18 CT 018632 MB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500800

Agency Name: West Palm Beach Police Department

Agency Report Number (N T A 's only): 9 4 2018-0016972

Charge Type (Check as many as apply): 1 Felony; 2 Traffic Felony; 3 Misdemeanor; 4 Traffic Misdemeanor; 5 Ordinance; 6 Other

If Weapon Seized / Enter Type

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 1530 BELVEDERE RD WEST PALM BEACH FL

Location of Offense (Business Name, Address): 1530 BELVEDERE RD, WEST PALM BEACH, FL 33405

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/14/2018	21:48					

DEFENDANT

Name (Last, First, Middle): VAN CLEEF AULT, MICHAEL

Alias (Name, DOB, Soc Sec #, Etc): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/14/1963	5'10	186	BLUE	SANDY	LIGHT	Thin

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: S

Religion

Indication of Alcohol Influence: Yes ☒ No ☐ Unk ☐ Drug Influence

Local Address (Street, Apt Number) (City) (State) (Zip): 1501 S FLAGLER DR 9B, WEST PALM BEACH, FL 33401

Phone: (917) 686-5436

Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 1

Permanent Address (Street, Apt Number) (City) (State) (Zip): 1501 S FLAGLER DR 9B, WEST PALM BEACH, FL 33401

Phone: (917) 686-5436

Address Source: VERBAL DL

Business Address (Name, Street) (City) (State) (Zip)

Phone

Occupation: Self

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
V524540630540 / FL	[redacted]		NEW YORK, NY,	US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian

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 ☐ defendant and/or ☐ 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.
☐ Yes, by ☐ No

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

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, O Opium/Deriv, S Synthetic, P Paraphernalia/Equipment, U Unknown, Z Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI-DAMAGE TO PERSON/PROPERTY	316.193(3)(C)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any Knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain

Check which applies: ☐ Released OR ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☐ TOT County Jail

PROPERTY Released By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☒ 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): Criminal Justice CRIMINAL JUSTICE COMPLEX

Court Date and Time: 11/15/2018 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

Received WD OCT 16 2018

SCANNED OCT 17 2018

Signature of Defendant (or Juvenile and Parent/Custodian)

Date Signed

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Wanted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): DONDE, JAY ID #: 01530

Intake Deputy ID # Pouch #

Transporting Officer ID # Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

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

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DUI PROBABLE CAUSE AFFIDAVIT

On the 13 Day of October at 1949 A.M. P.M.

Subject: Van Cleef Ault, Michael Case Number: 18 16972

Agency: West Palm Beach Police Department Arresting Officer: Donde 1530

Personal Contact

Driving Pattern Actual physical control (physical evidence putting the driver behind the wheel)

Crash occurred in parking lot of 1530 Belvedere Rd (WAWA) crash handled by Officer Lopez. Driver / offender MICHAEL VAN CLEEF AULT was driving a 2007 Mini Cooper FI Tag 658RWD and rear ended a 2017 Mitsubishi FI TAG: GWKD38.

See crash report for details

Observation of Driver

leaning on car out side upon arrival

Drivers Statements:

Has no injury NOT nervous does not take any medication other than for cholesterol.

Odors:

None detected

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General Observations

Speech: slow slurred at times mumbled

Attitude: cooperative

Clothing: Print shorts print white t shirt

Medical Problems/Medications: See below

Other: ***Unable to review body camera for the report tech error. First mentioned o medication then mentionedd sleep medication Sequel and Welbutren. Has poor balance. Mentioned he is coming off a cocktail of pills

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Van Cleef Ault, Michael **Case Number:** 18 16972

Roadside Tasks

Horizontal Gaze Nystagmus

- ☐ Left Eye Does Not Follow Smoothly
- ☐ Left Eye Jerks at 45 Degree Angle or Less
- ☐ Distinct Jerking Left Eye at Maximum Deviation
- ☐ Right Eye Does Not Follow Smoothly
- ☐ Right Eye Jerks at 45 Degree Angle or Less
- ☐ Distinct Jerking Right Eye at Maximum Deviation

– Blue eyes
swayed during task and shook slight tremors

Walk and Turn Task

I asked the driver to stand with his left on the line with his right foot directly in front of the left touching heal to toe with his hands/arms down by his sides. The line was a pink chalk line on ground. The driver was asked to remain in this position until told to begin. " I don't have great balance" I explained and demonstrated the exercise and he stated he understood the instructions and has NO questions. Stepped off the line several times forward was not heel to toe improper turn

One Leg Stand

I asked the driver stand with his feet together and hands down at his sides. He was asked to stand in this position until while I explain the instructions I explained and demonstrated the exercise and he stated he understood the instructions and had NO questions. right foot was up had put foot down more than once attempted again the his heel was on the ground toe pointed up and he counted to 25.

Finger To Nose

I asked the driver stand with his feet together, arms/hands down at his sides and index fingers pointed palms out. I explained and demonstrated the exercise and he stated he understood the instructions and had NO questions. I asked the driver to tilt his head back and close his eyes. First left was on tip 1st right was bridge on nose, 2nd left was bridge of nose 2nd right was on cheek, 3rd right contact was on nostril 3rd left was under tip. of nose. The last two contacts the driver had his index finger and thumb together while making contact. His arm movements were from the side of his body and very very slow and deliberate.

Romberg Balance

I explained and demonstrated the exercise and he stated he understood the instructions. I asked the driver to stand with his feet together arms by his side and to tilt his head back and close his eyes is eyes and recite the alphabet in a non-rhythmic manner. ******** I observed the driver swaying during this exercise. No clues other eyelid tremors

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Breath Results from Instrument

1st Result	2nd Result	3rd Result (If Applicable)
.000	.000	

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this 10/4/18 (DATE)

■ Personaly Known ■ Produced Identification ☐ Notary Public

Officer _____ Officer _____

Notary / Clerk of Courts / Officer (FSS: 117.10) *Signature of Arresting Officer*

SUBJECT: Van Cleef Ault, Michael CASE NUMBER: 18 16972

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 determining 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 determining its alcohol content and/or presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am Donde 1530 of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: Was explained

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 voluntailry 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 can not afford a lawyer, you are entitled to the presense 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 treats 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.

SUBJECTS SIGNATURE: Read on scene of crash remembered for Q/A

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West Palm Beach Police Department
Breath Testing Facility Report

Defendant: Van Cleef Ault, Michael **Case #:** 18 16972

Arresting Officer: Donde 1530 **Date:**

Breath Test Resutls: .000 g/210L 21:48 Time .000 g/210L 21:52 Time

_____ g/210L _____ Time _____ g/210L _____ Time

Note Times are in Military Time

Breath Operator: Donde 1530

Maintenance Technician Ofc. R. Secord #1639

Testing Officer Observations:

Speech: fine

Attitude: cooperative

Clothing: Print shorts print t shirt

Medical Conditions: Insomnia

Medications: triplex/zocar/2 doses sequel

Other:

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 2121 / 2125

Comments:

*** Drug use prescribed..... 3 hours before crash usual 2 tablets drowsy at 3 hours

**** noted pupil size difference at breath test did not mention it and def stated he knew he had it for 10 years no issues though..'

***DI in other states Texas, New York and also Martha Vinyard. Massachusetts .

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DEFENDANT: Van Cleef Ault, Michael **CASE NUMBER:** 18 16972

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 OPERATION A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT: Yes

WHERE WERE YOU GOING? Leaving WAWA gas station

WHAT STREET OR HIGHWAY WERE YOU ON? Dont know roads the exit out of WAWA

DIRECTION OF TRAVEL? guessing .. east WHERE DID YOU START FROM? from house

WHAT TIME DID YOU START? 1/2 hr ago WHAT TIME IS IT NOW? 1130 at nighth

WHAT IS TODAY'S DATE? 29th ..no 15th October WHAT DAY OF THE WEEK IS IT? 2nd 3rd 4th 5th 6th 7th say it the 8th after telling him i asked for day Friday

WHAT COUNTY AND CITY ARE YOU IN NOW?

WHEN DID YOU LAST EAT? this time yesterday WHAT DID YOU EAT? " One meal a day" Poll Tropic-la

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE(3) HOURS? in custody

HOW MUCH DO YOU WEIGHT? about 186 HAVE YOU BEEN DRINKING? no WHAT? "not 15yrs" in AAA

HOW MUCH? na WHERE? na WITH WHOM?

WHEN DID YOU HAVE YOUR FIRST DRINK? NA AND YOUR LAST DRINK? NA

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? NA

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NA

ARE YOU UNDER THE INFLUENCE? "of anything?" no im not

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH? na

WHAT? NA WHERE? NA WHEN? NA

WHAT LINE OF WORK ARE YOU IN? Own night clubs all over the world

WHEN DID YOU LAST WORK? Last worked a few weeks ago

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? "no I dont" WHAT? NA

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NA

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON YOUR HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? "NO aside form the accident earlier"

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? NA

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NA WHEN?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? triplex/zocar/2 doses sequel WHEN? would have to say last night

DO YOU HAVE:

- EPILEPSY? No
- GLASS EYE? NO
- FALSE TEETH? implants
- EAR INFECTION? no
- INNER EAR TROUBLE? no
- DIABETES? no

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTABLE BY GLASSES? no

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? NA

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? "oh sure" WHERE? FL, Mexico, Brazil, India

INTERVIEWER: Donde 1530

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West Palm Beach Police Department

600 Banyan Blvd
West Palm Beach, Florida 33401
(561)822-1900

Witness List:

Arresting Officer: Donde **Case Number:** 18-16972
Address: (West Palm Beach Police Department) 600 Banyan Blvd, West Palm Beach, FL 33401
Phone Number **Home:** 561 822-1900 **Cell:** **Work:** (561)822-1900
Can Testify to: Arrest

Witness Name: JENNY,CARINA,TOBIAS MARROQUIN **Case Number:** 18-16972
Address: 321 W MANGO ST LANTANA FL 33462
Phone Number **Home:** (561)932-7919 **Cell:** **Work:**
Can Testify to: driver of other vehicle

Witness Name: Investigator Dillard # 1843 **Case Number:** 18-16972
Address: 600 Bnayna Blvd WPB FL 33401
Phone Number **Home:** 561 -822-1900 **Cell:** **Work:**
Can Testify to: assist

Witness Name: **Case Number:** 18-16972
Address:
Phone Number **Home:** **Cell:** **Work:**
Can Testify to:

Witness Name: **Case Number:** 18-16972
Address:
Phone Number **Home:** **Cell:** **Work:**
Can Testify to:

Witness Name: **Case Number:** 18-16972
Address:
Phone Number **Home:** **Cell:** **Work:**
Can Testify to:

VI. Information or evidence to be supplied later:
Item(s):
Date will be furnished:
Why not supplied at filing: Crash occurred in parking lot of 1530 Belvedere Rd (WAWA) crash handled by Officer Lopez. Driver / offender MICHAEL VAN CLEEF AULT was driving a 2007 Mini Cooper Fl Tag 658RWD and rear ended a 2017 Mitsubishi Fl TAG

Note: It is the responsibility of the officer filing the case to insure that the foregoing list is complete and correct

Signature of the Filing Officer

10/14/18
Date

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 10/13/2018

Date of Last Agency Inspection: 09/19/2018
Observation Period Began: 21:24
Subject's Name: MICHAEL VAN CLEEF AULT DOB: 02/14/1963 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	21:46
Air Blank	0.000	21:47
Control Test	0.081	21:47
Air Blank	0.000	21:48
Subject Sample #1	0.000	21:48
Air Blank	0.000	21:49
Air Blank	0.000	21:51
Subject Sample #2	0.000	21:52
Air Blank	0.000	21:53
Control Test	0.080	21:53
Air Blank	0.000	21:53
Diagnostics Check	OK	21:53

Cylinder Lot: 152169
Exp: 10/30/2018

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 J DONDE, 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: _____ Date: 10/13/18
Signature

Sworn to (or affirmed) before me this 13 day of OCT, 2018

_____ _____
Signature of Notary Public-State of Florida 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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	119.014(3A)(13)(1-3C)	Other: Keep Separate - Court Documents/Official Records	
	☐	119.071(2c)	Other: Active Criminal intelligence Information	

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REVIEW COMPLETED BY

Booking Number: 2018034342	**Date:** 10/14/2018
	Specialist Name/ID: WATSON/6665