

210T-1922

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FL0502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78-21000575</b>				
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>				
Location of Arrest (Including Name of Business) <b>ALT A1A/ATLANTIC RD, PBG, FL</b>		Location of Offense (Business Name, Address) <b>13500 ALT A1A, PBG, FL</b>								
Date of Arrest <b>02/07/2021</b>	Time of Arrest <b>23:34</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY</b> <b>4301 East Avenue, West Palm Beach, FL 33405</b>				
Name (Last, First, Middle) <b>DIPASCALI, MICHAEL, ROBERT</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White ! - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>02/23/1994</b>	Height <b>5'10</b>	Weight <b>162</b>	Eye Color <b>BRO</b>	Hair Color <b>BRO</b>	Complexion <b>LGT</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TAT UPPER LEFT BACK, RIGHT RIB, LEFT HIP, LEFT KNEE</b>				Marital Status <b>SINGLE</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>208 E 28TH ST</b>		(City) <b>NEW YORK CITY, NY</b>	(State) <b>NY</b>	(Zip) <b>10016</b>	Phone <b>(908) 240-6018</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>4</b>			
Permanent Address (Street, Apt. Number) <b>208 E 28TH ST</b>		(City) <b>NEW YORK CITY, NY</b>	(State) <b>NY</b>	(Zip) <b>10016</b>	Phone <b>( )</b>		Address Source <b>VERBAL</b>			
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone <b>( )</b>		Occupation			
D/L Number, State <b>D45565447902942 NJ</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>MORRISTOWN, NJ</b>	Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <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"/> 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) <b>COH</b> (First) <b>COH</b> (Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)			
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 355-2528) 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 E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>DRIVING UNDER THE INFLUENCE OVER .08</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description <b>DUI ENHANCED OVER .15</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(4)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	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				
Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>										
Court Date and Time Month <b>MARCH</b> Day <b>10</b> Year <b>2021</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>										
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 <b>02/07/2021</b>						
HOLD for other Agency Name:		Signature of Arresting Officer <b>514</b>		Name Verification (Printed by Arresting Officer)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) <b>OFc. ANDREW FLINK</b>		I.D. # <b>514</b>		(PRINT)					
Intake Authority <b>CPT H. ONeal</b>	ID #	Pouch #	Transporting Officer <b>ANDREW FLINK</b>		ID # <b>514</b>	Agency <b>PBGPD</b>	Witness here if subject is not a juvenile			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY  
0521288

SCANNED  
FEB 08 2021  
3 20

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7TH DAY OF FEBRUARY 2021 AT 2321 AM  PM

SUBJECT: DIPASCALI, MICHAEL, ROBERT CASE NUMBER: 21000575

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)

This Officer was conducting a traffic selective enforcement in the area of 13500 Alt A1A, PBG, FL, when a vehicle was observed traveling at an increased rate of speed south bound. This Officer's initial visual observation of the vehicle was approximately 65 MPH in a posted 50 MPH zone. Using RADAR Stalker DSR2X (DB001317), rear antenna (KR027120) this Officer received a steady tone and reading of 66 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 entered the same lane behind the vehicle, then this Officer initiated a traffic stop on the vehicle, a white Toyota utility (CIHJ10/FL), on Alt A1A just north of Atlantic Rd, PBG, FL. This Officer made contact with the driver, identified via New Jersey Driver License photo, Michael Dipascali, while he was still in actual physical control of the vehicle.

### OBSERVATION OF DRIVER:

Dipascali had a flushed red face, watery eyes, slurred speech and the strong obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance.

### DRIVER'S STATEMENTS:

Dipascali did not say where he was coming from, he said he has been in Florida for two months. Dipascali admitted to consuming "a few beers at dinner" on this night.

### ODORS:

Unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant, talkative

CLOTHING: Black shirt, dark blue jeans, brown flip-flops

MEDICAL/OTHER: None stated

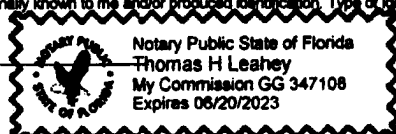
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of February 2021 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)



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SUBJECT: DIPASCALI, MICHAEL, ROBERT CASE NUMBER 21000575

**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:**

During the exercise, Dipascali became impatient, crossed his arms and separated his feet. Dipascali had to be told to follow instructions more than once. Also during the exercise, Dipascali was swaying back and forth.

**WALK & TURN:**

During the instructions, Dipascali raised his arms from his sides. During the first set of steps, Dipascali took 10 steps rather than nine. Dipascali then conducted an improper turnaround, by not taking a series of small steps. During the return set of steps, Dipascali raised his right arm more than six inches from his side. Dipascali again took 10 steps rather than nine.

**ONE LEG STAND:**

During the exercise, Dipascali raised his left foot. Throughout the exercise, Dipascali was swaying.

**ROMBERG ALPHABET:**

Not conducted

**FINGER TO NOSE:**

Not conducted

**BREATH TEST RESULTS:** 1) .177    2) .192    3) -    4) -

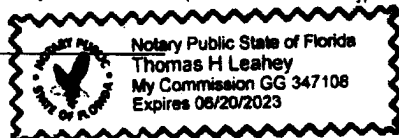
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of February 20 21 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

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



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**FEB 08 2021**



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

PBSO CASE # 21-033268 PBSO ZONE 3-13

AGENCY CASE # 21000575 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2321 DATE 02/07/2021 DAY SUNDAY

SUBJECT'S NAME DIPASCALI MICHAEL ROBERT RACE W SEX M  
LAST FIRST MID

HGT 5'10 WGT 162 DOB 02/23/1994

LOCATION ALT A1A/ATLANTIC RD, PBG, FL

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

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2355

ARREST TIME 23:34

BREATH RESULTS:

- 1) .177
- 2) .192
- 3) - N/A
- 4) - N/A

BREATH TEST OPERATOR: 19183

NOT A CERTIFIED COPY

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FEB 08 2021

SUBJECT: Dipascoli, Michael R CASE NUMBER: \_\_\_\_\_

**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 Ofc Fink of the FBGT

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) Read on camera

**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.

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SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: D. Powell, Michael R 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? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ 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? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ 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: JFC Fink 514

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FEB 08 2021



# TESTING FACILITY TASK REPORT

AGENCY: PBG  
SUBJECT: Dipascoli, Michael R  
CASE NUMBER: 21-033268  
DATE: Feb 8, 2021  
VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 0016  
ENDING TIME: 0028

BREATH TESTS RESULTS: 1) .177 TIME 0021 A.M.  P.M.  2) .192 TIME 0025 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 TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: thick  
ATTITUDE: talkative  
CLOTHING: blue jeans, blue t-shirt, tan flip flops  
MEDICAL CONDITIONS: none  
MEDICATIONS: none

## OTHER:

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

## COMMENTS:

arrived at center A/O conducted 20 minute observation period 2355 hrs  
subject agreed to perform breath test - what if I don't take the test  
A/O read I/C & subject understood I/C  
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 attempted Q&A  
subject declined to answer questions

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FEB 08 2021



**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: 2021003177	Date: 02/08/2021
	Specialist Name/ID: T Howard/7185

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FEB 08 2021**