

21CT 15554 ANB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 21-003251	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) W INDIANTOWN RD/N DELAWARE RD			Location of Offense (Business Name, Address) 1299 W INDIANTOWN RD/N DELAWARE BLVD, JUPITER, FL			
Date of Arrest 09/15/2021	Time of Arrest 21:38	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) DEANGELO, MICHAEL LEONARD PARKER			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 05/24/1988	Height 5'11	Weight 190	Eye Color HAZEL	Hair Color BLACK
Sears, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion CATHOLIC	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 16655 HIDDEN COVE DR, PALM BEACH, FL 33477			(State)	(Zip)	Phone (609) 377-1986	Residence Type: 1. City 2. County 3. Florida 4. Out of State
Permanent Address (Street, Apt. Number) 16655 HIDDEN COVE DR, PALM BEACH, FL 33477			(State)	(Zip)	Phone (609) 377-1986	Address Source VERBAL
Business Address (Name, Street)			(City)	(State)	(Zip)	Occupation
DL Number, State D524552881840 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) SUMMERS POINT, NJ	Citizenship US
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
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 Department and Released 2. TOT IAC 3. Incarcerated	
Released To: (Name)			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 Cruse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property			Value of Property
Drug Activity N. N/A P. Possess		S. Sell 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/Derm.		P. Paraphernalia/ Equipment S. Synthetic
Charge Description DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE			Statute Violation Number 316.193(4)		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
N				1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By		Released By	Released To
Transported By			Date Transported	Time Transported	Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room) North County PALM BEACH GARD		Date and Time 10/20/2021 08:30:00	
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 <i>[Signature]</i>	Name Verification (Printed by Arrestee) (PRINT)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) FERGUSON, RYAN	ID # 1202
Intake Deputy SPANN 8101	Pouch #	Agency 385 300
Witness here if subject signed with an "X"		

0525961

SCANNED
SEP 17 2021 3120



PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-003251
Charge Type: Check as many as apply.				Special Notes:
<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other

Name (Last, First, Middle) DEANGELO, MICHAEL LEONARD PARKER	Alias	Race W	Sex M	Date of Birth 05/24/1988
---	-------	------------------	-----------------	------------------------------------

Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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 ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 15 day of September, 2021 at 23:50 (Specifically include facts constituting cause for arrest.)


My department issued Axon Body Worn Camera was utilized for the following incident:


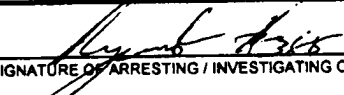
On September 15th 2021 at approximately 2115 hours, I was patrolling the area of W. Indiantown Rd/N Delaware Blvd.

I observed a 2010 silver Lexus SUV bearing FL tag PCZI44 driving eastbound towards the intersection. The vehicle would repeatedly deaccelerate and accelerate its speed. The vehicle started to accelerate to 55mph while I paced it with my patrol vehicle. I conducted a traffic stop on the vehicle at W. Indiantown Rd/N Pennock Ln. The vehicle stopped in the turning lane to go Northbound on N Pennock Ln. Once the light turned green, the vehicle continued to make a U-turn and enter a parking space in the plaza of Pennock Square. The final stop was in Pennock Square plaza.

Prior to the intersection of W. Indiantown Rd/N Delaware Blvd, I observed the vehicle going eastbound at W. Indiantown Rd/Center St. The vehicle was past the stop bar and was halfway in the cross walk. Preventing citizens to safety walk northbound on Center St. Once the light turned green to go eastbound towards W. Indiantown Rd/Maplewood Dr., the vehicle proceeded forward and stopped at the intersection due to the red light. At the red light the vehicle again stopped past the stop bar.

Upon my approach of the vehicle, I made contact with the driver and sole occupant of the vehicle, Michael Leonard Parker Deangelo (W/M - 05/24/1988). Deangelo appeared disoriented, had glassy eyes, slurred speech and a smell of an unknown alcoholic beverage coming from his person that grew when he spoke. Deangelo admitted to speeding and advised he was on his way to Pizza Hut (Pennock Square). I asked Deangelo for his driver's license, registration and insurance. Deangelo first provided me with a document not pertaining to the three I asked. I asked Deangelo again for his driver's license, registration and insurance to which he handed me his driver's license and stopped

SWORN AND SUBSCRIBED BEFORE ME	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER P.S. 1 Bonded through 1st State Insurance	FERGUSON, RYAN (1202) NAME OF OFFICER (PLEASE PRINT)
<u>9/16/21</u> DATE	<u>09/15/2021</u> DATE	PAGE 1 OF 2

OBTs Number Agency ORI Number FL 0501700	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE	
Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-003251				
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Special Notes:		
Name (Last, First, Middle) DEANGELO, MICHAEL LEONARD PARKER			Race W	Sex M	
Alias			Date of Birth 05/24/1988		
<p>searching for his registration and insurance. I asked Deangelo for his registration and insurance to which he handed me his registration and again stopped searching for his insurance. I asked Deangelo for his insurance to which he advised he could not find it.</p> <p>I asked Deangelo where was he coming from to which he advised he was hanging out with friends at Uncle Micks. He advised he was on his way to his residence. I asked Deangelo if he had any alcoholic beverages, to which he advised yes. He advised he had three tequila mixed with diet coke drinks.</p> <p>Due to my observations of Deangelo, I asked Deangelo if he would like to perform the Standardized Field Sobriety Tasks to which he advised yes.</p> <p>***See DUI PC***</p> <p>I advised Deangelo he was being placed under arrest for DUI. I placed Deangelo into handcuffs behind his back which were checked for proper spacing and double-locked to prevent tightening.</p> <p>Deangelo vehicle was secured and left in the parking lot of Pennock Square. Deangelo were issued citations for Enhanced DUI and speeding on state road (55mph in a 45mph). Deangelo was transported to the Palm Beach County Jail without further incident.</p> <p>Based on my investigation, I found probable cause to arrest Michael Leonard Parker Deangelo for enhanced DUI F.S.S - 316.193(4)</p> <p>BrAC: .213/.218</p>					
SWORN AND SUBSCRIBED BEFORE ME 9/16/21 NOTARY PUBLIC / CLERK OF COURT / OFFICER	 JOSHUA BELL MY COMMISSION #GG348008 EXPIRES: JUN 18, 2023 <small>Notarized through 1st State Insurance</small>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  FERGUSON, RYAN (1202) NAME OF OFFICER (PLEASE PRINT)			DATE 09/15/2021
DATE				DATE	
				PAGE 2 OF 2	

NOT A CERTIFIED COPY

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: 80-006478 Software: 8100.27
Date of Test: 09/15/2021

Date of Last Agency Inspection: 09/10/2021

Observation Period Began: 22:18

Subject's Name: MICHAEL L DEANGELO

DOB: 05/24/1988 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	22:43
Air Blank	0.000	22:44
Control Test	0.081	22:44
Air Blank	0.000	22:45
Subject Sample #1	0.213	22:45
Air Blank	0.000	22:46
Air Blank	0.000	22:48
Subject Sample #2	0.218	22:48
Air Blank	0.000	22:49
Control Test	0.080	22:49
Air Blank	0.000	22:50
Diagnostics Check	OK	22:50

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 JOSHUA J BELL, 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: _____

Signature

Date: 09/15/21

Sworn to (or affirmed) before me this 15 day of September, 2021

Signature of Notary Public-State of Florida

OPC. R. Ferguson #385
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: DeAngelis, Michael L. P. CASE NUMBER: 21-003251

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: DEANGELO, MICHAEL L. P.

CASE NUMBER: 21-107072

DATE: Sep 15, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2242

ENDING TIME: 2259

BREATH TESTS RESULTS: 1) .213 TIME 2245 A.M. P.M. 2) .218 TIME 2248 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, COOPERATIVE,

CLOTHING: GREY POLO SHIRT, TAN SHORTS, WHITE SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY

SUBJECT STATED HE DRANK 3 TEQUILA AND COKE

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2218 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED Q AND A



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

PBSO CASE # 21-107072 PBSO ZONE 3-14

AGENCY CASE # 21-003251 CRASH CASE # _____

TIME OF STOP/CRASH 2115 DATE 09/15/2021 DAY WED

SUBJECT'S NAME MICHAEL DEANGELO RACE W SEX M

HGT 5'11 WGT 190 DOB 05/24/1988

LOCATION W. INDIANTOWN RD / N. DELAWARE BLVD

ARRESTING OFFICER'S NAME & ID R. FERGUSON #385 AGENCY JPD

DIVISION: _____ NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2218

BREATH RESULTS: Arrest Time 2138

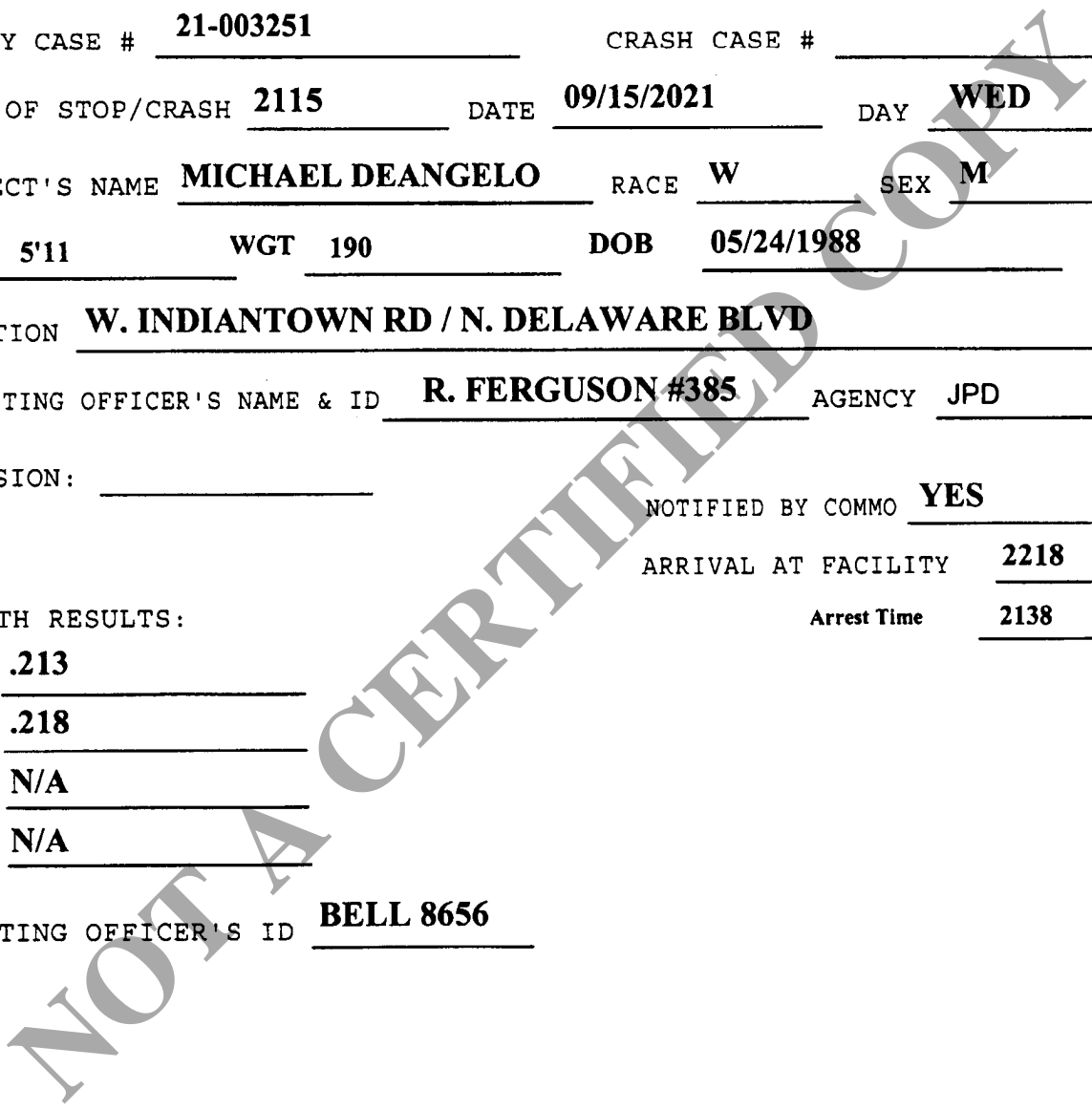
1. .213

2. .218

3. N/A

4. N/A

TESTING OFFICER'S ID BELL 8656





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: 2021023117	Date: 9/16/21
	Specialist Name/ID: A. Pinkney/7796