


J#0452815

P#3175

ARREST / NOTICE TO APPEAR

AD MIN IS TR A TION	OBTS Number		Agency ORI Number 0500-100		Agency Name Delray Beach Police Department		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE											
D E F E N D A N T	Charge Type Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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 Hands/fist/feet/teeth		Multiple Clearance Indicator 1																	
	Location of Arrest (Including Name of Business) 269 NE 2ND AVE, DELRAY BEACH FL, 33444						Location of Offense (Business Name, Address) 269 NE 2ND AVE, DELRAY BEACH, FL 33444																	
	Date of Arrest 02/04/2017		Time of Arrest 05:18		Booking Date 02/04/2017		Booking Time 05:28		Jail Date		Jail Time		Location of Vehicle											
	Name (Last, First, Middle) WADE, MICHAEL THOMAS																							
C O D E F E N D E N T	Alias:																							
	Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 07/02/1986		Height 6'04		Weight 210		Eye Color BLU		Hair Color BROWN		Complexion FAIR		Build LARGE							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion NOT INDICA		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>									
	Local Address (Street, Apt. Number) 680 LAVERS CIR 117, DELRAY BEACH, FL 33444						(City)		(State)		(Zip)		Phone (336) 688-3544		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2									
	Permanent Address (Street, Apt. Number) 680 LAVERS CIR 117, DELRAY BEACH, FL 33444						(City)		(State)		(Zip)		Phone (336) 688-3544		Address Source FL DL									
	Business Address (Name, Street) W300558862420 / FL						(City)		(State)		(Zip)		Phone		Occupation									
	DL Number, State W300558862420 / FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL				Citizenship US											
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile									
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile									
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Other:		Name (Last, First, Middle)				Residence Phone														
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																
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 checked="" 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. 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 BATTERY ON OFFICER, FIREFIGHTER, EMT ETC								Statute Violation Number 784.07(2B)				Violation of ORD #												
Drug Activity		Drug Type N		Amount / Unit /		Offense # 17-001946		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond										
Charge Description								Statute Violation Number				Violation of ORD #												
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond										
Charge Description								Statute Violation Number				Violation of ORD #												
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond										
I N T A K E	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 checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health								PROPERTY - Received By				Released By				Released To							
	Transported By								Date Transported				Time Transported				Other							
N O T I C E T O A P P E A R	<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) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time															
	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 CUSTODY AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																							
	Signature of Defendant (or Juvenile and Parent/Custodian)																							
	Date Signed FEB 06 2017																							
A D M I N	HOLD for Other Agency								Signature of Arresting Officer Brett J. Gordon								Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal								<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other								(PRINT) FEB 4 AM 7:40							
	Intake Deputy D/S T. BURNSIDE #5406				ID # 994				Pouch #				Transporting Officer Brown				ID # 1087				Agency 994			
	Witness here if subject signed with an "X"																							

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1	JUVENILE
Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-001946							
Charge Type <input checked="" type="checkbox"/> 1 Felony <input 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				Special Notes:					
Name (Last, First, Middle) WADE, MICHAEL THOMAS				Race W		Sex M		Date of Birth 07/02/1986	
Charge Description 784.07(2B) BATTERY ON OFFICER, FIREFIGHTER, EMT ETC				Charge Description					
Charge Description				Charge Description					
Victim's Name (Last, First, Middle) GORDON, BRETT				Race W		Sex M		Date of Birth	
Local Address (Street, Apt. Number) (City) (State) (Zip) 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444				Phone (561) 243-7800		Address Source			
Business Address (Name, Street) (City) (State) (Zip) DBPD				Phone		Occupation POLICE OFFICER			
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 <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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>4</u> day of <u>February</u> , <u>2017</u> at <u>05:24</u> (Specifically include facts constituting cause for arrest.)									
This incident occurred on February 04, 2017, in the State of Florida, Palm Beach County, in the City of Delray Beach.									
Delray Beach Police responded to a call earlier in the night, 2/4/17 at approximately 0033 hrs, at which time Michael Wade was found highly intoxicated and verbally abusive to law enforcement. Wade was given multiple opportunities to leave the scene at which time he became agitated with law enforcement. After several attempts Wade left the scene in a Metro Taxi, toward the location of Deerfield Beach. (17-001941)									
At approximately 0444 hrs on 2/4/17, I was dispatched to 269 NE 2nd Ave in reference to a male subject laying on the sidewalk. I immediately identified the subject from the previous encounter earlier in the night (17-001941) as Michael Wade. Contact was made with Wade who was breathing but would not respond when initially approached. A sternum rub was applied to Wade, who opened his eyes, and began to stand up.									
Wade began talking to law enforcement at which time he walked toward me and began poking and grabbing at my chest. This action took place after several warnings were given to wade in regards to keeping his distance and not touching the officers. Wade was issued several commands to stop while making physical contact with me and trying to grab me. He then backed away and started laughing. It should be noted that I was conducting my lawful duties and Wade did make intentional and unwanted contact with my chest with his hands.									
Based on the following Probable Cause exists to charge the defendant with battery on a law enforcement officer based on F.S.S. 784.07 (2B).									
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>SKEBERIS, LUIS</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>02/04/2017</u> DATE </div> <div style="width: 45%; text-align: center;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>GORDON, BRETT J (1087)</u> NAME OF OFFICER (PLEASE PRINT) <u>02/04/2017</u> DATE </div> </div> <div style="text-align: center; margin-top: 10px;"> SCANNED FEB 06 2017 </div> <div style="text-align: right; margin-top: 10px;"> PAGE 1 OF 1 </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.