

#0518604

20MM7325ASB

PCH # 3667

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 [ ] Juvenile [ ] N [ ]

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 20108172</b>				
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator <b>0 1</b>						
Location of Arrest (Including Name of Business) <b>16 WILLOWBROOK LN DELRAY BEACH FL 33446</b>				Location of Offense (Including Name of Business) <b>12 WILLOWBROOK LN DELRAY BEACH FL 33446</b>						
Date of Arrest <b>Sep 17, 2020</b>	Time of Arrest <b>2353</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>ORBESEN MICHAEL</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>02-01-01</b>	Height <b>5'11</b>	Weight <b>190</b>	Eye Color <b>BLU</b>	Hair Color <b>BRO</b>	Complexion <b>LIGHT</b>	Build <b>MEDIUM</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>SINGLE</b>		Religion <b>LUTHERAN</b>		Indication of Alcohol Intoxication Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>7212 AMHURST WAY</b>		City <b>CLEARWATER</b>	State <b>FL</b>	Zip <b>33764</b>	Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>3</b>				
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source <b>DEFENDANT</b>				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation <b>STUDENT</b>				
D/L Number, State <b>O612543010410</b>		Social Security Number		INS Number		Place of Birth <b>CHICAGO, IL</b>	Citizenship <b>US</b>			
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 Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone				
Address (Street, Apt. No.)		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 was provided by <input checked="" 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 351 355-2526) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				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. 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	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description <b>RESIST OFFICER W/O VIOLENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>843.02</b>		Violation or ORD. #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit	Offense # <b>20108172</b>	Warrant/Capias Number		Bond <b>OR</b>				
Charge Description <b>Giving false name while detained</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>901.36(1)</b>		Violation or ORD. #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit	Offense # <b>20108172</b>	Warrant/Capias Number		Bond <b>OR</b>				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Location (Court, Address, Room Number) <b>South County Court at 200 West Atlantic Ave, Delray Beach Florida 33444 Court room 1</b>										
Court Date and Time Month <b>october</b> Day <b>15</b> Year <b>2020</b> Time <b>1300</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>										
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer <b>D/S Dolcine</b>		ID # <b>7138</b>		MVA Notification (Printed by Arrestee) <b>(PRINT)</b>				
Intake Deputy <b>DS/CO/10/25 7622</b>		ID #		Pouch #		Page <b>1 of 1</b>				
Transporting Officer <b>D/S Orozco</b>		ID #		Agency <b>PBSO</b>		Witness here if subject signed with an "X"				

SCANNED

SEP 18 2020  
AM 8:32

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1	Juvenile <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Agency ORI Number <b>FLO 5 0 0 0 0</b>			Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06</b>		Date <b>20108172</b>		
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		Special Notes							
Defendant Name (Last, First, Middle) <b>ORBESEN MICHAEL</b>						Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02-01-01</b>			
Charge <b>RESIST OFFICER W/O VIOLENCE</b>						Charge <b>Giving false name while detained</b>					
Victim Name (Last, First, Middle)						Race	Sex	Date of Birth			
Local Address (Street, Apt. Number)		City		State	Zip	Phone		Address Source			
Business Address (Street, Apt. Number)		City		State	Zip	Phone		Occupation			
The undersign 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...											
<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.							
<input type="checkbox"/> confessed to admitting to the below facts.				<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.							
On the <u>18</u> day of <u>september</u> 20 <u>2020</u> at <u>2319</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM											

On September 18th, 2020 at approximately 2319 hours I was dispatched to 12 Willowbrook lane apt 108 in unincorporated Delray Beach Florida 33446 in reference to a suspicious person laying in front of a resident's house, who lives alone and was in fear.

Upon arrival I saw a white male laying on the grass and when I asked for his name he said his name was Hunter and produced a Florida ID of C363-322-98-179-0 which came back to [REDACTED] and therefore, I advised him that he was detained and was not freed to leave. As I was interviewing the subject to obtain a phone number and/or an address of a relative, the subject took off running westbound on Willowbrook and was later caught in front of building 15.

While interviewing the subject another time, he confessed and said his real name was Michael Orbesen (WM DOB: 05/19/1998) and a Florida Driver's license of O612543010410 was located inside his wallet matching his picture. Michael stated he had the other license because he wasn't 21 years old. Based on my investigation, I find that Michael violated FSS 843.02 resisting officer without violence and FSS 901. 36(1) Giving false name while detained.

Michael was placed under arrest, hand cuffed double locked, and checked for proper fitting. Michael was transported to the Palm Beach County Jail and released to the care of the Deputies at the county jail.

The foregoing instrument was sworn to and affirmed before me this <u>18</u> day of <u>September</u> 20 <u>18</u> , by:		<b>SCANNED</b>	
<u>D/S Cheryl 35619</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		<u>D/S Dolcine 7138</u> Signature of Arresting/Investigating Officer	
<u>D/S [Signature] 35619</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		<u>[Signature]</u> Signature of Arresting/Investigating Officer	
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**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 checked="" type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	3
	<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: 2020022051	Date: 09/18/2020
	Specialist Name/ID: T Howard/7185

SCANNED  
SEP 18 2020