

J#0452815 P#3175

ARREST / NOTICE TO APPEAR				17CF187		17-001946		1		JUVENILE	
OBTS Number Agency ORI Number 0500-100 Agency Name Delray Beach Police Department Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.				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"/>		17-001946		1		JUVENILE	
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		If Weapon Seized Enter Type Hands/fist/feet/teeth		Multiple Clearance Indicator 1			
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 Alias: WADE, MICHAEL THOMAS											
Race W-White I- American Indian B- Black O- Oriental/Asian				Sex W M		Date of Birth 07/02/1986		Height 6'04		Weight 210	
Eye Color Blue				Hair Color BROWN		Complexion FAIR		Build LARGE			
Marital Status S				Religion NOT INDICA		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) 680 LAVERS CIR 117, DELRAY BEACH, FL 33444				(City) DELRAY BEACH		(State) FL		(Zip) 33444		Phone (336) 688-3544	
Permanent Address (Street, Apt. Number) 680 LAVERS CIR 117, DELRAY BEACH, FL 33444				(City) DELRAY BEACH		(State) FL		(Zip) 33444		Phone (336) 688-3544	
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone	
D/L Number, State W300558862420 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) WEST PALM BEACH, US		Citizenship			
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	
Name (Last, First, Middle)										Residence Phone	
Address (Street, Apt. Number)				(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)								Date		Time	
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: <input type="checkbox"/> No:								Property/Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
Drug Activity S. Sell N. N/A B. Buy P. Possess				R. Smuggle D. Deliver T. Traffic		K. Disperses/ Distribute		M. Manufacture/ Produce Cultivate		Z. Other	
Drug Type N								Drug Type N N/A		B. Barbiturate C. Cocaine A. Amphetamine	
Amount / Unit /								B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.	
Offense # 17-001946										P. Paraphernalia/ Equipment S. Synthetic	
Charge Description BATTERY ON OFFICER, FIREFIGHTER, EMT ETC										U. Unknown Z. Other	
Charge Description										Statute Violation Number 784.07(2B)	
Charge Description										Violation of ORD #	
Charge Description										Bond	
Charge Description										Bond	
Charge Description										Bond	
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 Explain:			
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	
Transported By								Date Transported		Time Transported	
Date Signed										Released To	
INSTRUCTION NO. 1 - Mandatory appearance in court 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.						SCANNED					
Signature of Defendant (or Juvenile and Parent/Custodian)								Date Signed			
HOLD for Other Agency				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) (PRINT)		5	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) GORDON, BRETT J.		LD. #		FEB 4 AM 7:40		PAGE	
Intake Deputy D/S T. BURNSIDE #5406				Transporting Officer Brown		LD. #				1 OF 1	
Pouch #											
Witness here if subject signed with an "X"											

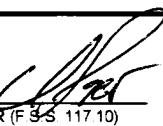
COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. DEFENDANT

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number		PROBABLE CAUSE AFFIDAVIT						
A	Agency ORI Number	Agency Name			Agency Report Number			
D	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 17-001946		Special Notes:			
M	Charge Type Check as many as apply:	<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						
N	Name (Last, First, Middle)		Aliases		Race	Sex	Date of Birth	
E	WADE, MICHAEL THOMAS				W	M	07/02/1986	
F	Charge Description		Charge Description					
G	784.07(2B) BATTERY ON OFFICER, FIREFIGHTER, EMT ETC							
R	Charge Description		Charge Description					
G								
E	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth	
S	GORDON, BRETT				W	M		
V	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source	
I	300 W ATLANTIC AVE, DELRAY BEACH, FL 33444					(561) 243-7800		
C	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation	
T							POLICE OFFICER	
M	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"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <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.								
P	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)							
R	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.							
B	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.							
A	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								
SKEBERIS, LUIS								
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER						
02/04/2017		GORDON, BRETT J (1087)						
DATE		NAME OF OFFICER (PLEASE PRINT)						
SCANNED		FEB 06 2017						
02/04/2017		DATE						
ADMINISTRATIVE								PAGE 1 OF 1

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.