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19CT17334AMB

NA

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 / 1 / 2019-0016061	1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/>	1	JUVENILE <input type="checkbox"/>			
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	B' Weapon Seized		Enter Type NOT APPLICABLE		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 805 N OLIVE AVE				Location of Offense (Business Name, Address) 805 N OLIVE AVE, WEST PALM BEACH, FL 33401							
Date of Arrest 09/18/2019	Time of Arrest 21:37	Booking Date 09/18/2019	Booking Time 21:47	Jail Date // : : :	Jail Time	Location of Vehicle 805 N OLIVE AVE WEST					
Name (Last, First, Middle) CAMPAGNA, MICHAEL JAMES				Alias		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 12/01/1983	Height 5'05	Weight 145	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build Small		
Local Address (Street, Apt. Number) 805 N OLIVE AVE 733, WEST PALM BEACH, FL 33401				(City)	(State)	(Zip)	Phone (516) 368-2117	Indication of: Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
Permanent Address (Street, Apt. Number) 805 N OLIVE AVE 733, WEST PALM BEACH, FL 33401				(City)	(State)	(Zip)	Phone (516) 368-2117	Residence Type: 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 1			
Business Address (Name, Street) 805 N OLIVE AVE 733, WEST PALM BEACH, FL 33401				(City)	(State)	(Zip)	Phone (516) 368-2117	Address Source FL DL			
D/L Number, State CS12550834410 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) LAKE GLENCOE, NY, US		Citizenship US			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone		
<input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
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	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT/JAC 3. Incarcerated				
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					
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:				Property Crime? <input type="checkbox"/> Yes <input checked="" 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: 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 DRIVING WHILE UNDER INFLUENCE						Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number		Bond OK			
	N			I	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
Charge Description						Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number		Bond			
					<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
Charge Description						Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number		Bond			
					<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
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"/> Pooled Bond <input type="checkbox"/> South County Mental Health						<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By	Released To
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 10/10/2019 08:30:00 3228 GUN CLUB ROAD					
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.						No Photo Available					
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed					
HOLD for Other Agency				Signature of Arresting Officer Posy		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)					
Intake/Discharge Thomas # 1130				Name of Arresting Officer (Print) THOMAS, MICAH		ID # 02094					
Pouch #				Transporting Officer THOMAS, MICAH		ID # Agency 2094 WPBPD					
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed					

DUI PROBABLE CAUSE AFFIDAVIT

On the 18 Day of September at 2137 A.M. P.M.
Subject: Campagna, Michael J. Case Number: 20190016061
Agency: West Palm Beach Police Department Arresting Officer: M. Thomas 2094

Personal Contact

Driving Pattern	Actual physical control (physical evidence putting the driver behind the wheel)
<p>Subject was involved in a parking lot crash at 805 N Olive Avenue. Subject, being in actual physical control of his vehicle while exiting the parking garage from the 4th floor, made a wide right turn crashing head-on into an inbound vehicle.</p> <p>Sworn written affidavit from operator of the other vehicle was submitted with this case file.</p>	

Observation of Driver
<p>Driver's eyes exhibited reddened conjunctiva. Driver was dressed nicely and smelled heavily of cologne and alcohol; indicating he'd gone out on the town.</p>

Drivers Statements:
<p>Driver advised he bumped into someone else's vehicle. Afterwards, he was thrown on the ground. After being placed under arrest and being driven to the Palm Beach County Jail, Subject requested to be given and breath test. At the PBCJ Batroom, Prior to giving breath sample advised he hadn't had anything to drink since 1400 hours. Subject gave this information without anyone requesting it.</p>

Odors:
<p>Moderate odor of alcoholic beverage and heavy cologne</p>

General Observations

Speech: Slightly slurred
Attitude: Cooperative & Talkative
Clothing: Button-Up Long Sleeve Plaid Shirt, Long Blue Denim Pants, and Black Socks
Medical Problems/Medications: None
Other:

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DUI PROBABLE CAUSE AFFIDAVIT

Subject: Campagna, Michael J. Case Number: 20190016061

Roadside Tasks

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

Walk and Turn Task

During instructional phase, Subject couldn't stand as I stood. After completing example subject was asked if he understood the instructions presented and if he had any question(s). Subject advised he understood what was presented and did not have any question(s). During task subject counted 10 steps on each pass, failed to make heel to toe contact, stopped to steady himself, and even asked for instructions after making the first pass.

One Leg Stand

After completing example, subject was asked if he understood the instructions presented and if he had any question(s). Subject advised he understood what was presented and did not have any question(s). During task subject placed foot on ground, used arms for balance, and restarted his count.

Finger To Nose

After completing example, subject was asked if he understood the instructions presented and if he had any question(s). Subject advised he understood what was presented and did not have any question(s). During task, subject failed to keep eyes closed and head tilted back and failed to touch the tip of his nose with the tip of his finger 5 out of 6 times. The cadence was: Left, Right, Left, Right, Right, Left.

Romberg Balance

Did not complete

Breath Results from Instrument

1st Result .126 2nd Result .119 3rd Result N/A
If Applicable

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State of Florida
County of Palm Beach

The Following Instrument was notarized or sworn before me this 09-18-19 (DATE)

Personally Known Produced Identification Notary Public



SHARI L. O'NEIL
Notary Public - State of Florida
Commission # FF 966854
My Comm Expires Jun 25, 2020
Bonded through National Notary Assn.

[Signature]

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 09/18/2019

Date of Last Agency Inspection: 09/13/2019

Observation Period Began: 22:02

Subject's Name: MICHAEL J CAMPAGNA

DOB: 12/01/1983 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	22:26
Air Blank	0.000	22:27
Control Test	0.080	22:27
Air Blank	0.000	22:28
Subject Sample #1	0.126	22:28
Air Blank	0.000	22:29
Air Blank	0.000	22:31
Subject Sample #2	0.119	22:32
Air Blank	0.000	22:33
Control Test	0.081	22:33
Air Blank	0.000	22:33
Diagnostics Check	OK	22:33

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: J. Leahy

Signature

Date: 09/18/19

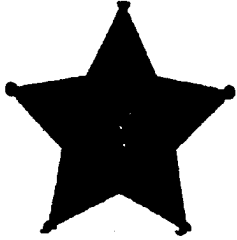
Sworn to (or affirmed) before me this 18th day of September, 2019

[Signature]
Signature of Notary Public-State of Florida

Off M Thomas #2094
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

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PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-116702 PBSO ZONE 1-11

AGENCY CASE # 2019 0016061 CRASH CASE # _____

TIME OF STOP/CRASH 2017 DATE 09/18/2019 DAY Wednesday

SUBJECT'S NAME Campagna, Michael J. RACE W SEX M

HGT 505 WGT 145 DOB 12/01/1983

LOCATION 805 N Olive Avenue

ARRESTING OFFICER'S NAME & ID M. Thomas 2094 AGENCY WPBPD

DIVISION: Traffic

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2203

Arrest Time 2137

BREATH RESULTS:

- 1. .126
- 2. .119
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

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SUBJECT: Campagna, Michael J CASE NUMBER: 20190016061

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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: _____

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SUBJECT: Campagna, Michael T CASE NUMBER: 2019 6010061

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) _____ YES

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.

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SUSPECT'S SIGNATURE: (X) Read on camera

TESTING FACILITY TASK REPORT

AGENCY: WPB
SUBJECT: Campagna, Michael J CASE NUMBER: 19-116702
DATE: 09/18/19 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 22:24 ENDING TIME: 22:30
BREATH TESTS RESULTS: 1) .126 TIME 22:28 A.M./P.M. 2) .119 TIME 22:32 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T. Lealey #19183

MAINTENANCE TECHNICIAN: J Karlecko #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, deliberate

ATTITUDE: talkative, giddy, cooperative

CLOTHING: blue jeans, checkered c/s shirt, no shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes glassy + bloodshot
odor of unknown alcoholic beverage on breath.

COMMENTS: arrived at center A/O conducted 20 minute
observation period at 22:02 hrs

Δ agreed to perform breath test.

Tech read breath test results + Δ stated he understood
breath test results.

A/O read rights + Δ stated he understood rights

A/O attempted Q+A

Δ declined to answer questions

BR + BR
202 N. 91 N

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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), 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), (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), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019030544	Date: 09/19/2019
	Specialist Name/ID: M. Tooks #8557

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