

0519390 20MM8520 NB 2984

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 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 1 20 1 0 0 4 8 9 2 1 1	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized Enter Type <u>N/A</u>		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <u>3505 KYOTO GARDENS DRIVE, P.B.G., 33410</u>			Location of Offense (Business Name, Address) <u>HILTON GARDEN INN, 3505 KYOTO GARDENS DR, P.B.G.</u>			
Date of arrest <u>1.0.3.1.20</u>	Time of Arrest <u>2.2.3.4</u>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <u>N/A</u>

Name (Last, First, Middle) <u>ZIELINSKI, MICHAEL PAUL</u>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black	Sex <u>M</u>	Date of Birth <u>0.8.2.5.8.0</u>	Height <u>6-0"</u>	Weight <u>175</u>	Eye Color <u>HAZ</u>	Hair Color <u>BRN</u>	Complexion <u>LIGHT</u>	Build <u>MED</u>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <u>NONE</u>			Majral Status <u>SINGLE</u>	Religion <u>Catholic</u>	Indication of: Alcohol Influence Drug Influence	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>
Local Address (Street, Apt. Number) <u>47 SUMMERFIELD DR LANCASTER NY 14086</u>			(City)	(State)	(Zip)	Phone <u>(716) 428 1451</u>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <u>14</u>	Address Source <u>NY DL</u>
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation <u>PILOT</u>	
D/L Number, State <u>851306726, NY</u>	Sex	INS Number	Place of Birth (City, State) <u>RUSTFORD, NY</u>	Citizenship <u>US</u>				

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

Parent Legal Custodian Name (Last, First, Middle)	Address (Street, Apt. Number)	(City)	(State)	(Zip)	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 DCF	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 parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)			School Attended	Grade	
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 F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <u>AGIST OFFICER W/O VIOLENCE</u>	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <u>8.4.3.10.2</u>	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond					
Charge Description <u>TRESPASSING Structure</u>	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <u>8.1.0.10.8</u>	Violation of 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 of 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 of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond					

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address) <u>NORTH CO</u>	
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and Time Month <u>12</u> Day <u>2</u> Year <u>2020</u> Time <u>830</u> <u>(A.M.)</u> P.M.	

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 Name:	Signature of Arresting Officer <u>James Lovett 523 PBG</u>	Name Verification (Printed by Arrestee) <u>(PRINT)</u>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	PAGE	
Inmate Deputy <u>James Lovett</u>	I.D. # Pouch #	Transporting Officer <u>James Lovett 523 PBG</u>	Agency I.D. #
Witness here if subject signed with an "X"		OF	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

PROBABLE CAUSE AFFIDAVIT

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

**1** JUVENILE

OBTS Number	Agency ORI Number <b>FL 0502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>	Agency Report Number <b>7 8 20-004892</b>
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>ZIELINSKI, MICHAEL P</b>	Alias	Race	Sex <b>M</b>	Date of Birth <b>08/25/1980</b>
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Charge Description <b>843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE</b>	Charge Description <b>810.08(1) TRESPASS AFTER WARNING - STRUCTURE OR CO</b>
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Victim's Name (Last, First, Middle) <b>State Of Florida</b>	Race	Sex	Date of Birth
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Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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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.


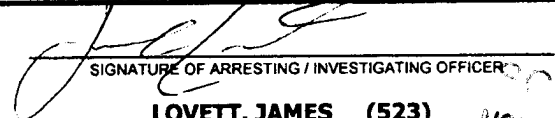
On the 31 day of October, 2020 at 22:01 (Specifically include facts constituting cause for arrest.)

On 10/31/2020 at approximately 2201 hours I arrived at 3505 Kyoto Gardens Dr. (Hilton Garden Inn) in the City of Palm Beach Gardens, Palm Beach County, FL in reference to a delayed battery. It was reported that a male grabbed a juvenile around the waist during a disturbance. Upon my arrival I activated my body worn camera and the following events occurred.

In dealing with the alleged battery, the father of the juvenile did not want to press any charges against the male in question. I then spoke with the hotel manager, Alexander Ho, who requested the male be trespassed from the premises based on hotel policy. I then proceeded to room 214 where the male was located, to inform him that the hotel wanted him to vacate the premises.

Upon arrival at the room, I knocked on the door and two announcements were made that the police were at the door. The male, identified via New York Driver's license as Michael Zielinski, answered the door. I informed Zielinski of the investigation regarding the alleged battery against a juvenile. I then informed him that he was not being prosecuted for the battery, but that the hotel did not want him on premises anymore and that he needed to leave immediately per management. Zielinski argued with me and other officers and was told multiple times that he needed to leave. Sergeant Richard Pearce attempted to escort Zielinski into his room to assist him with gathering his items. At this time Zielinski braced himself by putting his shoulder up against the door frame in an attempt to make it hard to move him, as he pushed away from Sergeant Pearce, effectively resisting Sergeant Pearce from executing a lawful order to vacate the hotel. Sergeant Pearce performed a single arm lock takedown to Zielinski, assisting him to the ground on his chest. At this time, I assisted Sgt. Pearce with taking Zielinski into custody.

Based on this information I find probable cause to arrest Michael Zielinski in that he did resist, obstruct or oppose Sergeant Richard Pearce, a law enforcement officer of the

SWORN AND SUBSCRIBED BEFORE ME  <b>CESARK, KIM</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>10/31/2020</u> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>LOVETT, JAMES (523)</b> NAME OF OFFICER (PLEASE PRINT) <u>10/31/2020</u> DATE	PAGE <b>1</b> OF 2
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PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

**1** JUVENILE


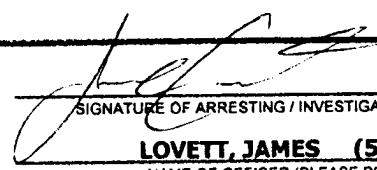
A D M I N	OSTS Number		Agency ORI Number <b>FL 0502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>		Agency Report Number <b>7   8   20-004892</b>	
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						Special Notes:	

D E F	Name (Last, First, Middle) <b>ZIELINSKI, MICHAEL P</b>					Alias	Race	Sex <b>M</b>	Date of Birth <b>08/25/1980</b>
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Palm Beach Gardens Police Department in the execution of a legal process or in the lawful execution of a legal duty, without doing violence to the person of such officer, contrary to Florida State Statute 843.02. I also find probable cause to arrest Michael Zielinski in that he did unlawfully and willfully, without being authorized, licensed or invited, remain in a structure the property of The Hilton Garden Inn even though he was advised multiple times to leave, contrary to Florida Statute State 810.08(1).

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
				
	<b>CESARK, KIM</b>		<b>LOVETT, JAMES (523)</b>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
<b>10/31/2020</b>		<b>10/31/2020</b>		
DATE		DATE		



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/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"/>	119.071 (2)(i)1	Other: Address, telephone numbers and personal assets of domestic violence and other specified crime victims	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2020025757	Date: 11/1/2020
	Specialist Name/ID: 7LR #6673

NOV 01 2020