

0497972

19MM9870

126

OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest	3. Request for Warrant	Juvenile												
Agency ORI Number F.L.O. 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.			Agency Report Number (N.T.A.'s only) 7 8 1 1 9 1 0 0 5 0 3 3 1 1															
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		Multiple Clearance Indicator												
Location of Arrest (Including Name of Business) 704 Duchess CT PBG FL					Location of Offense (Business Name, Address) 704 Duchess CT PBG FL															
Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle														
0.8.25.19	2.1.2.3																			
Name (Last, First, Middle) Carodnick, Michelle, Susan					Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race W - White B - Black	Sex M F	Date of Birth 0.3.1.8.2	Height 5'2"	Weight 100	Eye Color Brown	Hair Color Brown	Complexion Fair	Build Slim												
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None					Marital Status M	Religion Catholic	Indication of: Alcohol Influence Drug Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>													
Local Address (Street, Apt. Number) 704 Duchess CT PBG			(City) PBG	(State) FL	(Zip) 33410	Phone (561) 714 6762	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1 1													
Permanent Address (Street, Apt. Number) 704 Duchess CT PBG			(City) PBG	(State) FL	(Zip) 33410	Phone (561) 714 6762	Address Source NCIC / FLIC													
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation Unemployed													
D/L Number, State 0A65 557 8A59A0/P		Sex, Soc. Number		INS Number		Place of Birth (City, State) Castro, PA		Citizenship US												
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
Parent Legal Custodian Other:		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 Dept. and Released 2. TOT DCF 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 parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2528) 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															
<table border="1"> <tr> <td>Drug Activity N. N/A P. Possess</td> <td>S. Sell B. Buy T. Traffic</td> <td>A. Smuggle D. Deliver E. Use</td> <td>K. Dispense/ Distribute</td> <td>M. Manufacture/ Produce/ Cultivate</td> <td>Z. Other</td> <td>Drug Type N. N/A A. Amphetamine</td> <td>B. Barbiturate C. Cocaine F. Heroin</td> <td>H. Hallucinogen M. Marijuana O. Opium/Deriv.</td> <td>P. Paraphernalia/ Equipment S. Synthetic</td> <td>U. Unknown Z. Other</td> </tr> </table>										Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	A. 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 F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description False Reports to LEO		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 8.3.2.10.5		Violation of ORD # K(1)(A)		Bond OR												
Drug Activity N		Drug Type N	Amount / Unit	Offense # 19005033	Warrant / Capias Number		Bond													
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Bond												
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond													
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Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond													
<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 instructions on Reverse Side.		Location (Court, Room Number, Address) 3105 PGA Blvd PBG, FL North County Courthouse			Court Date and Time Month 9 Day 25 Year 19 Time 10:00 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) K. Carodnick					Date Signed 8-26-19															
HOLD for other Agency		Signature of Arresting Officer X			Name Verification (Printed by Arrestee) 0822 23 44 25 07															
Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) S. Warren		I.D. # 403		PAGE												
Title/Deputy DISCO/PA 7602		I.D. # Pouch #		Transposing Officer WARREN #463		I.D. # Agency		Witness here if subject signed with an "X" SCANNED OF 1												

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 19-005033	
	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	
D E F E N D A N T	Name (Last, First, Middle) OGRODNICK, MICHELLE SUSAN				Alias	Race W	Sex F	Date of Birth 03/12/1982
	Charge Description 837.05(1)(A) KNOWINGLY GIVE FALSE INFO TO POLICE A		Charge Description					
V I C T I M	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation
<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.</p> <p>The Person taken into custody ...</p> <p><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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>25</u> day of <u>August</u>, <u>2019</u> at <u>21:23</u> (Specifically include facts constituting cause for arrest.)</p>								
P R O B A B L E C A U S E S T A T E M E N T	<p>On August 25, 2019 at approximately 8:30 p.m. I, Officer Sam Warren, was dispatched to 704 Duchess CT, Palm Beach Gardens, Palm Beach County FL, in reference to a disturbance. I met with the caller, Michael Ogrodnick, who stated his wife, Michelle S. Ogrodnick (W/F DOB:03/12/82) came home with their daughter and was arguing with him and throwing trash around the residence. I observed trash in the driveway to be thrown around. My body worn camera was used on this call. The results of my investigation are below.</p>							
	<p>I made contact with Michael who stated Michelle was in the upstairs kids' bedroom and locked herself in there with all three children. Michael stated nothing physical took place tonight, but Michelle has been arguing with him all day about missing keys to the vehicle. Michael stated he did not take the keys and has no idea what she is talking about. Michael stated earlier in the day he took the boys out for the day and Michelle took their daughter. The kids are Anthony J. Ogrodnick (8/18/09 W/M), Jaclyn F. Ogrodnick (8/9/10 W/F) and Michael A. Ogrodnick (11/15/13 W/M). Michael stated all three kids were in the house and present when the arguing was taking place. Michael stated they are going through a divorce and are in a bad relationship. Michael stated he wasn't sure if she was under the influence of either alcohol or medical Marijuana. Michael stated he just wants her to leave for the night and for everything to calm down. Michael did not have any marks on him indicating a physical altercation took place.</p>							
	<p>I made contact with Michelle, who was upstairs in the kids' bedroom with all three of them. Michelle stated she wants to speak with a female officer, so I notified Officer K. Slaughter #500 to respond to the scene. I convinced Michelle to let the kids out of the room so I could see them and check their wellbeing. The kids exited the room and went downstairs. I went into the bedroom to speak with Michelle and observed her left cheek to be swollen. The cheek was not bruised and had a small red dot in the middle of the swelling, as if it was a sting of some kind or medicine was administered. Michelle was calm with no signs of crying and there was no blood on her face or anywhere on her body.</p>							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>8/26/19</u> DATE				 WARREN, SAM (463) NAME OF OFFICER (PLEASE PRINT) <u>08/26/2019</u> DATE			
PAGE 1 OF 3								

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

SCANNED
AUG 26 2019

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTs Number		Agency Name		Agency Report Number	
	FL 0502600		PALM BEACH GARDENS POLICE		7 8 19-005033	
Charge Type: Check as many as apply.					Special Notes:	
<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						

D E F	Name (Last, First, Middle)				Race	Sex	Date of Birth
	OGRODNICK, MICHELLE SUSAN				W	F	03/12/1982

Michelle's hair was not disheveled, and she had makeup on her face, which was undisturbed. Michelle's hair and body were dry, indicating she did not shower or wipe anything off her. Michelle stated she took Jaclyn to the mall today around 1:00 p.m. after arguing with Michael about missing keys. She said at the mall they shopped and ate lunch at Brio, which was a salad. I asked Michelle if she had any allergic reactions to food and she stated no. Later in the investigation Michelle was confronted about her Gluten allergy (which was discovered) and she said she did have a little bread at lunch. She stated they arrived home after the mall around 8:05 p.m. and the argument ensued again. She stated she tore the house apart checking for the keys and threw all the trash around the driveway. She stated her husband Michael would not leave her alone and was following her around the house. She went to get in the shower when Michael entered the bathroom and she stated he hit her in the face. Michelle could not advise what hand or if it was open or close fist. She stated the altercation took place in the master bathroom. Michelle had no additional marks on her body indicting physical altercation. Palm Beach Gardens FR (run #7900) arrived on scene to provide medical attention for the matter. Paramedics looked at her swollen face and confirmed that it was consistent with an allergic reaction. They also confirmed that it was not related to a battery as it lacked any specific bruising, trauma, and was too uniform to be from a closed fist.

I did a walkthrough of the master bedroom and bathroom where I observed no signs of an altercation taking place. There was no blood anywhere in bathroom, to include the trash. There was a towel on the ground, which was not wet, nor did it have blood on it.

I spoke with Jaclyn who was separated from her mother, father and both brothers in the living. Jaclyn stated she went to the mall today with her mother and her parents were arguing. Jaclyn stated when they went to the mall today her mom's face was not swollen. She mentioned that she knows her mom has an allergic reaction to "gluten", which is commonly in bread. She said when her mom has the reaction her face gets swollen in certain areas. I asked her if her mom ate bread today at lunch and she said yes then a salad. Jaclyn stated her mom did not ask for "gluten-free" bread at dinner. The allergic reaction was confirmed with Michael, Jaclyn and Michelle. Jaclyn stated she heard her parents yelling but did not see anything physical happen between them.

Based on the statements from the kids, Michael and my Law Enforcement experience dealing with battery calls involving injuries there was no evidence of a battery occurring involving Michael and Michelle. I spoke with Michelle again and advised her to clarify her statements and to speak the truth. Michelle was sworn in and stated the statement she provided was accurate and true. Based on all the above information and the totality of the circumstances Michelle Ogrodnick was placed under arrest for providing a false report to Law Enforcement alleging a crime took place pursuant to F.S.S 837.05(1) (A). Once in custody Michelle began to have trouble breathing and was transported to Gardens Medical for treatment. It should be noted when I observed Michelle at the hospital the swelling on her cheek was going down.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		 WARREN, SAM (463)	
	8/26/19		NAME OF OFFICER (PLEASE PRINT)	
	DATE		08/26/2019	
			DATE	
			PAGE 2 OF 3	



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019027902	Date: 8/26/2019
	Specialist Name/ID: M. Tooks #8557

SCANNED
AUG 26 2019