 2020-007296 Agency: BRPD
Offense: Domestic Battery
Suspect/Offender: McCarthy, Michael
D.O.B. 12/14/76 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim's name: Deborah McCarthy D.O.B. 3/4/69 Race: W Sex: F/M
Address: 798 Elm tree Ln
City: Boca Raton State: FL Zip: 33486
Home#: _____ Work#: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home#: _____ 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:** Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: A. Bennett I.D.# 798 Date: 6/25/20

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____

PALM BEACH CNTY SHERIFF'S OFFICE

VICTIM NOTIFICATION ENTRY

Date: 06/25/2020
Time: 9:51 PM
Page: 1 of 1

Defendant Name: MCCARTHY, MICHAEL

SSN: [REDACTED]

Book #: 2020015596

Victim First Name: DEBORAH

Victim Middle Name:

Victim Last Name: MCCARTHY

Victim Full Name: MCCARTHY, DEBORAH

Victim Minors Name:

Victim Address 1: 798 ELM TREE LN

Victim Address 2:

Victim City: BOCA RATON

Victim State/Zip: FL 33486

Minor Relationship:

Day Phone:

Night Phone:

Last 4 SSN:

Victim Type:

Victim Id: 170735

Book #: 2020015596

Entry By: 28495

Modified By: 28495

NOT A CERTIFIED COPY



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.	2,6
	<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: 2020015596	Date: 06/25/20
	Specialist Name/ID: J. Beck/9007