0537432 2023MM 388AMB 1347

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23-025657

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

Multiple Clearance Indicator

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
4767 Blue Pine Circle, Lake Worth, Florida 33463	4767 Blue Pine Circle, Lake Worth, Florida 33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/14/2023	0130					

DEFENDANT

Name (Last, First, Middle): Mannion, Michael D

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	1/14/96	6-02	210	Brown	Brown	med	med

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): tattoos on chest, arms, shoulder

Marital Status: married — Religion

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

Local Address (Street, Apt. Number): 4767 Blue Pine Circle — (City) Lake Worth, Florida — (State) — (Zip) — Phone: 561-889-8428

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

Permanent Address (Street, Apt. Number): same as above — (City) — (State) — (Zip) — 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
M550-544-96-014-0 FL	[redacted]		Martin County, Florida	USA

CO-DEF

Co-Defendant (Last, First, Middle) — Race: W — 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) (1st NO BOND) — (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. Turned over to 3. Incarcerated

VICTIM NOTIFICATION REQUIRED

Released To: (Name) — Relationship — 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. ☐ Yes, by: (Name) ☐ No (Reason) — 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. 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 #
Simple Battery- Domestic	1	■ Y ☐ N	F.S.S 784.03(1a1)	

Drug Activity: N — Drug Type: N — Amount / Unit — Offense #: 23-025625 — Warrant / Capias Number — Bond

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: D. Honea (7226) — Pouch #

Signature of Arresting Officer: x [signature] 7660

Name of Arresting Officer (Print): K. Noel — I.D. #: 7660

Transporting Officer: K. Noel — I.D. #: — Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject refused with an "X"

PAGE 1 OF 1

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SCANNED JAN 15 2023

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: 06- 23-025657

Charge Type (Check as many as apply): 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
Mannion, Michael D		W	M	1/14/96

CHARGES

Charge Description	Charge Description
Simple Battery- Domestic	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Mannion, Patrick Mackenzie	W	M	7/3/97

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
5028 City Street Apt 2027 Orlando, Florida 32839	772-370-4409	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

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.
- ☐ confessed to _____ admitting to the below facts.
- ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- ■ was found to have committed the below acts, resulting from my (described) investigation.

On the 14th day of January 20 23 at 1:40 ■ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On January 14, 2023 at approximately 1:40 a.m., I responded to the area of Blue Pine Circle located in unincorporated Boynton Beach, Florida, Palm Beach County in reference to a disturbance call with a female screaming in the background. Upon arrival, I was flagged down by an uber driver pointing in a direction further down the street on Blue Pine Circle claiming that they "were still fighting in the street." While canvasing the area, I eventually located two males at 4767 Blue Pine Circle in the driveway, one wearing black jeans and a plaid shirt as he was walking into a residence and another male wearing no shirt and beige pants. I also observed a female only partially dressed staggering in the driveway with the males.

I observed both males to have facial injuries: bleeding, bruising and swelling around both eyes with lacerations as well; consistent with having been in a fist fight; all parties were extremely intoxicated. I determined that the males were brothers and one of the males Patrick and the female, Sierra were boyfriend and girlfriend. The other male, Michael had the above listed injuries with blood coming from the right side of his facial area with a laceration on the right side of his face. I also observed a laceration on Michael's right knee. I then observed the other brother, Patrick to have nearly the same facial injuries, but with a laceration bleeding over his left eye indicating clear evidence of a physical altercation between Michael and Patrick; however, neither Patrick nor Michael wanted to explain the incident.

According to a witness, Collette, I was able to learn the following: Collette is a family friend and had been in the uber car with Michael, Patrick and Sierra. Collette explained that Sierra was very intoxicated and Michael had been possibly trying to hold her up in the back seat due to her intoxication level. At some point, a verbal argument began between Michael and Patrick, which then became physical. It was unknown as to who started the punching between both brothers; carrying over into the street. I was unable to determine the primary aggressor since neither Michael nor Patrick wanted to speak about the incident and no witnesses(es) to state who actually started the physical portion of this incident.

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 14th day of November 20 23 by K. Noel

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

_____ #F36194
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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

PBSO #0004 REV. 04/22

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SCANNED
JAN 15 2023

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 1 | Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23-025657

Charge Type (Check as many as apply): [ ] 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
Mannion, Michael D		W	M	1/14/96

CHARGES

Charge Description	Charge Description
Simple Battery- Domestic	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Mannion, Patrick Mackenzie	W	M	7/3/97

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
5028 City Street Apt 2027 Orlando, Florida 32839	772-370-4409	
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.
- [ ] confessed to _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [■] was found to have committed the below acts, resulting from my (described) investigation.

On the 14th day of January 20 23 at 1:40 [■] A.M [ ] P.M (Specifically include facts constituting cause for arrest.)

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

Based on the inability to determine a primary aggressor; but clear physical evidence of a physical altercation; both brothers extremely intoxicated as it now became a safety concern to release either one, both Michael and Patrick were placed under arrest for Simple Battery- Domestic against each other F.S.S 784.03(1a1). Michael and Patrick were transported to the PBCJ without further upon medical clearance.

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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 14th day of January 20 23 by K. Noel

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

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

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

PBSO #0004 REV. 04/22

SCANNED
JAN 15 2023

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Mannion MICHAEL Mackenzie **DOB:** 01/14/96 **Case #:** 23-025657

Name (Last, First)

Victim: Mannion PATRICK **DOB:** 07/03/97 **Race:** W **Sex:** M

Relationship between Victim and Defendant: Brothers

Photographs: Scene Yes × No Victim Yes × No Defendant Yes × No

911 Call: × Yes No **Caller:** Ann Watts

Weapon Used: Yes × No **Type:**

Witness: × Yes No **Name:** (Last) Kennett (First) Collette (Middle) Susanne

Victim Pregnant: Yes × No If yes, weeks months

Injuries: × Yes No **Description:** Lacerations and Bruises to the face

Medical Treatment: × Yes No

At Scene: × Yes No **Paramedics:** PBC 23005890

At Hospital: × Yes No **Hospital:** JFK MEDICAL CENTER **Doctor:** Dr. Willis Scott

Are Children Living in Home? Yes × No **DCF Notified?** Yes × No

Name: **DOB:**

Name: **DOB:**

Name: **DOB:**

Injunction Yes × No **Case #:**

No Contact Order Yes × No **Case #:**

Alcohol or Drugs × Yes No Unknown

Prior History of Domestic/Dating Violence Yes × No

Defendant's Statements Yes × No If yes, written recorded × oral

First words Defendant said when you responded to scene: Refused to make any statements

Victim's Statements Yes × No If yes, written recorded × oral

First words Victim said when you responded to scene: Refused to make any statements

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes × No If yes, name: phone:

Observations of Victim (Physical & Emotional) Lacerations and Bruises to the face / Angry

× Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other

Victim Contact Information: (Last) Mannion (first) PATRICK

Local Address: 5028 CITY STREET ORLANDO, FL 32839

Phone: 772-330-4409

Employer: (Name) Self Employed (Employer Address)

Name of Relative: (Last) (First) **Phone:**

Address:

PBSO #0004A REV. 05/11

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SCANNED
JAN 15 2023

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **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.**
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**

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

1. Incident Report #: **23-025657** Agency: **PBSO**
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: Name (Last) MANNION (First) MICHAEL (Middle)
   D.O.B. 11/14/96 Race: **W** Sex: **M**

2. Warrant #(s):

3.a. Victim's name (Last, First): MANNION, PATRICK M D.O.B. 11/14/96 Race: W Sex: M
   Address: 5028 CITY STATE 2027
   City: ORLANDO State: FL Zip: 32839
   Home #: 772-370-4409 Work #: Other:

b. Victim's next of kin, friend or neighbor: (Last) (First)
   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: Name (Last, First) **Mannion** PATRICK
Deputy's Name: **D/S R.Gesualdi** I.D. # **36194** Date: ~~11/10/19~~ 1/14/23

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **Mannion Patrick Mackenzie** COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)

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SCANNED
JAN 15 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: 2023001305	**Date:** 01/15/2023
	Specialist Name/ID: T.Howard/7185

SCANNED
JAN 15 20