0539164 23CF2592 NR #3765

Marsy's Law CVI FL. Const. Art.1 § 16(b)

Clear Form

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile ☐

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 - 23049566 ( )

Charge Type: Check as many as apply. ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type S&W 9MM

Multiple Clearance Indicator: 01

Location of Arrest (including Name of Business): 1000 JAMES L. TURNAGE BLVD, WEST PALM BEACH FL

Location of Offense (Business Name, Address): 1000 JAMES L. TURNAGE BLVD, WPB FL 33406

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/23/2023	1823					N/A

DEFENDANT

Name (Last, First, Middle): PHILLIPS, MICHAEL, FLYNN

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O -Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	04/27/1973	5-10	176	Blue	Gray	Fair	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): R ARM FOREARM ROMAN NUMBERALS

Marital Status: Single

Religion: Catholic

Indication of: Alcohol Influence ☐ Y ☒ N ☐ Unk; Drug Influence ☐ Y ☒ N ☐ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip)

Mobile Phone: (843) 3231701

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 4

Permanent Address (Street, Apt. Number): 139 MIDTOWN AVENUE (City): SUMMERVILLE (State): SC (Zip): 294862

Phone: ( )

Address Source: SC DL

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

Phone: ( )

Occupation

D/L Number, State: 008894742 SC

Soc. Sec. Number: [redacted]

INS Number

Place of Birth (City, State): TALLAHASEE FL

Citizenship: US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: 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 Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) Relationship: NO LOCALS Date Time

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 (561) 355-6511) informed of any change of address.

School Attended Grade

☐ Yes, by: (Name) ☐ No (Reason)

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. 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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
CARRYING CONCEAL WEAPON	01	☐ Y ☒ N	790.01(2)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			23-049566		$5000

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time

Month Day Year Time A.M. ☐ 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: 03/23/2023

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency: NO DETAINER

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: D/S MARK 3080 Pouch #

Signature of Arresting Officer: D/S [illegible]

Name of Arresting Officer (Print): D/S J. REID I.D. #: 7710

Transporting Officer I.D. # Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

MAR 24 2023

Witness here if subject signed with an "X"

PAGE 1 OF 1

SCANNED

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

SHERIFFS 9709

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 1

Juvenile: N

ADMIN

Agency ORI Number: FLO, 5, 0, 0, 0, 0, 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 23 - 049566

Charge Type (Check as many as apply): [X] 1 Felony [ ] 2 Traffic Felony [ ] 3 Misdemeanor [ ] 4 Traffic Misdemeanor [ ] 5 Ordinance [ ] 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
PHILLIPS, MICHAEL	FLYNN	W	M	04/27/1973

CHARGES

Charge Description: CARRYING CONCEAL WEAPON

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA			

Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
3228 GUN GLUB RD	WEST PALM	FL	33406	(561) 6883000	

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) 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.

[X] was found to have committed the below acts, resulting from my (described) investigation.

On the 23rd day of March 20 23 at 1823 [ ] A.M [X] P.M (Specifically include facts constituting cause for arrest.)

[ ] **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

On Thursday March 23, 2023 at 1820 hours, while patrolling the PBIA located at 1000 James L. Turnage Blvd, West Palm Beach FL, I was dispatched to TSA check point "C" screening area reference the possession of conceal weapon without permit.

I was provided a sworn written statement by TSA employee, Stephen Boss who stated the following: while operating the x-ray machine in lane 5, he discovered that there was a loaded gun concealed in a black backpack. I then spoke to Deputy R. Siciliano ID 4872 who arrived before me and approached the x-ray machine and observed the clear view of what appeared to a hand gun and ammunition. Deputy J. Wilson ID 5508 who was also on scene, retrieved and counted the magazine with 9 rounds.

The owner of the gun was identified by his SC driver license (008994742) as Michael F. Phillips. He spontaneously admitted that the gun was his and that he had forgotten that it was in the bag. Mr. Phillips was cooperative and apologetic

Based on my above findings, Mr. Phillips did not have a concealed license and he also possessed a loaded weapon in a sterile area. Therefore, he was found to have been in violation of F.S.S 790.01(2) concealed weapon into the passenger terminal and sterile area of the airport. The property was packaged and placed into evidence by me. I entered the gun into teletype under 2023G-4876. At this time no further action was taken by me. This case was cleared by arrest.

ADMINISTRATIVE

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 23rd day of March 20 23 by _____

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known Law Enforcement Officer

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

PAGE 1 OF 1

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004 REV. 04/22

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SCANNED

MAR 24 2023

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023007741	**Date:** 3/24/2023
	Specialist Name/ID: R.Castro/40259

SCANNED
MAR 24 2023