

0516297

ARREST / NOTICE TO APPEAR

20 OCT 6 100 NB #286

A D M I N I S T R A T I O N	ODTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>514 20-001616</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	M
	Charge Type Check as many as apply	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized		Multiple Clearance Indicator		
D E F E N D A N T	Location of Arrest (Including Name of Business) <b>2525 MILITARY TRAIL</b>						Location of Offense (Business Name, Address) <b>2525 MILITARY TRAIL JUPITER, FL 33458</b>					
	Date of Arrest <b>05/05/2020</b>	Time of Arrest <b>17:16</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>TOC N. County Touring</b>					
C O D E D E F E N D E R	Name (Last, First, Middle) <b>GREENE, MICHAEL TODD</b>						Alias (Name, DOB, Sec. Sec. #, Etc.) <b>Alias: GREENE, MICHAEL TODD</b>					
	Race W - White A - Black O - Oriental/Asian	Sex M	Date of Birth <b>05/01/1968</b>	Height <b>6'03</b>	Weight <b>170</b>	Eyes <b>Blue</b>	Hair Color <b>BLACK</b>	Complexion <b>FAIR</b>	Build <b>Med</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Scar - left middle finger</b>						Marital Status <b>M</b>		Religion <b>N/A</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>158 W THATCH PALM CIR, JUPITER, FL 33458</b>						(State)		(Zip)		Phone <b>(561) 719-4682</b>	
	Permanent Address (Street, Apt. Number) <b>158 W THATCH PALM CIR, JUPITER, FL 33458</b>						(State)		(Zip)		Phone <b>(561) 719-4682</b>	
	Business Address (Name, Street) <b>158 W THATCH PALM CIR, JUPITER, FL 33458</b>						(State)		(Zip)		Phone <b>(561) 719-4682</b>	
	DL Number, State <b>G650558681610 / FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>20119, FL</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"/> Other: _____ Name (Last, First, Middle) _____ <input type="checkbox"/> Legal Custodian _____ Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Notified by: (Name) _____ Date _____ Time _____ 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. <input type="checkbox"/> Ten by _____ <input type="checkbox"/> No _____ Property Cause? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ Description of Property _____ Value of Property _____ School Attended _____ Grade _____ Drug Activity: S Sell, R Smuggle, K Disperse/Distribute, M Manufacture/Produce/Cultivate, Z Other N. N/A, B. Buy, D. Deliver, E. Use P. Possess, T. Traffic Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Opium Deriv, P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other											
<b>CHARGE</b> Charge Description: <b>DUI - DAMAGE TO PERSON/PROPERTY</b> Drug Activity: <b>N</b> Drug Type: <b>N</b> Amount/Unit: <b>/</b> Offense #: <b>/</b> Counts: <b>1</b> Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number: <b>316.193(3)(C)(1)</b> Statute Violation Number: <b>316.193(3)(C)(1)</b> Violation of ORD #: _____ Bond: _____												
<b>CHARGE</b> Charge Description: _____ Drug Activity: _____ Drug Type: _____ Amount/Unit: _____ Offense #: _____ Counts: _____ Domestic Violence: <input type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number: _____ Statute Violation Number: _____ Violation of ORD #: _____ Bond: _____												
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<b>IN T A K E</b> 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"/> Delusions <input type="checkbox"/> Injuries Explain: _____ Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.J.T. County Jail <input type="checkbox"/> PROPERTY - Received By _____ Released By _____ Released To _____ <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health Transported By: _____ Date Transported: _____ Time Transported: _____ Other: _____												
<b>N O T I C E</b> <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. Location (Court, Room): <b>3188 PGA Blvd Pkg, FL 33410</b> Court Date and Time: <b>07/01/2020 8:30am.</b> 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.												
<b>T O A P P E A R</b> Signature of Defendant (or Juvenile and Parent/Custodian): _____ Date Signed: _____ Signature of Arresting Officer: <b>3361017</b> Name of Arresting Officer (Print): <b>ANDREASEN, PAUL</b> I.D. #: <b>1017</b> Transferring Officer: <b>Paul Andrasen 336 JPD</b> Agency: _____ Hold for Other Agency: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____ Inmate Deputy: _____ I.D. #: _____ Pouch #: _____ Name Verification (Printed by Arrested): <b>MAY 07 2020</b> (PRINT) _____ Witness here if subject signed with an "X": _____ No Photo Available												

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTs Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   20-001616</b>	
	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:	
D E F	Name (Last, First, Middle) <b>GREENE, MICHAEL TODD</b>				Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/01/1968</b>
	Charge Description <b>316.193(3)(C)(1)</b>		Charge Description <b>DUI - Damage to person / property</b>					
V I C T I M	Victim's Name (Last, First, Middle) <b>State of Florida</b>				Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number) <b>210 Military Trail Jupiter, FL 33458</b>		(City)	(State)	(Zip)	Phone <b>561-746629</b>	Address Source	
Business Address (Name, Street) <b>210 Military Trail Jupiter, FL 33458</b>		(City)	(State)	(Zip)	Phone <b>561-746629</b>	Occupation		
<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by <b>SERGEANT SAL</b> who told <b>OFFICER PAUL</b> that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>5</b> day of <b>May</b>, <b>2020</b> at <b>17:59</b> (Specifically include facts constituting cause for arrest.)</p>								
P R O B A B L E C A U S E	<p>On 05-05-2020, at approximately 1608 hours, I responded to a crash with possible injuries to the rear of Sea Plum Plaza. Upon arrival Officer Castenada, Sergeant Salvemini, and Fire Rescue were on scene. The driver (later identified by his Florida drivers license as Michael Todd Greene, w/m, 05-01-68, FL DL G650558681610) was seated on the curb behind his crashed SUV which hit a tree and a concrete wall. Sergeant Salvemini stated Greene was still behind the wheel of the crashed vehicle. Sergeant Salvemini told me that Greene was not being very cooperative and Greene was told to sit on the ground. See Salvemini supplement. Fire Rescue evaluated Greene who did not meet mandatory transport and refused treatment. However due to the severity of the crash disabling the vehicle, air bag deployment, Greene was brought to Jupiter ER for medical clearance.</p>							
	<p>After conducting my crash investigation, I advised Greene that I was done with my crash investigation and was now conducting a criminal D.U.I. investigation. I then read Miranda to Greene on B.W.C. Greene understood his rights. I then read Greene his Taylor warnings, I then asked the pre-task questions. Greene said no to any physical defects or disabilities. Greene said Yes he has defects with his eyes that he can't see, but is not legally blind, able to drive a vehicle and I needed to ask a doctor about his eyes. Greene stated he was not sick. Greene Stated he was under care of a doctor or dentist. Greene stated he was not taking any medications or drugs. Greene had glassy and blood shot eyes and was having trouble speaking clearly at times.</p>							
A D M I N I S T R A T I V E	<p>Greene was asked several times to get up and come over in the shade between the patrol cars and Greene kept replying "I am thinking about it" or "I am thinking about your words". Finally after the 3rd request and telling Greene I will arrest you for a refusal, he used a tree to stand up and swayed as he walked over to the area I asked Greene to go to. I instructed Greene to stand in a specific spot with his feet together three different times, I could then smell the odor of an unknown alcoholic beverage</p>							
	SWORN AND SUBSCRIBED BEFORE ME		<p><i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>ANDREASEN, PAUL (1017)</b> NAME OF OFFICER (PLEASE PRINT)</p> <p><b>05-05-2020</b> DATE</p>					
<p><i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / CLERK (S-117.10)</p> <p><b>05-05-2020</b> DATE</p>		<p><b>BEVERLY SUE OWEN</b> MY COMMISSION # GG 188278 EXPIRES: May 30, 2022 Bonded Thru Notary Public Underwriters</p>		<p><b>05/05/2020</b> DATE</p>		<p><b>MAY 07 2020</b></p>		<p>PAGE <b>1 of 2</b></p>

0819 Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1

JUVENILE

Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   20-001616</b>
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Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 6. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 8. Other	

Name (Last, First, Middle) <b>GREENE, MICHAEL TODD</b>	Alias <b>GREENE, MICHAEL TODD</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/01/1968</b>
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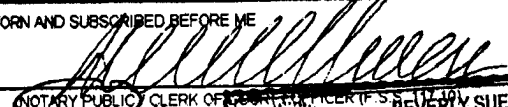

emanating from Greene's breath through my N-95 mask. Greene told me he was not doing it after my 3rd instruction. I asked Greene are you refusing and Greene said yes.

At that time Greene was placed in handcuffs which were checked for proper spacing, double locked and brought to Jupiter ER for medical clearance. Was medically cleared, Greene was transported to PBSO B.A.T. where he became uncooperative, refused questions and test, mentioned his attorney, paper work was completed then Greene was turned over to PBSO Jail.

No further information.

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC CLERK OF COURSE OFFICER (F.S. 117.10) <b>BEVERLY SUE OWEN</b> MY COMMISSION # GG 188278 EXPIRES: May 30, 2022 Bonded Thru Notary Public Underwriters DATE <b>05-05-2020</b>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>ANDREASEN, PAUL (1017)</b> NAME OF OFFICER (PLEASE PRINT) DATE <b>05/05/2020</b>	SCANNED <b>MAY 07 2020</b>	PAGE <b>2 OF 2</b>
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**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 5<sup>th</sup> DAY OF May 2020 AT 1608 Hours 4:08 AM PM  
SUBJECT: Michael Todd Greene CASE NUMBER: 20-001616  
AGENCY: Jupiter PD ARRESTING OFFICER: Paul Andersen

**PERSONAL CONTACT**

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

Was located behind the steering wheel in the driver seat of his crashed SUV by Sergeant Mike Salvemini and a witness told Sergeant Mike Salvemini he saw the subject Greene drive and crash the SUV.

**OBSERVATION OF DRIVER:**

Very uncooperative, trouble focusing, argumentative. Glassy eyes, unstable on his feet.

**DRIVER'S STATEMENTS:**

I'm sad, I'm drunk, I was driving and don't know what happened.

**ODORS:** Unknown alcoholic beverage coming from his breath that I could smell through my N-95 mask.

**GENERAL OBSERVATIONS**

**SPEECH:** Scattered at times, not making sense

**ATTITUDE:** Spar, argumentative, briefly cooperative

**CLOTHING:** Blue jeans, Multicolor button down shirt, white tennis shoes

**MEDICAL/OTHER:** N/A

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was sworn to or affirmed and subscribed before me this 5<sup>th</sup> day of May 2020 by PA Andersen

(Print name of Arresting/Investigative Officer, who is personally known to me)  
Notary Public, Clerk of Court, Officer (F.S.S 117.10)  
BEVERLY SUE OWEN  
MY COMMISSION # GG 188278  
EXPIRES: May 30, 2022  
Bonded Thru Notary Public Underwriters

SCANNED  
MAY 07 2020

SUBJECT: Michael Todd Greene CASE NUMBER: 20-001616

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:** *Refused*

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:** *was told 3 times to put his feet together as instructed & shown, Greene could not then said "I'm not gonna do it" I asked if he was refusing and Greene said yes.*

**WALK & TURN:** *Refused*

**ONE LEG STAND:** *Refused*

**FINGER TO NOSE:** *Refused*

**ROMBERG/ALPHABET:** *Refused*

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]*  
(Signature of Arresting/Investigative Officer)  
The foregoing instrument was notarized or sworn before me this 5<sup>th</sup> day of May 2020 by DTC Andreasen  
who is personally known to me and/or produced identification. Type of identification produced Known

*[Signature]*  
BEVERLY SUE OWEN  
MY COMMISSION # GG 188278  
EXPIRES: May 30, 2022  
Notary Public, Clerk of Court, Officer (F.S. 117.10)  
Bonded Thru Notary Public Underwriters

SCANNED  
MAY 07 2020

# TESTING FACILITY TASK REPORT

AGENCY: JUPITER P.D.

SUBJECT: GREEN, MICHAEL TODD

DATE: 5/5/2020

BEGINNING TIME: 1916

ENDING TIME: 1922

CASE NUMBER: 20065839

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) Refused TIME 1921 A.M.  P.M.  2) TIME A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: COCKY, SARCASTIC, UPSET, COMPLAINED OF FACILITY BEING DIRTY, SAID HE WOULD CALL ATTY AND SUE US

CLOTHING: WHITE SHOES, JEANS, PATTERNED SHIRT

MEDICAL CONDITIONS: WOULDNT SAY

MEDICATIONS: WOULDNT SAY

OTHER:

## COMMENTS:

A/O and defendant arrived at 1856 hours. Temperature taken 100.1 Would not answer questions that had something to do with coronavirus. (Had been cleared at hospital before arrival at BAT.)

A/O observed 20 minutes

A/O requested breath test, defendsnr refused. Talked over A/O when he wss reading I/C I/C read twice. Defendant said he understood would not take test. C/W read defendant said he understood rights. Had a problem talking while officer was reading I/C and C/W.

no Q & A done as defendant asked several times for lawyer.

SCANNED  
MAY 07 2020



**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"/>	(vii) 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: 2020011984	Date: 05/05/20
	Specialist Name/ID: J. Beck/9007

SCANNED  
 MAY 07 2020