

18mm 2511

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 Juvenile N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		18044621	
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type	
Location of Arrest (Including Name of Business) <b>2700 6TH AVE S</b>		Lake Worth, FL 33461		Location of Offense (Including Name of Business) <b>2700 6TH AVE S : @JOHN PRINCE PARK</b>		Multiple Clearance Indicator		0 1	
Date of Arrest <b>Mar 1, 2018</b>		Time of Arrest <b>0127</b>		Booking Date <b>Mar 1, 2018</b>		Booking Time		Jail Date	
Name (Last, First, Middle) <b>MICHAEL, KEVIN, MITCHELL</b>		Alias (Name, DOB, Soc. Sec. #, Etc.) <b>Michael Kevin</b>		DOB <b>05/14/1957</b>		Race <b>BROWN</b>		Hair Color <b>BROWN</b>	
Sex <b>M</b>		Date of Birth <b>05/14/1957</b>		Height <b>5'8</b>		Weight <b>172</b>		Complexion <b>LIGHT</b>	
Build <b>MEDIUM</b>		Marital Status <b>SINGLE</b>		Religion <b>CHRISTIAN</b>		Indication of Alcohol Influence <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Indication of Drug Influence <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
Local Address (Street, Apt. Number) <b>AT LARGE</b>		City		State		Zip		Phone	
Permanent Address (Street, Apt. Number)		City		State		Zip		Phone	
Business Address (Street, Apt. Number)		City		State		Zip		Phone	
D/I Number, State <b>L-520-521-67-673-0</b>		Social Security Number		INS Number		Place of Birth <b>MICHIGAN</b>		Citizenship <b>UNITED STATES</b>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large	
Parent Name (Last, First, Middle)		City		State		Zip		Business Phone	
Address (Street, Apt. No.)		City		State		Zip		Business Phone	
Notified By (Name)		Date		Time		Juv. 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 <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 561 355-2526) informed of any address change		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	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		P. Paraphernalia/ Equipment	
U. Unknown Z. Other		Charge Description <b>SIMPLE BATTERY</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>784.03 2512 1a1</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>18044621</b>		Warrant/Capias Number	
Bond		Charge Description		Counts		Domestic Violence		Statute Violation Number	
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Bond		Location (Court, Address, Room Number) <b>3228 GUN CLUB RD, WPB, FL 33406</b>		Court Date and Time Month <b>MARCH</b> Day <b>27</b> Year <b>2018</b> Time <b>0930</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.			
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Name Verification (Printed by Arrestee)					
HOLD for Other Agency		Name of Arresting Officer <b>D/S E. RUSSELL</b>		ID # <b>30525</b>		Agency <b>PBSO</b>		Page <b>1 of 1</b>	
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Registed Arrest <input type="checkbox"/> Other		Intake Deputy		ID #		Pouch #	

2008 MAR 1 AM 5:43  
PALS  
GUN CLUB BRANCH

SCANNED  
MAR 01 2018

OBTs Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>	<b>18044621</b>			
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes				
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other					
Defendant Name (Last, First, Middle) <i>Michael Kevin Mitchell</i> <b>MICHAEL, KEVIN, MITCHELL, Michael Kevin</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/14/1957</b>		
Charge <b>SIMPLE BATTERY</b>		Charge						
Charge		Charge						
Victim Name (Last, First, Middle) <b>LAURA, ANN, LYNCH</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/13/1967</b>		
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
<p>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...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input checked="" type="checkbox"/> was observed by <u>1</u> who told <u>D/S E. RUSSELL</u> that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <u>01</u> day of <u>FEBRUARY</u> 20 <u>18</u> at <u>0127</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>								

On March 1, 2018 at approximately 0055 hours I responded to 2700 6TH AVE S in unincorporated Lake Worth, FL in reference to a reported assault.

Upon arrival I made contact with Laura Lynch W/F 05/13/1967 who stated that Michael Mitchell W/M 05/14/1957 had been drinking all day, became verbally abusive, grabbed Ms. Lynch and through her to the ground.

Ms. Lynch stated that on March 1, 2018 at approximately 0030 hours Mr. Mitchell who had been harassing her verbally, and making comments which were sexual in nature like "come over here and sit on my face".

Ms. Lynch attempted to keep her distance, and Mr. Mitchell refused to leave her alone. Mr. Mitchell grabbed Ms. Lynch by her arms and threw her to the ground.

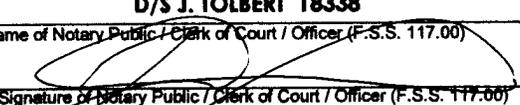
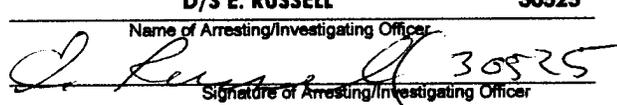
Ms. Lynch call 9-1-1 immediately to report the incident to law enforcement.

Ms. Lynch was not seriously injured, and refused medical assistance which was offered to her.

Ms. Lynch provided a sworn written statement of the incident.

Bryson Burch W/M 02/04/1977 provided a sworn written statement of the incident which support the statements made by Ms. Lynch.

This case is cleared by arrest.

The foregoing instrument was sworn to and affirmed before me this <u>01</u> day of <u>MARCH</u> 20 <u>18</u> , by:	
<u>D/S J. TOLBERT 18338</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S E. RUSSELL 30525</u> Name of Arresting/Investigating Officer
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	 Signature of Arresting/Investigating Officer
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SCANNED

MAR 01 2018