

NR

2818

17CF8006

0490469

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 Juvenile	N		
ADMINISTRATION	OBTS Number			Agency Name			Agency Report Number				
	Agency ORI Number FL 0500300			BOYNTON BEACH POLICE DEPT.			34-17-045297				
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			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							
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)							
DEFENDANT	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: Y N Unk Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
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		
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 [REDACTED]		INS Number		Place of Birth New Jersey		Citizenship US	
CO-DEF	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	
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)						Residence Phone				
	<input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other										
Address (Street, Apt. Number)						(City)	(State)	(Zip)	Business Phone		
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 <input type="checkbox"/>		Description of Property						Value of Property			
CODE	Drug Activity N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
CHARGE	Charge Description Prohibited acts				Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 893.13 (7)(b)(5)(B3)(a)		Violation of ORD# 3,000	
CHARGE	Drug Activity N	Drug Type N	Amount/Unit NA	Offense # 17-045297			Warrant/Capias Number 17-045297		Bond 3,000		
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 17-045297		Violation of ORD# 3,000	
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number 17-045297		Bond 3,000		
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 17-045297		Violation of ORD# 3,000	
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number 17-045297		Bond 3,000		
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 August Day 9 Year 2017 Time 10:00 AM		<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 AUG 9 PM 5:23	
ADMIN.	HOLD for other Agency Name: Miscle 1136			Signature of Arresting Officer J. Jumelles 989			Name Verification (Printed by Arrestee) (PRINT)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) Ofc. Jumelles			I.D. # 989	BU# 109481		Page 1	
	Intake Deputy P.D. # 1136			Pouch # 200	Transporting Officer I.D. # 989	Agency BOPD	Witness here is subject Signed with an "X".				

Jumelles

SCANNED
AUG 10 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
Agency ORI Number FL0 5 0 0 3 0 0	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	
<p>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..</p> <p><input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by <input type="checkbox"/> Who told <input type="checkbox"/> That he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> Confessed to <input type="checkbox"/> Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On The 9th Day of August 2017 At 1:20 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p>										

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 vis 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

[Signature]

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

08/09/2017

Date

[Signature] **979**
(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