

01 68 248

18mm 9/14/18

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<br><b>FLO 500000</b> |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>   |   | Agency Report Number (N.T.A.'s only)<br><b>06-18107621</b> |   |
| Charge Type:<br>Check as many as apply.  | <input type="checkbox"/> 1. Felony     | <input checked="" type="checkbox"/> 3. Misdemeanor | <input type="checkbox"/> 5. Ordinance  | Weapon Seized / Type<br><b>2 1. Yes<br/>2. No N/A</b> |  | Multiple Clearance Indicator<br><b>01</b> |
| Location of Arrest (Including Name of Business)<br><b>4543 OAK TERRACE DR, GREENACRES FL 33463</b> |  |  | Location of Offense (Business Name, Address)<br><b>4543 OAK TERRACE DR, Greenacres, FL 33463</b> |   |  |   |
| Date of Arrest<br><b>08/10/2018</b>  | Time of Arrest<br><b>19:51</b>         | Booking Date<br><b>08/10/2018</b>                  | Booking Time<br><b>21:00</b>   | Jail Date   | Jail Time  | Location of Vehicle                       |

|   |                   |                                    |                        |                      |                           |  |                                 |   |  |  |  |
|---|-------------------|------------------------------------|------------------------|----------------------|---------------------------|--|---------------------------------|---|--|--|--|
| Name (Last, First, Middle)<br><b>Flego, Michael, George</b>                             |                   |                                    |                        |                      |                           | Alias (Name, DOB, Soc. Sec. #, Etc.)                     |                                 |   |  |  |  |
| Race<br><b>W - White I - American Indian<br/>B - Black O - Oriental/Asian</b>           | Sex<br><b>W M</b> | Date of Birth<br><b>11/25/1973</b> | Height<br><b>5'09"</b> | Weight<br><b>185</b> | Eye Color<br><b>Brown</b> | Hair Color<br><b>Brown</b>                               | Complexion                      | Build   |  |  |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)           |                   |                                    |                        |                      |                           | Marital Status   | Religion                        | Indication of:<br>Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.<br>Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. |  |  |  |
| Local Address (Street, Apt. Number)<br><b>4543 OAK TERRACE DR, Greenacres, FL 33463</b> |                   |                                    |                        | City                 | State                     | Zip  | Phone<br><b>((561) 964-5179</b> | Residence Type:<br>1. City 3. Florida<br>2. County 4. Out of State <b>1</b>   |  |  |  |
| Permanent Address (Street, Apt. Number)   |                   |                                    |                        | City                 | State                     | Zip  | Phone                           | Address Source<br><b>Defendant</b>  |  |  |  |
| Business Address (Name, Street)   |                   |                                    |                        | City                 | State                     | Zip  | Phone                           | Occupation<br><b>Landscaping</b>  |  |  |  |
| DL Number, State<br><b>F-426-547-73-425-0</b>   |                   | Sec. Sec. Number                   |                        | INS Number           |                           | Place of Birth (City, State)<br><b>Boynton Beach, FL</b> |                                 | Citizenship<br><b>US</b>  |  |  |  |

|   |  |  |  |               |       |               |   |                 |  |  |  |
|---|--|--|--|---------------|-------|---------------|---|-----------------|--|--|--|
| Co-Defendant Name (Last, First, Middle) |  |  |  | Race          | Sex   | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                 |  |  |  |
| Co-Defendant Name (Last, First, Middle) |  |  |  | Race          | Sex   | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                 |  |  |  |
| Parent<br>Legal Custodian<br>Other:     |  |  |  | <b>HUDSON</b> |       |               |   | Residence Phone |  |  |  |
| Address (Street, Apt. Number)           |  |  |  | City          | State | Zip           | Business Phone  |                 |  |  |  |

|  |  |                         |  |              |                                     |                   |  |                 |                                  |  |  |       |  |  |  |
|--|--|-------------------------|--|--------------|-------------------------------------|-------------------|--|-----------------|----------------------------------|--|--|-------|--|--|--|
| Notified by: (Name)  |  |                         |  | Date         | <b>VICTIM NOTIFICATION REQUIRED</b> |                   |  |                 | NOT HRS / DYS<br>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 355-2528) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |                         |  |              |                                     |                   |  | School Attended |                                  |  |  | Grade |  |  |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Description of Property |  |              |                                     | Value of Property |  |                 |                                  |  |  |       |  |  |  |

|   |                                 |                                    |  |  |                         |                                       |   |  |   |                        |
|---|---------------------------------|------------------------------------|--|--|-------------------------|---------------------------------------|---|--|---|------------------------|
| Drug Activity<br>N. N/A<br>P. Possess           | S. Sell<br>N. Buy<br>T. Traffic | R. Smuggle<br>D. Deliver<br>E. Use | K. Dispense/<br>Distribute   | M. Manufacture/<br>Produce/<br>Cultivate       | Z. Other                | Drug Type<br>N. N/A<br>A. Amphetamine | B. Barbiturate<br>C. Cocaine<br>E. Heroin | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetics | U. Unknown<br>Z. Other |
| Charge Description<br><b>Battery (Domestic)</b> |                                 | Counts<br><b>01</b>                | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number<br><b>784.03(1A1)</b> |                         | Violation of ORD #                    |   |  |   |                        |
| Drug Activity<br>N                              | Drug Type<br>N                  | Amount / Unit<br>N/A               | Offense #<br><b>18107621</b>   |  | Warrant / Capias Number |                                       | Bond                                      |  |   |                        |
| Charge Description                              |                                 | Counts                             | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number                       |                         | Violation of ORD #                    |   |  |   |                        |
| Drug Activity                                   | Drug Type                       | Amount / Unit                      | Offense #  |  | Warrant / Capias Number |                                       | Bond                                      |  |   |                        |
| Charge Description                              |                                 | Counts                             | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number                       |                         | Violation of ORD #                    |   |  |   |                        |
| Drug Activity                                   | Drug Type                       | Amount / Unit                      | Offense #  |  | Warrant / Capias Number |                                       | Bond                                      |  |   |                        |
| Charge Description                              |                                 | Counts                             | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number                       |                         | Violation of ORD #                    |   |  |   |                        |
| Drug Activity                                   | Drug Type                       | Amount / Unit                      | Offense #  |  | Warrant / Capias Number |                                       | Bond                                      |  |   |                        |

**FILED**  
**AUG 11 2018**  
**CIRCUIT & COUNTY COURTS**  
**(CRIMINAL DIV.)**

|   |  |  |  |             |  |
|---|--|--|--|-------------|--|
| Location (Court, Room Number, Address)<br><b>TO BE SET</b>  |  |  |  |             |  |
| Court Date and Time<br>Month <b>08</b> Day <b>10</b> Year <b>2018</b> Time <b>AM</b> <b>PM</b>  |  |  |  |             |  |
| 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<br><b>08/10/2018</b> |  |  |  |             |  |
| Signature of Defendant (or Juvenile and Parent /Custodian)  |  |  |  | Date Signed |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| HOLD for other Agency Name:   |  | Signature of Arresting Officer<br><b>X</b>               |  | Name Verification (Printed by Arrestee) |  |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other: |  | Name of Arresting Officer (Print)<br><b>D/S B. Lembo</b> |  | (PRINT)                                 |  |
| Pouch #   |  | Transporting Officer<br><b>Lembo</b>                     |  | ID #<br><b>25004</b>                    |  |
|   |  | Agency<br><b>PBSO</b>                                    |  | PAGE<br><b>1</b> OF <b>1</b>            |  |

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

ADMIN CHARGES DEL VICTIM

OBTS Number Agency ORI Number Agency Name Agency Report Number Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Special Notes:

Name (Last, First, Middle) Flego, Michael, George Alias Race W Sex M Date of Birth 11/25/1973 Charge Description Battery (Domestic) 784.93(1A1)

Victim's Name (Last, First, Middle) Stapleton Flego, Alison, Marie Race W Sex F Date of Birth 3/1/1978 Local Address (Street, Apt. Number) 4543 OAK TERRACE DR, Greenacres, FL 33463 Phone ((561)) 781-4175

The undersigned certifies and 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 committed the below acts in my presence. [X] confessed to D/S B. Lembo admitting to the below facts. [X] was observed by who told that he/she saw the arrested person commit the below acts. [X] was found to have committed the below acts, resulting from my (described) investigation.

On the 10th day of August 2018 at 7:15 P.M. (Specifically include facts constituting cause for arrest.) On Friday 8/10/2018 at approximately 19:38 hours I responded to 4543 Oak Terrace Dr, Greenacres FL 33463 in reference to the report of a domestic dispute in progress. Upon arrival I made contact with W/F Alison M. Stapleton Flego DOB: 03/01/1978 who was visible distraught.

She stated that she and her husband had been in an argument and that during the argument he walked over to her and spit in her face. Alison stated that this has never happened before and she does not know what to do. I asked her if he has ever struck her and she said that it has not. Alison stated that this occurred on the couch in living room.

I then made contact W/M Micheal Flego DOB: 11/25/1973 who was lying in bed in the bedroom. I then spoke to Michael who stated that he was in an argument with his wife. He stated "I'm not going lie to you man, I like half force, spit in her face." Michael then stated that he was willing to apologize if he wouldn't go jail.

I then gave Michael the opportunity to speak with Alison and apologize as he had asked. As Alison entered the room Michael immediately became hostile and aggressive towards her demanding that she apologize. To avoid any further escalation Alison was told to leave the room and Michael was then secured in handcuffs that were double locked and checked for proper fit and placed under arrest.

D/S Sanchez remained on scene and collected a sworn written statement from Alison as well as issued her a victim's rights and remedies pamphlet. He further took photographs of Alison and later photographs of Michael which were uploaded to the Domestic Violence System.

Michael was then secured in the rear seat of my marked patrol. He was then transported to the District 16 Office for processing and completion of arrest paperwork before being transported to the Palm Beach County Jail without incident.

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) D/S B. Lembo

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of August 2018 by D/S B. Lembo personally known

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced) Notary Public, Clerk of Court, Officer F.S.S. 117.10

# VICTIM NOTIFICATION FORM

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

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

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

1. Incident Report #: 18107621 Agency: PBSO  
Offense: Battery (Domestic)  
Suspect/Offender: Flego, Michael, George  
D.O.B. 11/25/1973 Race: W Sex: M

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: Stapelton Flego, Alison, Marie D.O.B. 3/1/1978 Race: W Sex: F  
Address: 4543 OAK TERRACE DR  
City: Greenacres, FL 33463  
Home #- ((561)) 781-4175 Work #: 0 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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: Stapelton Flego, Alison, Marie

Deputy's Name: D/S B. Lembo I.D.# 25004 Date: 08/10/2018

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

SUSPECT/OFFENDER:

**Flego, Michael, George**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.



**Palm Beach County Sheriff's Office – Arrests Only**

|   | X                                   | Florida State Statute                   | Description  | Page Number(s) |
|---|-------------------------------------|---|--|----------------|
| L/E Exemptions  | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|   | <input type="checkbox"/>            | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.   |                |
|   | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.  |                |
|   | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).   |                |
|   | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.  |                |
| Public Info. Exemptions                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.   |                |
|   | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.  |                |
|   | <input type="checkbox"/>            | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.   |                |
|   | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.   |                |
|   | <input type="checkbox"/>            | 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) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.   | 2              |
|   | <input type="checkbox"/>            | (viii) 394.4615(7)                      | Clinical records under the Baker Act.  |                |
|   | <input type="checkbox"/>            | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.  |                |
|   | <input type="checkbox"/>            | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.   |                |
|   | <input type="checkbox"/>            |   |  |                |
| Other   | <input type="checkbox"/>            |   | Other:   |                |
|   | <input type="checkbox"/>            |   | Other:   |                |

**REVIEW COMPLETED BY**

Booking Number: 2018026665

Date: 08/11/2018

Specialist Name/ID: howardt/7185