

0488413

1586

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-008499		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias 1	JUVENILE
D E F E N D A N T	Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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 Hands/fist/feet/teeth				Multiple Clearance Indication 1			
	Date of Arrest 05/28/2017		Time of Arrest 23:52		Booking Date 05/29/2017		Booking Time 00:02		Jail Date // : :
C O D E D E	Name (Last, First, Middle) MEINHOLD, MICHELLE		Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:						
	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 01/25/1978	Height 5'05	Weight 140	Eye Color BROWN	Hair Color BLACK	Complexion FAIR	Build MEDIUM
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Link <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Link <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 1920 LINTON LAKE DR E, DELRAY BEACH, FL 33444				Phone (561) 577-5936		Residence Type: 1. City 3. Florida 2. County 4. Out of State I		
	Permanent Address (Street, Apt. Number) 1920 LINTON LAKE DR E, DELRAY BEACH, FL 33444				Phone (561) 577-5936		Address Source FL/DL		
	Business Address (Name, Street) ,				Phone		Occupation Housewife		
	D/L Number, State MS43540795250 /		Soc. Sec. Number 		INS Number		Place of Birth (City, State) MCALLEN, TX, United		Citizenship US
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: (1) NO BOND Name (Last, First, Middle)				Residence Phone			
<input type="checkbox"/> Legal Custodian 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 <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					
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property			
Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate		
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 SIMPLE BATTERY (TOUCH OR STRIKE)				Statute Violation Number 784.03(1A1)		Violation of ORD #			
Drug Activity				Drug Type N	Amount / Unit /	Offense # 17-008499	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
C H A R G E	Charge Description				Statute Violation Number		Violation of ORD #		
	Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Warrant / Capias Number		Bond		
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	Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	
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	Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Warrant / Capias Number		Bond		
I N T A K E	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				
	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				PROPERTY - Received By		Released By		
	Transported By				Date Transported // : :	Time Transported	Other		
N O T I C E T O A P P E A R	<input checked="" 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 instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444				
	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.				Court Date and Time				
	Signature of Defendant (or Juvenile and Parent Custodian)				Date Signed 2017 MAY 29 AM 5:43				
A D M I N	HOLD for Other Agency		Signature of Arresting Officer SITZ, IAN		Name Verification (Printed by Arrestee) SITZ		I.D. # 1107		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) SITZ		(PRINT)		PAGE 1 OF 1		
	Intake Report ops Wellington 7141		D. # 7141		Pouch #		Witness here if subject signed with NOU 29 AM 2:13		

SCANNED

MAY 29 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 05/29/2017 01:08		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-008499																																																																																																																																																					
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M U N I C I P A L	Business Address (Name, Street, City, State, Zip) Phone Occupation																																																																																																																																																											
A D D I T I O N A L I N F O R M A T I O N	Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):																																																																																																																																																								
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<table border="0"><tr><td>PHOTOGRAPHS:</td><td>Scene:</td><td><input checked="" type="checkbox"/> YES</td><td><input type="checkbox"/> NO</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>Victim:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>911 CALL:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>CALLER:</td><td colspan="4">MICHELLE MEINHOLD</td><td></td></tr><tr><td></td><td>WEAPON USED:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>TYPE:</td><td colspan="4"></td><td></td></tr><tr><td></td><td>WITNESSES:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>(If YES, attach witness list)</td><td colspan="4"></td><td></td></tr><tr><td></td><td>INJURIES:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td colspan="4"></td><td></td></tr><tr><td></td><td>MEDICAL TREATMENT:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td colspan="4"></td><td></td></tr><tr><td></td><td>AT: Scene:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>PARAMEDICS:</td><td colspan="4"></td><td></td></tr><tr><td></td><td>Hospital:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>PHYSICIAN(S) / HOSPITAL:</td><td colspan="4"></td><td></td></tr><tr><td></td><td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>NAMES/AGES:</td><td colspan="4"></td><td></td></tr><tr><td></td><td>H. R. S. NOTIFIED:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td colspan="4"></td><td></td></tr><tr><td></td><td>VICTIM PREGNANT:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td colspan="4"></td><td></td></tr><tr><td></td><td>VIOLATION OF RESTRAINING ORDER:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>CASE #:</td><td colspan="4"></td><td></td></tr><tr><td></td><td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td colspan="4"></td><td></td></tr><tr><td></td><td>ALCOHOL OR DRUGS INVOLVED:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td colspan="4"></td><td></td></tr></table>									PHOTOGRAPHS:	Scene:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO							Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>							911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:	MICHELLE MEINHOLD						WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:							WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)							INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>								MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>								AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:							Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:							ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:							H. R. S. NOTIFIED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>								VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>								VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:							PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>								ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
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N A R R	<p>The following occurred in the city of Delray Beach, Palm Beach County, Florida.</p> <p>On May 28, 2017 I responded to 1920 Linton Lake Dr Apt E in reference to a domestic complaint. Upon arrival I met with the complainant Michelle Meinhold who stated the following: She was at home when [REDACTED] identified as [REDACTED] returned home, and appeared intoxicated. [REDACTED] went and fell asleep on the couch,</p>																																																																																																																																																											
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. _____ SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>29</u> day of <u>May</u> , <u>2017</u> . _____ GRAY, VINCENT NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																																																																																																																												

SCANNED
MAY 29 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 05/29/2017 01:08	Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-008499
	Agency ORI Number FL 0500400			

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and while he was sleeping Michelle took \$70 out of his wallet. Michelle took \$30, and ordered pizza for the family. When [REDACTED] woke up he was extremely upset that Michelle had taken money without asking, and started moving items of his to his vehicle outside. He grabbed a piece of pizza and pushed it in Michelle's face. Michelle went upstairs, showered, and laid on her bed using her computer. [REDACTED] walked upstairs, entered the bedroom, and snatched the computer from her, and started walking downstairs with it. Michelle advised she needs her computer and chased after [REDACTED]. Michelle stated that [REDACTED] pushed her away, and the two struggled for possession of the laptop. The two struggled down the stairs to the front door of the residence. Michelle was still trying to get her laptop back when [REDACTED] grabbed her thumb and bent it back to get her hand off the laptop. Michelle stated [REDACTED] threw her to the ground, and left the residence which is when she called police. Michelle had a small cut on her right wrist.

While on scene [REDACTED] returned to the residence, and appeared very calm. [REDACTED] advised as he was walking away from Michelle he heard her say she was calling police. [REDACTED] stated he wanted to let her calm down, and wanted police to hear his side of the story. [REDACTED] stated the following: He woke up from a nap, and the money was missing from his wallet. [REDACTED] stated he was very upset and started taking his items from the residence, and putting them in his vehicle. He went upstairs and grabbed the laptop from Michelle, and started walking down the stairs. This infuriated Michelle who ran after him, and attacked him. [REDACTED] stated she was scratching him as she was trying to recover the laptop. When he was exiting the front door of the residence Michelle grabbed him, and wrapped her arms around him. [REDACTED] kept walking, and Michelle's grip loosened and she fell to the ground. [REDACTED] advised Michelle shouted at him that she was going to call the police. [REDACTED] had several scratches on his forehead, right bicep, and left forearm. As a result of my investigation Michelle was found to be the primary aggressor, and was placed under arrest.

Based on the above fact Michelle Meinhold is charged with one count of Simple Battery pursuant to F.S.S. 784.03(1A1)

The following was captured on my department issued body worn camera.

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.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 29 day of May, 2017.

GRAY, VINCENT

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCAN
CRIME ANALYSIS
MAY 29 2017

P. I. O.