0542494 2023mm-006552AMD 3487

☒ 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 3. Request for Warrant
2. N.T.A. 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: 06 - 23097713 ( )

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): 14925 Cumberland Dr, Delray Beach, FL 33446

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Time	Location of Vehicle
08/09/2023	1140	08/09/2023			

DEFENDANT

Name (Last, First, Middle): TSVEITEL, MICHAEL

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	06/19/1981	5'10	180	Black	Brown	Light	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TATTOO ON LEFT ARM

Marital Status: Single — Religion: Jewish — Indication of: Alcohol Influence / Drug Influence: Y ☐ N ☒ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]

Mobile Phone: (917) 559-5056

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): [redacted]

Phone: ( )

Address Source: FL DL

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

Phone: ( )

Occupation: SELF EMPLOYED

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
T213540812190 FL	[redacted]		UKRAINE	YES

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 — 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) 355-8511) 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 #
DOMESTIC BATTERY	1	☒ Y ☐ N	784.083 784.03 (1)(a)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23097713		

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)

FILED PBC - CIRCUIT
23 AUG 10 AM 5:55

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

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

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): DI ORSINI — I.D. #: 12462

Name Verification (Printed by Arrestee) (PRINT)

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SCANNED AUG 10 2023

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile:

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 23097713

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
TSVEITEL, MICHAEL		W	M	06/19/1981

CHARGES

Charge Description	Charge Description
BATTERY	~~784.083~~ 784.03 (1)(a)(1)
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	F	

Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
[redacted]	[redacted]	FL	[redacted]	[redacted]	FL DL

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

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 9th day of August, 20 23 at 1140 ☒ 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 8/9/23 at 1000 hours, I met with [redacted] FL in reference to a delayed domestic battery report.

[redacted] advised she was involved in a physical altercation with her [redacted] Michael Tsveitel on Friday night 8/4/23 while inside [redacted] vehicle. The altercation started out as verbal but became physical when [redacted] alleged Michael ripped her dress and struck her in the face on her left eye. [redacted] advised Michael pulled the car over and tried pulling her out to leave her on the roadway. After the incident took place, Michael dropped [redacted] off at her mother's house, [redacted] advised the next day she drove herself to an urgent care clinic to be treated for her injuries. While on scene, I observed black and blue swelling on [redacted] left eye along with bruising on the left side of her back and left arm. Photos of the marks were taken and uploaded into "Axon Capture" for evidentiary purposes.

I then contacted Michael and advised I needed his part of the story and Michael agreed to meet me District four sub-station. Michael arrived at 1130 hours, denied the allegations of the battery, and stated [redacted] hit him. Michael provided me with video captured on his cell phone that he took of [redacted] inside of the vehicle screaming at him, but did not show clear video of [redacted] striking Michael. At the time of my interview with Michael, I did not observe any visible marks on his persons.
Based on my investigation and findings on scene, I found probable cause to arrest Michael for domestic battery contrary to F.S.S 784.083. Michael was transported to the county jail without further incident.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) #12462

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of August, 20 23 by D/S DI ORSINI

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

D/S GRISCHENKO ID#39092

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

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Tsveitel, Michael, DOB: 6/19/1981 Case #: 23-097713

Victim: [redacted] DOB: [redacted] Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☐ No

911 Call: ☒ Yes ☐ No Caller: [redacted]

Weapon Used: ☒ Yes ☐ No Type: HAND

Witness: ☐ Yes ☐ No Name: _____

Victim Pregnant: ☐ Yes ☒ No If yes, ___ weeks _____ months

Injuries: ☒ Yes ☐ No Description: BRUISING AND BLACK EYE

Medical Treatment: ☒ Yes ☐ No

At Scene: ☐ Yes ☐ No Paramedics: _____

At Hospital: ☐ Yes ☐ No Hospital: _____ Physician: _____

Are Children Living in Home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No

Name: _____ DOB: 02/__/____

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: HELLO SIR

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

First words Victim said when you responded to scene: _____

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):

☒ Upset ☒ Crying ☐ Fearful ☐ Hysterical ☒ Afraid ☐ Calm ☒ Nervous

☐ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: [redacted]

Phone: Home ([redacted] Work (___)___-_____ Cell (___)___-_____

Employer: _____

Name of Relative [redacted] Phone [redacted]

Address: [redacted]

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SCANNED AUG 10 2023

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: **Tsveitel, Michael,** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#:

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

- **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**

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

1. Incident Report #: **23-097713** Agency: **PBSO**
   Offense: _____
   Suspect/Offender: **Tsveitel, Michael,**
   D.O.B. **6/19/1981** Race: **W** Sex: **M**

2. Warrant # (s): _____

3.a. Victim's name: [redacted] D.O.B. [redacted] Race: **W** Sex: **F**
   Address: [redacted]
   City: [redacted]
   Home #- [redacted] Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: [redacted]
   Address: [redacted]
   City: _____
   Home #: [redacted] Work #: 0 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: [redacted]

SCANNED AUG 10 2023

DEPUTY F. DIORSINI ID 12462 8/9/23

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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)(l)-(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	☒	FL CONNSTITUTION ARTICLE 1,16(b)	Other: MARSY'S LAW	1-7
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023020692	**Date:** 8/10/2023
	Specialist Name/ID: Pinkneya/7796

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