0542424 24CF834MB 199

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400
Agency Name: Delray Beach Police Department
Agency Report Number (N T A's only): 4 0 24-001234

Charge Type (Check as many as apply): ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other
If Weapon Seized — Enter Type: UNARMED
Multiple Clearance Indicator: 2

Location of Arrest (Including Name of Business): 233 NE 2ND AVE, DELRAY BEACH, FL 33444
Location of Offense (Business Name, Address): 233 NE 2ND AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/28/2024	01:51	01/28/2024	02:01			

DEFENDANT

Name (Last, First, Middle): CAMERON, MICHAEL ALAN
Alias (Name, DOB, Soc Sec #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/24/1982	5'09	150	HAZEL	GRAY OR	FAIR	SMALL

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: M
Religion:
Indication of Alcohol Influence / Drug Influence: ☒ Yes ☐ No ☐ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 5537 LIBERTY LN, WESTLAKE, FL 33470
Phone:
Residence Type (1 City 2 County 3 Florida 4 Out of State):

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 5537 LIBERTY LN, WESTLAKE, FL 33470
Phone:
Address Source:

Business Address (Name, Street) (City) (State) (Zip):
Phone:
Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C565541823040 / FL	[redacted]		BROWARD, FL	US

CO-DEF

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth:
☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth:
☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian
Name (Last, First, Middle):
Residence Phone:
Address (Street, Apt. Number) (City) (State) (Zip):
Business Phone:
Notified by (Name): Date: Time:
JUVENILE DISPOSITION (1 Handled/Processed within Department and Released, 2 TOT JAC, 3 Incarcerated):
Released To (Name): Relationship: Date: Time:

1. ACBUND
2. NOBUND
3. 25G NOBUND (GREEN CASE)

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by ☐ No
School Attended: Grade:
Property Crime? ☐ Yes ☒ No
Description of Property: Value of Property:

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, E Use, K Disperses/ 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/Derv, P Paraphernalia/ Equipment, S Synthetic, U Unknown, Z Other

CHARGE 1

Charge Description: BATTERY ON OFFICER, FIREFIGHTER, EMT ETC
Statute Violation Number: 784.07(2B)
Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE 2

Charge Description: SIMPLE BATTERY(TOUCH OR STRIKE)
Statute Violation Number: 784.03(1A1)
Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		

CHARGE 3

Charge Description: DISORDERLY INTOXICATION
Statute Violation Number: 856.011
Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

INTAKE

Health / Apparent Physical Condition of Defendant:
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O/R ☐ Released to Parent/Guardian ☒ T O T County Jail ☐ Posted Bond ☐ South County Mental Health
PROPERTY - Received By: Released By: Released To:
Transported By: Date Transported: Time Transported: Other:

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time:

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

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Signature of Arresting Officer: 1155
Name of Arresting Officer (Print): GREEN, TRAVIS ID #: 1155
Name Verification (Printed by Arrestee) (PRINT):
Intake Deputy: Burillo ID #: 5312 Pouch #:
Transporting Officer: MIRABELLI ID #: 1279 Agency: DBPD
Witness here if subject signed with an "X"
PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
01/28/2024 01:56	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 24-001234

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CAMERON, MICHAEL ALAN		W	M	08/24/1982

CHRG

Charge Description: 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
CAMERON, JESSICA MARIE	W	F	10/07/1982

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
5537 LIBERTY LN, WESTLAKE, FL 33470		

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS	☐	☒	☐
VICTIM'S STATEMENTS	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **TERRIFIED**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **HUSBAND/WIFE**

	YES	NO	
PHOTOGRAPHS: Scene:	☒	☐	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER:
WEAPON USED:	☒	☐	TYPE: **HANDS**
WITNESSES:	☒	☐	(If YES, attach witness list)
INJURIES:	☒	☐	
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☒	☐	PARAMEDICS: **PBCFR**
Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒	
ALCOHOL OR DRUGS INVOLVED:	☒	☐	

NARR

The following incident occurred in The City of Delray beach, Florida, Palm Beach County. On January 28, 2024, I was dispatched to 233 NE 2nd (The Ray Hotel), in response to a domestic Battery. Jamesley Celin (reporting party/security): stated that an unknown white male was physically assaulting his wife. The subject was identified as Jessica Cameron and Michael Camreon. Jessica Cameron (victim) gave a sworn

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, Green personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

11SS

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28 day of January, 2024.

GUILLAUME, RODNER

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN	Date / Time		
	01/28/2024 01:56		
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 | 0 | 24-001234

NARRATIVE

statement as follows: She went down to the lobby to get water and when she returned her husband Michael Camreon locked her out of the room. Security was able to gain access to the room and wait for Jessica to grab her belongings to leave. While she was in the bathroom, Michael attacked her by pushing her. After grabbing her belongings, she proceeded back down to the lobby with security. Michael then followed her downstairs and began verbally abusing her. The two migrated outside in front of the business. While in front of the business, Michael grabbed her and was attempting to get her luggage from her. Michael then continued to attack her and punched her in the lower left back with a closed fist. This attack caused Jessica to sustain bruising on her lower left back.

The hotel security guard intervened and attempted to stop this attack; however, Michael then began to physically punch the security guard. Michael was under the influence of alcoholic and possibly narcotics. I could smell an unknown alcoholic beverage emanating from his breath, glossy eyes and he was verbally abusive towards officers.

Jamesley Celin gave a sworn statement that was congruent with the Jessica.

Based on the fact stated above, Probable Cause Exist to charge Michael Cameron with Domestic Battery Pursuant to F.S.S 784.03(1A1) , Disorderly conduct Pursuant to F.S.S 784.03(1A1) and BATTERY ON OFFICER, FIREFIGHTER, EMT ETC pursuant to F.S.S 784.07(2B).

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STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, [illegible] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

1155
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28 day of January, 2024.

GUILLAUME, RODNER
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (F.S. 784.048)
- **Domestic Violence** - **(This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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.)**

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

1. Incident Report #: 24-001234 Agency: DelrayBeachPD
   Offense: SIMPLE BATTERY(TOUCH OR STRIKE) 784.03(1A1)
   Suspect/Offender: MICHAEL A. CAMERON
   D.O.B. 08/24/1982 Race: WHITE Sex: MALE

2. Warrant #(s): N/A

3.a. Victim's name: JESSICA M. CAMERON D.O.B. 10/07/1982 Race: W Sex: F
   Address: 5537 LIBERTY LN, WESTLAKE, FL
   City: WEST LAKE State: FLORIDA Zip: 33470
   Home #: N/A Work #: N/A Other: —

   b. Victim's next of kin, friend or neighbor: UNKNOWN
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ **Waiver:** **I choose not to be notified when the arrestee is released from custody.**

☐ **Confidential:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: _____ I.D.# _____ Date: _____

White/Corrections or State Attorney (Warrant Application) **Yellow/Warrants Section** **Pink/Central Records**

PBSO #0029A REV. 4/98

SUSPECT/OFFENDER: _____ COURT CASE/WARRANT#: _____

(FOR WARRANTS USE ONLY)

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024002561	**Date:** 1/29/2024
	Specialist Name/ID#: T.HOWARD/7185