0262129 19MM163 818

ARREST / NOTICE TO APPEAR

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias 5 Juvenile Referral | 1 | JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200 | Agency Name: Boca Raton Police Department | Agency Report Number (NTA's only): 3 2 2019-000108

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: Hands, Feet, Fist, Teeth | Multiple Clearance Indicator: N

Location of Arrest (Including Name of Business): 20 ROYAL PALM WAY APT 305 BOCA RATON

Location of Offense (Business Name, Address): 20 ROYAL PALM WAY 305, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/02/2019	23:41	01/02/2019	23:41	01/02/2019	23:41	NONE

DEFENDANT

Name (Last, First, Middle): BOWEN, MICHAEL WILLIAM | Alias (Name, DOB, Soc Sec #, Etc): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/26/1964	5'08	140	BLUE	BLONDE	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): N/A | Marital Status: S | Religion: CATHOLIC | Indication of Alcohol Influence: ☐ Yes ☒ No ☐ Unk | Drug Influence: ☐ Yes ☒ No ☐ Unk

Local Address (Street, Apt Number) (City) (State) (Zip): 20 ROYAL PALM WAY 305, BOCA RATON, FL 33432 | Phone: (561) 368-7733 | Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 1

Permanent Address (Street, Apt Number) (City) (State) (Zip): 20 ROYAL PALM WAY 305, BOCA RATON, FL 33432 | Phone: (561) 368-7733 | Address Source: DEFENDANT

Business Address (Name, Street) (City) (State) (Zip): MIKEWARE, | Phone: (561) 673-3926 | Occupation: Concrete Finish

DL Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
B500559640660 / FL	[redacted]		MUSKEGON, MI,	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 Claimed? ☐ Yes ☒ No | Description of Property | Value of Property

VICTIM NOTIFICATION REQUIRED

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, D Deliver, E Use, K Dispense/Distribute, M Manufacture/Produce/Cultivate, Z Other

Drug Type: N N/A, A Amphetamines, B Barbiturate, C Cocaine, E Heroin, H Hallucinogen, M Marijuana, O Opium/Derv, P Paraphernalia/Equipment, S Synthetic, U Unknown, Z Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DOMESTIC SIMPLE BATTERY	784.03(1A1)	NONE

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		NONE

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: OKAY | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries | Explain

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

PROPERTY - Received By | Released By | Released To

Transported By: DEEN | Date Transported: 01/02/2018 | Time Transported: 23:41 | 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): 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency | Signature of Arresting Officer: 768

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): DEEN, A. | ID #: 768

Name Verification (Printed by Arrestee) (PRINT)

Intake Date | ID # | Pouch # | Transporting Officer: DEEN | ID #: 768 | Agency: BRPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

NOT A CERTIFIED COPY

SCANNED JAN 03 2019

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
01/02/2019 23:41	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-000108

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
BOWEN, MICHAEL WILLIAM		W	M	02/26/1964

CHRG

Charge Description: 784.03(1A1) DOMESTIC SIMPLE BATTERY

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
BOWEN, SUSAN MARY	W	F	08/05/1960

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
20 ROYAL PALM WAY 305, BOCA RATON, FL 33432	(561) 332-4672	

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
SELF EMPLOYED		

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☐	☒
VICTIM'S STATEMENTS:	☐	☐	☒

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **BRUISES**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **SIBLINGS**

	YES	NO	
PHOTOGRAPHS: Scene:	☐	☒	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: **MICHAEL BOWEN**
WEAPON USED:	☒	☐	TYPE: **HANDS**
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☒	☐	
MEDICAL TREATMENT	☐	☒	
AT: Scene	☐	☒	PARAMEDICS
Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S).	☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER.	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒	
ALCOHOL OR DRUGS INVOLVED:	☐	☒	

NARR

The following incident occurred in The City of Boca Raton, Palm Beach County, Florida.

On January 2, 2019, at approximately 2258 hours, I responded to 20 Royal Palm Way Apt #305 in reference to a domestic disturbance. Officer Gannon (ID#775) was also on scene. Upon my arrival, I made contact with the

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

_____ 768
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 2 day of January, 2019.

_____ 716
WOLLSCHLAGER, ANTHONY J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

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

NOT A CERTIFIED COPY

SCANNED
JAN 0 3 2019

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
01/02/2019 23:41		
Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-000108

NARRATIVE

caller, Michael Bowen, Michael`s sister, Susan Bowen, and Michael`s mother, Marva Bowen.

I first spoke to Marva who stated that she and her children, Michael and Susan were arguing about their living arrangements. Marva stated that Susan was angry because she believed that Marva always took Michael`s side about domestic concerns. According to Marva, when the altercation became physical between Michael and Susan, she attempted to intervene and get between the two to break the two apart.

I then spoke to Michael who stated that he did hit his sister because she was yelling and screaming at his mother, Marva, and thus he became infuriated. Michael stated that Susan did not strike him during the altercation but continued to loudly yell and scream.

I then spoke to Susan, who stated that she and Michael were having an altercation because Michael told her to leave the residence. She stated that their mother, Marva, always agrees with whatever Michael says which is why she was screaming at them both. Susan stated that Michael slapped her on the right side of her face and as a result, she lost her balance, and her head hit the wall. It should be noted that Susan sustained a laceration underneath her eye and bruise on the right side of her face. The left side of Susan`s face appeared swollen and reddened. Susan refused any medical attention.

Based on my investigation, Michael William Bowen was placed under arrest at 2341 hours for Domestic Simple Battery pursuant to F.S.S 784.03(1A1) after an investigation determined that he struck his sister, Susan Bowen on the right side of her face. Michael was placed into handcuffs. The handcuffs were double-locked and checked for tightness. Michael Bowen was placed into my BRPD marked unit (345) and transported to BRPD booking facility for processing and then transported to Palm Beach County Jail.

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

_____ 765
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 2 day of January, 2019

_____
WOLLSCHLAGER, ANTHONY J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

SCANNED

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

JAN 03 2019

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 single dwelling.)

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

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

1. Incident Report#: 17-105 Agency: [illegible]
   Offense: [illegible]
   Suspect/Offender: [illegible]
   D.O.B. [illegible] Race: [illegible] Sex: [illegible]

2. Warrant#(s): _____

3.a. Victim's name: [illegible] D.O.B. [illegible] Race: [illegible] Sex: [illegible]
   Address: [illegible]
   City: [illegible] State: [illegible] Zip: [illegible]
   Home#: [illegible] Work#: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home#: _____ Work#: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ Waiver: I choose not to be notified when the arrestee is released from custody.

☐ Confidential: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: [illegible] I.D.# [illegible] Date: [illegible]

NOT A CERTIFIED COPY

SCANNED
JAN 03 2019

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

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	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019000194	**Date:** 1/3/2019
	Specialist Name/ID: Ricketts/8693

SCANNED
JAN 0 3 2019