

20CT16582 NB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

OBTS Number	Agency ORI Number FLO 502600	Agency Name PALM BEACH GARDENS POLICE DEPARTMENT	Agency Report Number (N.T.A.'s only) 78-20005702
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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 checked="" 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
Location of Arrest (Including Name of Business) 12800 ALT A1A, PBG, FL	Location of Offense (Business Name, Address) 13500 ALT A1A, PBG, FL	
Date of Arrest 12/19/2020	Time of Arrest 01:08	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405

Name (Last, First, Middle) **CIVITELLA, MICHAEL, JOSEPH** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 11/06/1992	Height 5'7	Weight 150	Eye Color BRO	Hair Color BRO	Complexion LGT	Build SMALL
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT L HIP	Marital Status SINGLE	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence Y N Unk. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) 897 MARBLE WAY BOCA RATON FL 33432	Phone (561) 779-3355	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2						
Permanent Address (Street, Apt. Number) 3535 MILITARY TRAIL SUITE 101 JUPITER FL 33458	Phone () ()	Address Source VERBAL						
Business Address (Name, Street) () () ()	Phone () ()	Occupation						

DL Number, State C134550924060 FL	Soc. Sec. Number () () () () () ()	INS Number	Place of Birth (City, State) WEST PALM BEACH, FL	Citizenship US
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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 Custodian <input type="checkbox"/> Other	Name (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
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. Dispense/ 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/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
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Charge Description DRIVING UNDER THE INFLUENCE OVER .08	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(C)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court Room Number, Address)
NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time
Month **JANUARY** Day **20** Year **2021** Time **10:00** 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

Signature of Defendant (or Juvenile and Parent / Custodian) **(Signature)** Date Signed **12/19/2020**

HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Related Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Signature of Arresting Officer (Signature) 514	Name Verification (Printed by Arrestee) DEC 19 AM 3:03
Intake Deputy (Signature) LD. # Pouch #	Name of Arresting Officer (Print) Ofc. ANDREW FLINK 514	Witness here if subject signed with an "X" 1
Transporting Officer ANDREW FLINK 514	Agency PBGPD	PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

0520306

3558

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19TH DAY OF DECEMBER 20 20, AT 0054 AM PM

SUBJECT: CIVITELLA V, MICHAEL, JOSEPH CASE NUMBER: 20005702

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On 12/19/2020, at approximately 0105 hours, this Officer was conducting traffic enforcement, in the area of the 13500 ALT A1A, PBG, FL, when a vehicle was observed rapidly increasing to a high rate of speed south bound in the inside through lane. Body worn camera and in car video were activated upon traffic stop. This Officer's initial visual estimate of the vehicle was approximately 70 MPH, in a posted 50 MPH zone. Using RADAR Stalker DSR2X (DB001317), front antenna (KR027120), this Officer received a steady tone and reading of 70 MPH. The RADAR calibration was last checked on 12/17/2020 and was due on 06/17/2021. Prior to this tour of duty on this date, this Officer ensured the RADAR was in working order, to confirm the accuracy of the unit. At the end of this tour of duty, this Officer did the same. This Officer received RADAR/LIDAR certification on 05/31/2008, in Cannon AFB, NM. This Officer initiated a traffic stop on the vehicle, a Volvo sedan (BAFP75/FL), in the area of 12800 block of Alt A1A, PBG, FL. This Officer made contact with the driver and sole occupant of the vehicle, identified via Florida Driver License photo, Michael Civitella V, while he was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Civitella had blooshot watery eyes, flushed red face, low heavy eyelids, slurred speech, and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. The odor increased in intensity as Civitella spoke with this Officer.

DRIVER'S STATEMENTS:

Civitella said he was coming from dinner and denied consuming alcohol on this evening.

ODORS:

Unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant

CLOTHING: Black coat, black shirt, beige pants, tan shoes.

MEDICAL/OTHER: None stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

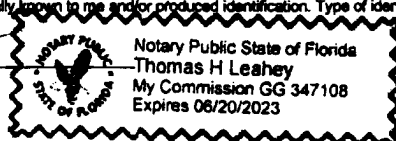
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of December 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

Personally Known

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
DEC 20 2020

SUBJECT: CIVITELLA V, MICHAEL, JOSEPH CASE NUMBER 20005702

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Civitella had a lack of convergence in his left eye.

WALK & TURN:

During the exercise, Civitella took 10 steps during the first set of steps. Civitella then paused for further instruction. Civitella began to walk backward until instructed to turnaround. After the turnaround, Civitella almost lost his balance. On the eighth step, Civitella stepped off the line, missed heel-to-toe and raised his right arm more than six inches from his side.

ONE LEG STAND:

During the exercise, Civitella raised his right foot. Civitella swayed during the exercise.

ROMBERG BALANCE:

During the exercise, Civitella had eyelid tremors in both eyes, as well as body tremors. Civitella estimated the passage of 30 seconds, in approximately 44 seconds.

FINGER TO NOSE:

During the exercise, the following was observed: first command of Left, he raised his right hand then switched to left and touched his nose with the pad of his finger. Right command, he touched under the tip of his nose. Left command, he touched with the pad of his finger. Right command, he touched the side of his nose. The next two commands, he touched with the pad of his finger, respectively.

BREATH TEST RESULTS: (1) .081 (2) .081 (3) - (4) -

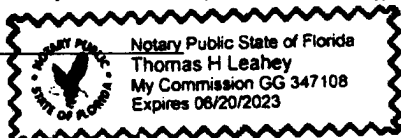
STATE OF FLORIDA
COUNTY OF DADE BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of December 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
DEC 20 2020

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Civitella V, Michael J

DATE: Dec 19, 2020

BEGINNING TIME: 0202

CASE NUMBER: 20-138269

VIDEO DVD NUMBER: N/A

ENDING TIME: 0215

BREATH TESTS RESULTS: 1) .081 TIME 0206 A.M. P.M. 2) .081 TIME 0209 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick

ATTITUDE: talkative, cooperative

CLOTHING: tan pants, black shirt, black jacket, tan shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
unknown odor of alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0140 hrs

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered questions & invoked right to counselor with a few questions remaining



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 20-138269 PBSO ZONE 3-13

AGENCY CASE # 20005702 CRASH CASE # _____

TIME OF STOP/CRASH 0054 DATE 12/19/2020 DAY SATURDAY

SUBJECT'S NAME CIVITELLA V MICHAEL JOSEPH RACE W SEX M
LAST FIRST MID

HGT 5'7 WGT _____ DOB 11/06/1992

LOCATION 12800 ALT A1A, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBSPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

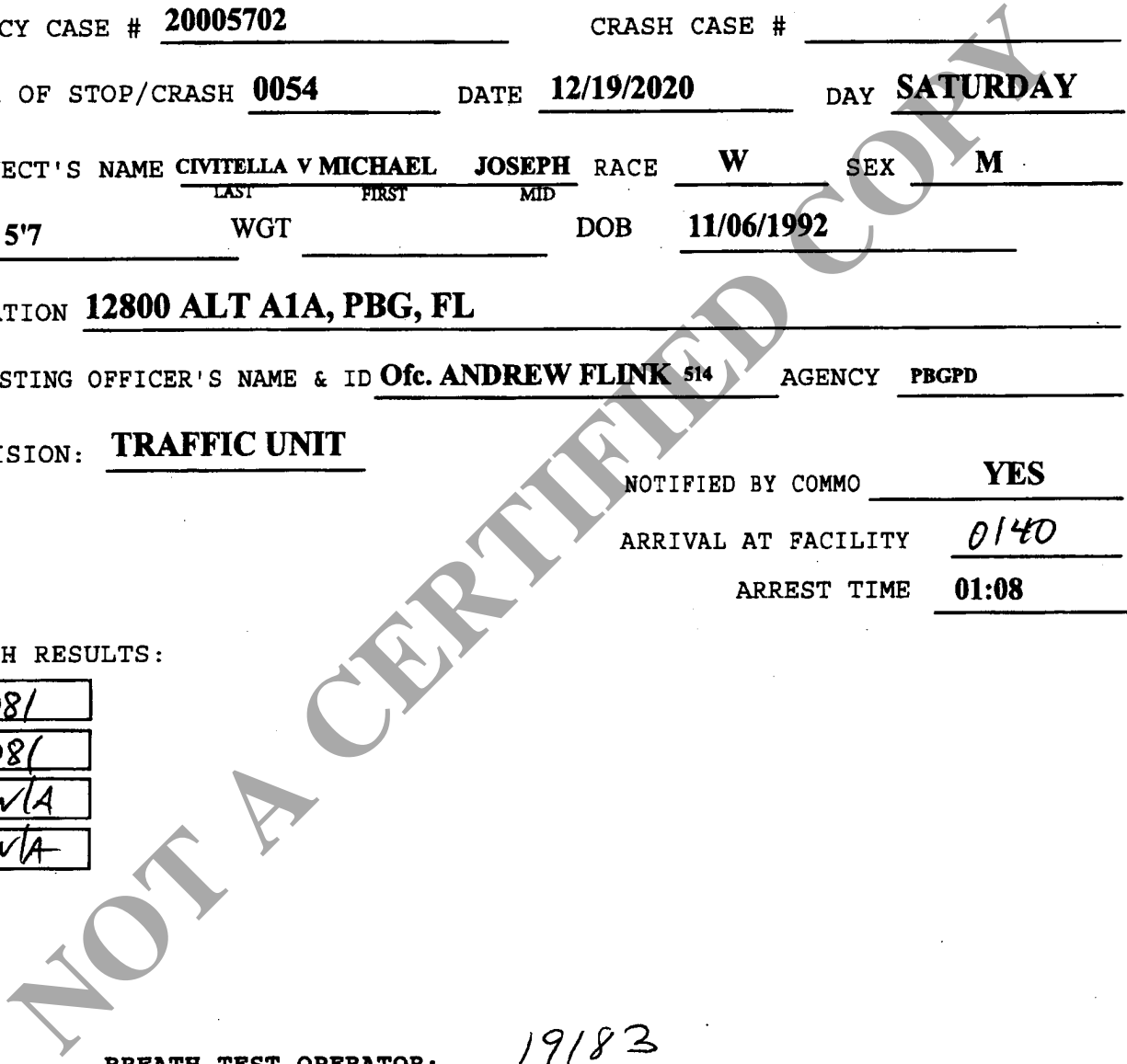
ARRIVAL AT FACILITY 0140

ARREST TIME 01:08

BREATH RESULTS:

- 1) .081
- 2) .081
- 3) - N/A
- 4) - N/A

BREATH TEST OPERATOR: 19183



FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 12/19/2020

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 01:40
Subject's Name: MICHAEL J CIVITELLA V DOB: 11/06/1992 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:04
	Air Blank	0.000	02:05
	Control Test	0.079	02:05
	Air Blank	0.000	02:06
	Subject Sample #1	0.081	02:06
	Air Blank	0.000	02:07
	Air Blank	0.000	02:09
	Subject Sample #2	0.081	02:09
	Air Blank	0.000	02:10
	Control Test	0.078	02:10
	Air Blank	0.000	02:11
	Diagnostics Check	OK	02:11

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: T. Leahy Date: 12/19/2020
Signature

Sworn to (or affirmed) before me this 19th day of December, 2020
[Signature] OR A FLINK #514
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: C. J. V. M. M. J. CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? A14 A1A

DIRECTION OF TRAVEL? S WHERE DID YOU START? Tequesta

WHAT TIME DID YOU START? Even prior WHAT TIME IS IT NOW? 2 am

WHAT IS TODAY'S DATE? 19th December WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach West FL

WHEN DID YOU LAST EAT? 4 hours ago WHAT DID YOU EAT? Friend P/B

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Having dinner celebrating friend's b'd

HOW MUCH DO YOU WEIGH? 150-155 HAVE YOU BEEN DRINKING? NO WHAT?

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Real Estate Investor WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? Left Shoulder injury

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: Off Flink 214



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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020029701	Date: 12/20/2020
	Specialist Name/ID: AM/31562