

50-2021-MM-000041-AMB

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number	ARREST / NOTICE TO APPEAR		1. Arrest	3. Request for Warrant	1	JUVENILE	
	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)	2. N.T.A.	4. Request for Copies			
D E F E N D A N T	Charge Type:	Palm Beach Gardens Police Department		7	8	21-000033		
	Check as many as apply:	13855 EMERSON ST APT 410 PBG, FL 33410		13855 EMERSON ST 410, PALM BEACH GARDENS, FL 33418		If Weapon Seized: Enter Type: Hands, Feet, Fist, Teeth		
C O D E F	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Inlet Date	Inlet Time	Location of Vehicle	
	01/03/2021	02:49	01/03/2021	02:59				
I J U V E N I L E	Name (Last, First, Middle)	Alias:		Place of Birth (City, State)				Citizenship
	MIKLOS, OVIDIU MIHAI			BRASOV, ROMANIA				US
C O D E F	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	
	W - White	M	04/16/1987	6'01	180	BROWN	BROWN	
C O D E F	Complexion	Build	Married Status	Religion	Indication of: Alcohol Influence: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
	LIGHT	Thin	M	ORTHODOX				
C O D E F	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone			
	13855 EMERSON ST 410, PALM BEACH GARDENS, FL 33418				(561) 670-0068			
C O D E F	Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone			
	13855 EMERSON ST 410, PALM BEACH GARDENS, FL 33418				(561) 670-0068			
C O D E F	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone			
	NON-SPECIFIED,							
C O D E F	D/L Number, State	DNS Number		Place of Birth (City, State)		Citizenship		
	M242653871360 / FL			BRASOV, ROMANIA		US		
C O D E F	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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
C O D E F	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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
C O D E F	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)		Residence Phone				
	<input type="checkbox"/> Legal Custodian							
C O D E F	Address (Street, Apt. Number)	(City)	(State)	(Zip)	Business Phone			
C O D E F	Notified by: (Name)	Date	Time	JUVENILE DISPOSITION				
				1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated				
C O D E F	Released To: (Name)	Relationship	Date	Time				
C O D E F	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.		School Attended		Grade			
	The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.							
C O D E F	<input type="checkbox"/> Yes, by: _____	<input type="checkbox"/> No:	Property Owned?	Description of Property	Value of Property			
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
C O D E F	Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	
	N. N/A	B. Buy	D. Deliver	E. Use			N. N/A	
C O D E F	Charge Description	State Violation Number		Violation of ORD #				
	BATTERY-SIMPLE (TOUCH OR STRIKE)	784.03(1)(A)(1)		N.C.R.C.E.				
C O D E F	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Copies Number	
						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
C O D E F	Charge Description	State Violation Number		Violation of ORD #				
C O D E F	Charge Description	State Violation Number		Violation of ORD #				
C O D E F	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						
		Explain:						
C O D E F	Check which apply:	<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	
		<input type="checkbox"/> Posted Bond	<input type="checkbox"/> South County Mental Health					
C O D E F	Transported By	Date Transported	Time Transported	Other				
C O D E F	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)		Date Signed				
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							
C O D E F	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed			
C O D E F	HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	ZUCCARELLI, M.	(PRINT)					
C O D E F	Issue Deputy	Pouch #	Name of Arresting Officer	ID.#	Agency	PAGE		
			ZUCCARELLI	518	PBPGD	1 OF 1		
C O D E F	Witness here if subject signed with an "X".							

J# 0520570

PH 3910

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 21-00033
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

Name (Last, First, Middle) MIKLOS, OVIDIU MIHAI	Aliases	Race W	Sex M	Date of Birth 04/16/1987
Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)	Charge Description			
Charge Description	Charge Description			

Victim's Name (Last, First, Middle) MIKLOS, SYLVIA PATRICE	Race W	Sex F	Date of Birth 09/03/1986
Local Address (Street, Apt. Number) 13855 EMERSON ST 410, PALM BEACH GARDENS, FL 33418	City FL 33418	State FL	Zip 33418
Business Address (Name, Street) CARMINES OCEAN GRILL	City	State	Zip
Phone (561) 670-0068	Address Source		
Phone	Occupation		

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 3 day of January, 2021 at 02:49 (Specifically include facts constituting cause for arrest.)

On 01/03/2020 at approximately 0224 hours, I was dispatched to 13855 Emerson St. Palm Beach Gardens, Florida 33410 in reference to a neighbor at apartment 210 hearing loud noises in the unit about him. I activated my body worn camera (BWC) and made contact with the resident at apartment 310 who advised its coming from above her residence. Police Officer D. Morea #517 and I then made contact with Sylvia P. Miklos (w/f 09/03/86) who was hysterically crying and upset. We also made contact with Ovidiu M. Miklos (w/m 04/16/87) who came walking out of the master bedroom; at this time Sylvia and Miklos were separated.

I then began to speak with Sylvia who advised that she is getting a divorce and got into a fight with her soon to be ex-husband over (Ovidiu) him cheating on her. Sylvia was sworn in on my BWC. Sylvia said that the argument escalated and Ovidiu broke a glass on the porch. Sylvia advised that Ovidiu grabbed her by the neck, threw her on the bed, and walked away. Sylvia did have red marks and a small mark on her neck. I also noticed a small cut on her left hand, and a bruise on her left arm that appeared older and fading. Sylvia also stated that she was unable to breath while Ovidiu's hand was on her neck. Sylvia advised that Ovidiu got mad because she was texting the girl Ovidiu cheated on her with. Sylvia denied any medical treatment and said she was okay.

Sgt. D. Beath #334 advised Ovidiu of his constitutional warnings. Post Miranda, Ovidiu said he was consuming alcohol with his wife Sylvia when an argument ensued. Ovidiu said that he had been texting a woman, with whom he cheated on Sylvia with, and that's when Sylvia became angry. Ovidiu admitted to pushing Sylvia away from him with his hand on her throat. Ovidiu does not have any injuries. Sylvia did tell me that Ovidiu through her phone on the ground. It should be noted that there was no visible damage to her phone. (see Sgt. Beaths supplemental report).

Based on my investigation, probable cause exists to arrest Ovidiu M. Miklos for Simple

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
BEATH, DENNIS	ZUCCARELLI, MICHAEL (518)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
01/03/2021	01/03/2021
DATE	DATE

**PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT**

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

1 JUVENILE

CBTS Number		
Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 21-000033
Charge Type: Check as many as apply.		Special Notes:
<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		

Name (Last, First, Middle) MIKLOS, OVIDIU MIHAI	Race W	Sex M	Date of Birth 04/16/1987
--	-------------------------	------------------------	---

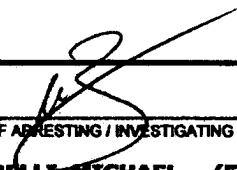
(domestic) battery in violation of F.S.S. 784.03(1)(A)(1). Ovidiu was secured in hand cuffs which were checked for tightness and double locked. Ovidiu was then transported to the Palm Beach County Jail without incident from the scene. Sylvia was issued a domestic violence packet and a victim notification form was filled out. Nothing further to report.

P
R
O
B
A
B
L
E

C
A
U
S
E

S
T
A
T
E
M
E
N
T

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME BEATH, DENNIS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/03/2021 DATE <i>#334</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  ZUCCARELLI, MICHAEL (518) NAME OF OFFICER (PLEASE PRINT) 01/03/2021 DATE
---	--

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 21-00033 Agency: PB6PD
 Offense: Domestic Battery
 Suspect/Offender: David M. Miklos
 D.O.B. 4/16/87 Race: white Sex: male

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Sylvia P. Miklos
 Address: 13855 Emerson St 410, Palm Beach Gardens, FL
 City: PB6 State: FL Zip: 33410
 Home #: 561670 0068 Work #: _____ Other: _____

b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: M. Zucarelli I.D.: 518 Date: 1/3/21

SUSPECT/OFFENDER: Sylvia P. Miklos

COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)



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: 2021000159	Date: 01/03/2021
	Specialist Name/ID: C. Anastasi/#21908