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| ADMINISTRATION | OBTS Number | | ARREST / NOTICE TO APPEAR | | | | 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 34-17-045297 | | | | | |
| | 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 | | Multiple Clearance Indicator | | | | | | | |
| | Location of Arrest (Including Name of Business) 1005 West Gateway Boulevard Boynton Beach, FL 33435 | | | | Location of Offense (Business Name, Address) 1005 West Gateway Boulevard Boynton Beach, FL 33435 | | | | | | | |
| DEFENDANT | Date of Arrest 08/09/2017 | Time of Arrest 13:20 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle NA | | | | | |
| | Name (Last, First, Middle) Bonito, Michelle | | Alias (Name, DOB, Soc. Sec. #, Etc) | | | | | | | | | |
| | W - White B - Black | I - American Indian O - Oriental / Asian | Race W | Sex F | Date of Birth 08/06/1990 | Height 503 | Weight 150 | Eye Color Brown | Hair Color Brown | Complexion Fair | Build Medium | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NA | | | | Marital Status Single | Religion Refused | Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. | | | | | |
| CO-DEF | Local Address (Street, Apt. Number) 176 Waterside Drive | | (City) Hypoluxo | (State) FL | (Zip) 33462 | Phone (561)336-0191 | | Residence Type 1. City 3. Florida 2. County 4. Out of State 2 | | | | |
| | Permanent Address (Street, Apt. Number) | | (City) | (State) | (Zip) | Phone | | Address Source Florida DL | | | | |
| | Business Address (Street, Apt. Number) | | (City) | (State) | (Zip) | Phone | | Occupation Medical Assistant | | | | |
| | D/L Number, State B530552907860 | | Soc. Sec. Number | | INS Number | | Place of Birth New Jersey | | Citizenship US | | | |
| JUVENILE | 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) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other | | | | | | Residence Phone | | | | | |
| | Address (Street, Apt. Number) | | (City) | (State) | (Zip) | Business Phone | | | | | | |
| CODE | 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | | | Value of Property | | | | | |
| CHARGE | 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. | P. Paraphernalia/ Equipment S. Synthetic | U. Unknown Z. Other |
| | Charge Description Prohibited acts | | Counts 1 | | Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Statute Violation Number 893.13 (7)(b) (8318) | | Violation of ORD# 3,000 | | | |
| | Drug Activity N | Drug Type N | Amount/Unit NA | | Offense # 17-045297 | | Warrant/Capias Number | | Bond | | | |
| | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No | | Statute Violation Number | | Violation of ORD# | | | |
| CHARGE | 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# | | | |
| CHARGE | 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# | | | |
| NOTICE TO APPEAR | <input 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 instruction on reverse side. | | Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444 | | | | | | | | | |
| | | | Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | | | | | | | | | |
| | 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. | | | | | | | | | | | |
| | Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed _____ | | | | | | | | | | | |
| ADMIN. | HOLD for other Agency Name: | | Signature of Arresting Officer 989 | | | | Name Verification (Printed by Arrestee) (PRINT) _____ | | | | | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | Name of Arresting Officer (Print) Ofc. Jumelles | | | | I.D. # 989 | | BU# 109481 | | | |
| | Intake Deputy 11561136 | | Pouch # | | Transporting Officer 989 | | I.D. # BBPO | | Agency | | | |
| | Witness here is subject Signed with an "X". | | | | | | | | | | | |

Jumelles

SCANNER

AUG 10 2017

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| OBT Number | | PROBABLE CAUSE AFFIDAVIT | | 1 Arrest 2 NTA | | 3 Request for Warrant 4 Request for Capias | | 1 | | Juvenile | | N | |
| Agency ORI Number FL0500300 | | | Agency Name BOYNTON BEACH POLICE DEPT. | | | Agency Report Number 34-17-045297 | | | | | | | |
| Charge Type Check all that 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 | | Special Notes | | | | | |
| Name (Last, First, Middle) Bonito, Michelle | | | | | | Alias | | Race W | | Sex F | | Date of Birth 08/06/1990 | |
| Charge Description Prohibited acts | | | | | | Charge Description | | | | | | | |
| Charge Description | | | | | | Charge Description | | | | | | | |
| | | | | | | Race W | | Sex M | | Date of Birth 06/07/1955 | | | |
| | | | | | | Address Source | | | | | | | |
| | | | | | | Occupation Doctor | | | | | | | |
| 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 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 the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation. | | | | | | | | | | | | | |
| On The 9th Day Of August 20 17 At 1:20 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. | | | | | | | | | | | | | |

On August 9, 2017 at approximately 1300 I responded to 1005 West Gateway Boulevard, Boynton Beach, Palm Beach County, Florida, 33435 in reference to uttering a fraudulent prescription. This incident was in reference to BBPD Case #17-045297.

I met with Publix Pharmacist Bassi, Louis who provided a sworn video statement on my body worn camera (BWC) to the following; on 08/05/17 the suspect W/F Bonito, Michelle came to the pharmacy and presented a prescription slip from [REDACTED] M.D office out of city of Delray Beach, FL. The prescription slip was under Bonito's name and it was for 90 Percocets 10/325 mg pills (oxycodone-acetaminophen). Bassi became suspicious of the prescription and told Bonito that he needed to order the pills. Bassi advised that Bonito provided a FL DL as her identification. Bassi contacted the Boynton Beach Police Department at approximately 1350 hours and advised when Bonito was present. I made contact with Bonito and confirmed her identity via her Florida Driver's License. I detained Bonito and read Miranda Rights off of a Department Issued Miranda card. Bonito stated she understood the Miranda Warning and stated she will tell me what she did. Bonito she stated that she took several prescriptions from [REDACTED] office which is located in Delray Beach, Florida in the past month. She stated she entered the office after hours with her office key and took several prescriptions (charges for the theft of the prescriptions were filed by PBSO Reference PBSO Case # 17-11892). She stated she wrote herself as prescription for 90 Percocets 10/325 mg pills (oxycodone-acetaminophen). Bonito says she has knowledge of how to write prescriptions due to her employment as a Medical Assistant at [REDACTED]. Bonito stated that she has written other prescriptions in the past. Bassi provided a sworn statement stating that Bonito did submit the fraudulent prescription for 90 Percocets 10/325 mg pills (Schedule II) and she came today 8/9/2017 in order to pick it up. Video surveillance was recovered of this transaction and placed into BBPD Evidence.

Due to the above incident, I find probable cause to arrest Michelle Lizette Bonito (08/06/1990) in accordance to F.S.S. 893.13 (7)(a)8 Prohibited acts in reference to withholding information from a practitioner from whom the person seeks to obtain a controlled substance or a prescription for a controlled substance that the person making the request has received a controlled substance or a prescription for a controlled substance of like therapeutic use from another practitioner within the previous 30 days.

The foregoing instrument was sworn to or affirmed and subscribed before me

TAM 861

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

08/09/2017

Date

[Signature] 989
(Signature of Arresting / Investigative Officer)

Ofc. Jumelles

(Print name of Arresting/Investigative Officer)

08/09/2017

Date

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 #: 17-045297 Agency: Boynton Beach Police Department
Offense: Prohibited acts
Suspect/Offender: Bonito, Michelle
DOB: 08/06/1990 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

A. Victim's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

B. Victim's Next of Kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ 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: _____

Officer's Name: Ofc. Jumelles I.D.# 989 Date: 08/09/2017

SUSPECT/OFFENDER: Bonito, Michelle

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