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ARREST / NOTICE TO APPEAR

ADMINISTRATIVE	OBTS Number		Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 / 4 / 2017-0013055		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE															
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Location of Arrest (Including Name of Business) LAKEVIEW AVE & S OLIVE AVE WPB FL 33401		Location of Offense (Business Name, Address) 299 LAKEVIEW AVE/S OLIVE AVE, WEST PALM BEACH, FL		Date of Arrest 07/06/2017		Time of Arrest 18:12		Booking Date 07/06/2017		Booking Time 18:30		Jail Date		Jail Time		Location of Vehicle KAUFFS TRANSPORTATIO											
DEFENDANT	Name (Last, First, Middle) DEZELICH, MICHAEL										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: DEZELICH, MICHAEL																			
	Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 09/06/1964		Height 5'10		Weight 225		Eye Color HAZEL		Hair Color GRAY OR		Complexion MEDIUM		Build Medium													
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status M		Religion UNKNOWN		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source FL DL											
	Local Address (Street, Apt. Number) (City) (State) (Zip) 4793 TEMPLE DR, DELRAY BEACH, FL 33445										Phone (561) 302-9280		Business Address (Name, Street) (City) (State) (Zip) LIGANO,		Phone (561) 302-9280		Occupation Doorman													
COURT	D/L Number, State D242540643260 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) WEST PALM BEACH,		Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Legal Custodian <input type="checkbox"/>		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone													
NOTICE TO APPEAR	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							
	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.										School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property											
CHARGE	Drug Activity N. N/A P. Possess										S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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 Description DUI-DAMAGE TO PERSON/PROPERTY										Statute Violation Number 316.193(3)(C)(1)		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit		Offense # 2017-0013055		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
CHARGE	Charge Description										Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
	Charge Description										Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
IN TAKE	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		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Transported By		Date Transported		Time Transported		Other					
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) Criminal Justice CRIMINAL JUSTICE COMPLEX		Court Date and Time 08/10/2017 08:30:00		3228 GUN CLUB ROAD		No Photo Available													
AD MIN	HOLD for Other Agency										Signature of Arresting Officer DILLARD, DANIEL		Name Verification (Printed by Arrestee) JUL 6 PM 11:08		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			
	J. C. GILYARD #7392										Signature of Arresting Officer (Print) DILLARD, DANIEL		LD.# 01843		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					

SCANNED

JUL 11 2017

DUI PROBABLE CAUSE AFFIDAVIT

On the 6th Day of July, 2017 at 1718 HRS A.M. P.M.
Subject: Dezelich, Michael Case Number: 2017-0013055
Agency: West Palm Beach Police Department Arresting Officer: Inv. D. Dillard #1843

Personal Contact

Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

I responded to the area of Okeechobee Blvd. and S. Tamarind Ave. in reference to a 2 vehicle collision involving a possible impaired driver. Upon arrival I observed a grey Hyundai sedan in the inside lane with damage to the rear. I made contact with Kelly Leonard who was operating the vehicle. She stated she was completely stopped in traffic when she was hit from behind. She made contact with the driver who was the sole occupant of the vehicle. She stated he kept repeating the same things over and over. I observed the drivers car behind the Hyundai which was a white Ford. The Ford had heavy front end damage. The driver was identified as Michael Dezelich by FL DL.

Observation of Driver

Upon making contact with the driver he was sitting on the curb. The driver had slurred speech and appeared to have difficulty maintaining balance. I could smell the distinct odor of an unknown alcoholic beverage emitting from his person. The odor became stronger off of his breath as he spoke to me. The drivers eyes were glassy.

Drivers Statements:

I advised the driver the crash investigation was complete and I was now conducting a DUI investigation. Post Miranda the driver stated he was coming up the block going home because he got dismissed from work. He stated he was upset about being dismissed and took his eyes off of the road which caused him to hit the other car. The driver stated he got off of work 20 minutes before the crash. I asked the driver what time it was and he replied 4:30 I advised it was almost 6. The driver stated he did not have too much to drink. He stated he drank a beer at 10AM. He stated he suffers from anxiety and drank to fall asleep. The driver then asked if I could give him a break and that he would appreciate it.

Odors:

Distinct odor of an unknown alcoholic beverage.

General Observations

Speech: slurred

Attitude: calm and passive

Clothing: white shirt/black pants/black shoes

Medical Problems/Medications: None

Other: The driver stated he had no physical defects or injuries, does not wear prescription lenses, does not take any prescription medication, and is not diabetic or epileptic.

DUI PROBABLE CAUSE AFFIDAVIT

Subject:

Dezelich, Michael

Case Number: 2017-0013055

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|--|---|
| <input checked="" type="checkbox"/> Left Eye Does Not Follow Smoothly | <input checked="" type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input checked="" type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input checked="" type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input checked="" type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input checked="" type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

I reminded the driver several times not to move his head. Lack of smooth pursuit was present. Sustained and distinct nystagmus at maximum deviation was present. The angle of onset was approx. 40 degrees. Vertical Nystagmus was not present. I observed the driver swaying in a circular motion.

Walk and Turn Task

I instructed the driver to stand with his right foot in front of his left on a solid yellow line. I explained and demonstrated the exercise and the driver stated he understood the instructions. The driver began walking the exercise four times before being told to do so. I had the driver get back in the instructional position. I observed the driver lose balance and step out of this position twice. Once told to begin the driver took 9 steps missing heel to toe on steps 4 through 9 and stepped off of the line on steps 2 and 3. The driver completed the turn without issues. The driver took 9 steps back missing heel to toe on steps 2 through 9 and stepped off of the line on steps 3, 5, 7, and 8.

One Leg Stand

I had the driver stand with his feet together and hands down at his side. I explained and demonstrated the exercise and the driver stated he understood the instructions. When told to begin the driver lifted his right foot off of the ground bending his leg backward at the knee. The driver set his foot down 10 times. I stopped the exercise due to my stopwatch reaching 30 seconds.

Finger To Nose

I had the driver stand with his feet together and index fingers pointed straight out. I explained and demonstrated the exercise to the driver and he stated he understood. I instructed the driver to tilt his head back and close his eyes. On each left and right I had to remind the driver to bring his arm back down. I observed the driver swaying from front to back and at one point lose balance stepping off to the right.

Romberg Alphabet

The driver stated his highest level of education was graduating from trade school and college. He stated he did know the English alphabet and could recite it from A to Z in completion. I had the driver stand with his eyes closed and head tilted back. When told to begin the driver recited the alphabet correctly from A to V, then recited D, then W to Z. The driver also recited the alphabet in a rhythmic manner. The driver was observed swaying from front to back.

Breath Results from Instrument

1st Result

0.160

2nd Result

0.162

3rd Result

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

7/6/17

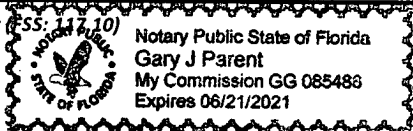
(DATE)

☒ Personally Known

☐ Produced Identification

☐ Notary Public

Notary / Clerk of Courts / Officer



Signature of Arresting Officer

TESTING FACILITY TASK REPORT

AGENCY: WIPP
SUBJECT: DEZELICH, MICHAEL CASE NUMBER: 17-099409
DATE: 07/06/17 VIDEO TAPE NUMBER: 62933
BEGINNING TIME: 1900 ENDING TIME: 1915
BREATH TESTS RESULTS: 1) .160 TIME 1906 A.M./P.M. (P.M.) 2) .162 TIME 1909 A.M./P.M. (P.M.)
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: G. PARENT # 7909
MAINTENANCE TECHNICIAN: KARLUKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: UPSET, CRYING, RESENTFUL, CO OPERATIVE
CLOTHING: BLACK SLACKS, WHITE L/S, BUTT BROWN SHIRT, BLACK SHOES
MEDICAL CONDITIONS: ANXIETY
MEDICATIONS: THING LIKE XANEX
OTHER: EYES GLASSY AND BLOODSHOT, SWAYING, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH, RT HAND BURNING
Δ STATED HE DRANK 1 TALL BOY BEER (Q+A)
COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 1830 HRS.

Δ AGREED TO TAKE TEST

A/O READ RIGHTS

Δ STATED HE UNDERSTOOD RIGHTS

A/O CONDUCTED Q+A

Δ ANSWERED QUESTIONS

TECH. READ BREATH TEST RESULTS Δ ASKED IF HE WAS OVER THE LIMIT

SUBJECT: DEZELICH, MICHAEL · CASE NUMBER: 2017-0013055

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Ross on Camera

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? yes

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? Chickadee

DIRECTION OF TRAVEL? N WHERE DID YOU START? 27600 West

WHAT TIME DID YOU START? 5:50 WHAT TIME IS IT NOW? 7:8

WHAT IS TODAY'S DATE? 6/1/04 WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? Chickadee

WHEN DID YOU LAST EAT? 1:30 WHAT DID YOU EAT? egg, banana

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? big on her, you really got in work

HOW MUCH DO YOU WEIGH? 220-230 HAVE YOU BEEN DRINKING? yes WHAT? beer

HOW MUCH? 1-1 1/2 WHERE? home WITH WHOM? self

WHEN DID YOU HAVE YOUR FIRST DRINK? 1st AND YOUR LAST DRINK?

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? shot

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? alittle ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH?

WHAT? WHERE? WHEN?

WHAT LINE OF WORK ARE YOU IN? den. rep. of 6500 WHEN DID YOU LAST WORK? now

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT?

ARE YOU SICK OR INJURED? no WHAT'S WRONG?

DO YOU LIMP? no DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? no

WERE YOU IN AN ACCIDENT TODAY? yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? WHY?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? anxiety medicine WHEN? regularly

DO YOU HAVE: EPILEPSY? no

GLASS EYE? no

FALSE TEETH? no

EAR INFECTION? no

INNER EAR TROUBLE? no

DIABETES? no

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? no

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION?

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE?

INTERVIEWER: Det. David Orando WHITE - STATE ATTY. YELLOW - DHSMV. PINK - CENTRAL RECORDS GOLD - JAIL