

0495023

2016

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 Juvenile N	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-003886					
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) 1900 N. Federal Hwy Unit 10, Boynton Beach, FL					Location of Offense (Business Name, Address) 1900 N. Federal Hwy Unit 10, Boynton Beach, FL				
Date of Arrest 01/19/2018		Time of Arrest 1017		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle) Finsterle, Michael, Lawrence		Alias (Name, DOB, Soc. Sec. #, Etc)							
Race W		Sex M		Date of Birth 09/03/1961		Height 601		Weight 200	
Eye Color Brown		Hair Color Brown		Complexion Light		Build M			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status N/A		Religion N/A	
Local Address (Street, Apt. Number) 1900 N. Federal Hwy Unit 10		(City) Boynton Beach		(State) FL		(Zip) 33435		Phone (919)452-6925	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Address Source Verbal	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Occupation Golfer	
D/L Number, State F523-552-61-323-1/ FL		INS Number		Place of Birth Louisville, KY		Citizenship USA			
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 Name (Last) (First) (Middle)		Residence Phone							
<input type="checkbox"/> Legal Custodian		Business Phone							
<input type="checkbox"/> Other		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 was provided by <input type="checkbox"/> defendant and/or <input checked="" 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 change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade	
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property				Value of Property			
Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate	
N. N/A		B. Buy		D. Deliver		E. Use		Z. Other	
P. Possess		T. Traffic		E. Use					
Drug Type		N. N/A		B. Barbituate		H. Hallucinogen		P. Paraphernalia/Equipment	
A. Amphetamine		E. Heroin		C. Cocaine		M. Marijuana		U. Unknown	
				O. Opium/Deriv.		S. Synthetic		Z. Other	
Charge Description Simple Battery (Domestic Violence)		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03(1)(a)(1)		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense # 18-003886		Warrant/Capias Number	
								Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
								Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
								Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
								Bond	
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444							
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month February Day 21st Year 2018 Time 08:30							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I DO NOT FULLY 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.						Date Signed 01/19/2018		Signature of Defendant (or Juvenile and Parent/Custodian) <i>Michael Lawrence Finsterle</i>	
Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer <i>Ofc. Dominguez</i>		Name Verification (Printed by Arresting Officer) BU# 110386		Name Verification (Printed by Arresting Officer) BU# 110386		Page 1 OF 1	
Intake Deputy D/S T. BURNSIDE #5406		Transporting Officer Ofc. Dominguez		I.D. # 993		Agency BBPD		Witness here is subject Signed with an 'X'.	

SCANNED
JAN 20 2018



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**



On the 19th day of January 2018 at 0954
 Subject: Finsterle, Michael, Lawrence DOB: 09/03/1961 Case #: 18-003886
 Charge Description: Simple Battery (Domestic Violence) Statute #: 784.03(1)(a)(1)
 Victim: Loporchio, Cathy DOB: 03/02/1954 Race: W Sex: F
 Local Address: 1900 N. Federal Hwy Unit 10 , Boynton Beach ,FL, 33435
 Personal Contact: 631-828-0522

Narrative:

I responded to 1900 N. Federal Hwy Unit 10, in reference to a domestic violence.

Upon arrival I made contact with the complainant, Cathy Loporchio, outside of the residence. Loporchio advised me her boyfriend, Michael Finsterle, grabbed her by the arm when they began arguing, leaving her with bruises. Loporchio stated they began arguing this morning when Finsterle demanded that Loporchio drive him to work. Loporchio stated she would not take him to work and at that time Finsterle grabbed her by the right arm tightly and pinned her down on the bed. Finsterle then told Loporchio he would kill her. At that time Finsterle grabbed Loporchio's bag and threw her items in the bathroom.

I asked Loporchio how long they have been together and if they had any children in common. Loporchio stated they have been dating and living together as a family, consistently for a year and a half. Loporchio advised they do not have any children in common nor were there any children present during the incident. I asked Loporchio if she needed any medical attention in which she denied. While speaking to Loporchio I observed several bruises to her right arm near her tricep.

I then made contact with Finsterle in the residence. Finsterle advised me he and Loporchio began arguing when he asked her to take him to work. Loporchio stated she would not and then attempted to grab her purse and keys to her vehicle. Finsterle advised he then grabbed Loporchio by her arm and pushed her on the bed to stop her from grabbing her purse. Finsterle at no time stated he was hit or touched by Loporchio at anytime.

Based on my investigation, coupled with Loporchio's statement and injuries, Finsterle was arrested for Simple Battery/Domestic Violence F.S.S. 784.03(1)(a)(1). Finsterle was transported to BBPD for processing and later TOT PBCJ without incident.

Loporchio completed a Exemption from Public Records form, issued a Domestic Right Pamphlet, Victim's Rights Pamphlet, and case card. All statement were captured on my B.W.C. Photographs of injuries were taken on scene and placed into evidence.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Bruises to her right arm. Nervous and Scared

Relationship Between Victim and Suspect:

Dating and living together as a family for a year and a half.

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Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: Loporchio, Cathy
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

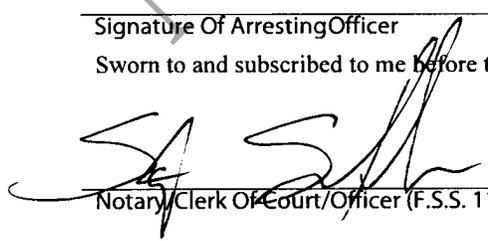
Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

Phone Home: 631-828-0522 Work: _____
 Employer: Unemployed
 Relative Name: Debbie Reines Phone: 631-987-7687
 Address: 53 Browns River Road
 City/State: Sayville, NY, 11782

State Of Florida
 County Of Palm Beach
 Appeared before me, Ofc. Dominguez, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

Signature Of Arresting Officer _____
 Sworn to and subscribed to me before this 19th day of January, 2018


 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

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

1. Incident Report #: 18-003886 Agency: Boynton Beach Police Department
Offense: Simple Battery (Domestic Violence)
Suspect/Offender: Finsterle, Michael, Lawrence
DOB: 09/03/1961 Race: W Sex: M
2. Warrant # (s): _____
3. Complete one (1) of the following:
 - A. Victim's Name: Loporchio, Cathy
Address: 1900 N. Federal Hwy Unit 10
City: Boynton Beach State: FL Zip: 33435
Home #: 631-828-0522 Work #: _____ Other: _____
 - B. Victim's Next of Kin: Debbie Reines
Address: 53 Browns River Road
City: Sayville State: NY Zip: 11782
Home #: 631-987-7687 Work #: _____ Other: _____
 - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of Victim: _____

Printed Name of Victim: Loporchio, Cathy

Officer's Name: Ofc. Dominguez I.D.# 993 Date: 01/19/2018

SUSPECT/OFFENDER :

Finsterle, Michael, Lawrence

COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)

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