

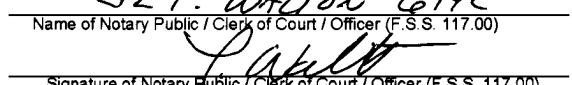
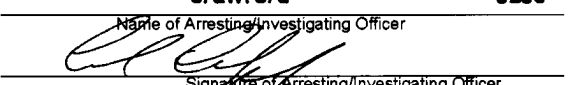
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ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	
Agency Report Number (N.T.A.'s only) 06-17-124094		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		Weapon Seized / Type 1. Yes 2. No	
Multiple Clearance Indicator 01		Location of Arrest (Including Name of Business) 4437 TULIP CT LAKE WORTH, FL 33463		Location of Offense (Business Name, Address) 4437 Tulip Ct Lake Worth FL 33463	
Date of Arrest 09/06/2017	Time of Arrest 2245	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) DIMAGGIO		Alias (Name, DOB, Soc. Sec. #, Etc.) MICHAEL J		Race W - White I - American Indian B - Black O - Oriental/Asian W	
Sex M	Date of Birth 05/07/1993	Height 5-07	Weight 120	Eye Color Brn	Hair Color Brn
Complexion Fair	Build Small	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TT- Right Shoulder		Marital Status Single	Religion CATHOLIC
Local Address (Street, Apt. Number) 1150 New Parkview Place		(City) West Palm Beach, FL	(State) FL	(Zip) 33417	Phone (561) 906-9722
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone
D/L Number, State FL/ D520-550-93-167-0		Soc. Sec. Number		INS Number	Place of Birth (City, State) West Palm Beach, FL
Citizenship USA		Co-Defendant Name (Last, First, Middle)		Race	Sex
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large
Parent Legal Custodian Other:		Residence Phone		Business Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	
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 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property	
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
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity N		Drug Type N	Amount / Unit	Offense # 17-124094	Warrant / Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Location (Court Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996		Court Date and Time Month 10 Day 05 Year 2017 Time 8:30 AM <input checked="" type="checkbox"/> PM		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) <i>[Signature]</i>		Date Signed 09/06/2017		SEP 7 AM 12:45	
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Cpl. Thomas Walton		(PRINT)	
Intake Deputy SPAWN 8101		I.D. # 6942		Pouch #	
Transporting Officer Cpl. Thomas Walton		ID # 6942		Agency PBSO	
Witness here if subject signed with an -X-		1		PAGE 1 OF 1	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		Juvenile <input type="checkbox"/>	
Age... / ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17-124094			
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes					
Defendant Name (Last, First, Middle) Dimaggio Michael J				Race W	Sex m	Date of Birth 05/07/1993	
Charge DUI		Charge					
Charge		Charge					
Victim Name (Last, First, Middle) State of Florida				Race	Sex	Date of Birth	
Local Address (Street, Apt. Number) 3228 Gun Club Rd		City WPB	State FL	Zip 33406	Phone 5616883000	Address Source Government	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. On the 6th day of September 20 17 at 2207hrs <input type="checkbox"/> AM <input type="checkbox"/> PM							

I was dispatched to 4437 Tullip Ct located in unincorporated Lake Worth Palm Beach County FL in reference to a suspicious vehicle. The anonymous complainant stated an unknown silver vehicle was parked in front of her residence that should not be there. Upon arrival I discovered a silver Honda Accord bearing FL tag 892NKU parked facing East in the roadway. The vehicle was running with its headlights on and a single white male occupant, Michael Dimaggio, sitting in the driver's seat. Michael's head was down and I could see an open bottle of Courvoisier Cognac 375ml sitting in his lap. I attempted to wake Michael up several times by knocking on the window and he did not respond. I opened the driver's side door to check on Michael's well being and could immediately smell the strong odor of an alcoholic beverage. I again attempted to wake Michael but applying a sternum rub but it took several tries and yelling loudly at Michael before he would respond. Michael's speech was slurred and his breath had a strong odor of an unknown alcoholic beverage. Michael also had drool hanging down from his lip onto his shirt. I asked Michael several times if he was having a medical episode to which he did not answer the first couple of times then finally stated no. I asked Michael if he knew where he was at and he did not know the street name. I asked Michael what he was doing in the area and he stated he had been trying to have sex with a female. Based on my observations I contacted Deputy Walton ID 6942 a DUI Unit to respond to the scene to conduct further investigation.

The foregoing instrument was sworn to and affirmed before me this 6th day of September 20 17 , by:	
CP T. Walton 6942 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Crawford 9295 Name of Arresting/Investigating Officer
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	 Signature of Arresting/Investigating Officer
Page 1 of 1	

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Refused after Taylor Warnings

WALK & TURN:

Refused after Taylor Warnings

ONE LEG STAND:

Refused after Taylor Warnings

FINGER TO NOSE:

Refused after Taylor Warnings

ROMBERG ALPHABET:

Refused after Taylor Warnings

BREATH TEST RESULTS:

1) REFUSED	2)	3)	4)
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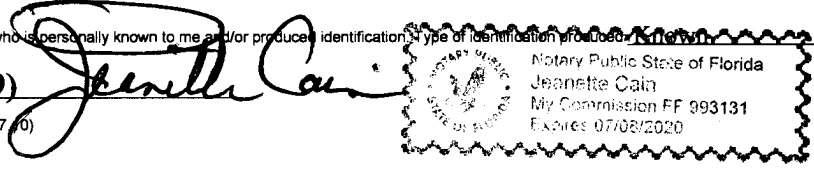
STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. Thomas Walton *[Signature]*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 06 day of September 2017 by Cpl. Thomas Walton

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

Jeanette Cain (#2109)
Notary Public, Clerk of Court, Officer (F.S.S. 117.06)



WITNESS LIST

CASE NUMBER: 17-124094

ARRESTING OFFICER: Cpl. Thomas Walton

ADDRESS: DUI Unit

PHONE NUMBERS (HOME): _____ (WORK) 681-4500

CAN TESTIFY TO: DUI Investigation

NAME: D/S Crawford 8285

ADDRESS: Dist 1

PHONE NUMBERS (HOME) _____ (WORK) 688-3000

CAN TESTIFY TO: Driver contact

NAME: D/S Morin 20337

ADDRESS Dist 1

PHONE NUMBERS (HOME) _____ (WORK) 688-3000

CAN TESTIFY TO: Back up

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: DIMAGGIO, NEX MICHAEL JOSEPH CASE NUMBER: 17-124894

DATE: SEPT. 6th, 2017 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 23:21 hrs. ENDING TIME: 23:20 hrs

BREATH TESTS RESULTS: **REFUSED** 1) 23:25 A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: J. CATI #2109

MAINTENANCE TECHNICIAN: J., KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, profane, insulting

ATTITUDE: talkative, sarcastic & belligerent at times, mood swings, playing

CLOTHING: olive pants, blk. tee-shirt, blk high-top sneakers, games

MEDICAL CONDITIONS: wouldn't answer

MEDICATIONS: " "

OTHER: bn/bn, 24 YOA

Odor of unknown alcoholic beverage

Eyes: Red + glassy

COMMENTS: Δ was unsteady, clumsy & unsure on his feet.

20 MIN. OBSERV DONE BY ARRESTING INV.

Said no to b/t.

Inr. read the Implied Consent to Δ.

Also explained it to him.

Δ took time, answered No again.

Inr. accepted refusal.

Right's read. Stated he was not behind the wheel and

wasn't driving.

Cursing during Q+A.

Stated he hated law enforcement.

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.

REFUSED

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) _____ **READ** **OR** **CAMERA**

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) _____ **READ** **OR** **CAMERA**

SUBJECT: DIMACCIO, MICHAEL JOSEPHCASE NUMBER: 17-124094

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? NOWHERE WERE YOU GOING? NOWHAT STREET OR HIGHWAY WERE YOU ON? I don't know

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? 11:00 PM 12WHAT IS TODAY'S DATE? 1-28 WHAT DAY OF THE WEEK IS IT? SATWHAT COUNTY AND CITY ARE YOU IN NOW? WBB

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Cpl. Thomas Walton, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the 06 day of September, 20 17, at 2245 ☒ P.M. ☐ A.M.

DRIVER MICHAEL J DIMAGGIO
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# FL/ D520-550-93-167-0, state of FLORIDA, was placed under lawful arrest for
 the offense of DUI by Cpl. Thomas Walton and
 (Name of Arresting Officer)
 issued Citation # A2FU1CP

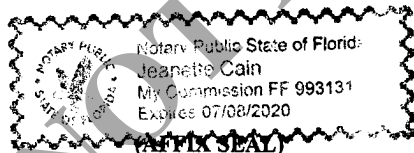
That on or about the 06 day of September, 20 17, at 2325 ☒ P.M. ☐ A.M.
 in PALM BEACH County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Cpl. T. Walton 6942

Signature of Law Enforcement Officer or
 Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before

me this 06 day of September, 20 17,

by Cpl. Thomas Walton,

who is personally known to me or who has produced

Known

as identification
 Notary Public Jeanette Cain (#2109)

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



The Sunshine State

MICHAEL JOSEPH

SINACCIO

1200 NEW PARKWAY FL

WEST PALM BEACH, FL 33417-5876

DOB: 05-17-1963 SEX: M

HEIGHT: 5'10" WEIGHT: 175

HAIR: BROWN EYES: BROWN

Michael Sinaccio

EXPIRATION DATE: 05-18-2017

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY