ARREST / NOTICE TO APPEAR

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

3 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 4 0 18-013462

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/fist/feet/teeth

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): WARRANT REQUEST

Location of Offense (Business Name, Address): 5352 W LINTON BLVD, DELRAY BEACH, FL 33484

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
		09/13/2018	00:31			

DEFENDANT

Name (Last, First, Middle): DASCHAGAS, MITCHEL EVAN

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	01/01/1989	6'07	300	BROWN	BROWN	LIGHT	LARGE

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 638 AVOCET RD, DELRAY BEACH, FL 33444 — Phone: (561) 945-5503 — Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 638 AVOCET RD, DELRAY BEACH, FL 33444 — Phone: (561) 945-5503 — Address Source

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

D/L Number, State: D222545890010 / FL — INS Number — Place of Birth (City, State): CONNECTICUT, CT — Citizenship

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 Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses/ 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

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY ON OFFICER, FIREFIGHTER, EMT ETC	784.07(2B)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ 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		

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		

FILED 2018 OCT 26 AM 11:24 PALM BEACH COUNTY, FL CLERK CIRCUIT COURT CRIMINAL

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health — PROPERTY - Received By — Released By — Released To

Transported By — Date Transported / / : : — Time Transported — 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

ADMIN

HOLD for Other Agency — ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: Dec. M S Fi 1161

Name of Arresting Officer (Print): GEIGER, MICHELLE L — I.D. #: 1161

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy — I.D. # — Pouch #

Transporting Officer: WARRANT REQUEST — I.D. #: 1161 — Agency: DBPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

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

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 18-013462

Charge Type: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
DASCHAGAS, MITCHEL EVAN		W	M	01/01/1989

CHARGES

Charge Description	Charge Description
784.07(2B) BATTERY ON OFFICER, FIREFIGHTER, EMT ETC	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
ZELNICK, NICHOLAS	W	M	01/03/1988

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
17957 THELMA AVE D, JUPITER, FL 33458	(561) 578-1809	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
DMC, 5352 W LINTON BV		SECURITY

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

[ ] committed the below acts in my presence.

[ ] confessed to _____ admitting to the below facts.

[ ] was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

[X] was found to have committed the below acts, resulting from my (described) investigation.

On the 8 day of September, 2018 at 19:35 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida

On September 8, 2018 at 1935 hrs. I was dispatched to Delray Medical Center, Emergency Room for a disturbance. Officer DeFranco, on scene reported hospital staff attempting to restrain a Baker Act patient who was combative.

Upon arrival, I witnessed several security guards and nurses putting restraints on a male, later identified as the Defendant Mitchel Daschagas. Daschagas was actively resisting and stating that he was defending himself. Daschagas was agitated and was given medication by hospital medical staff to calm him down.

I was then approached by Delray Medical Center G4S Security Guard Nicholas Zelnick who stated that Daschagas was a Baker Act patient and had attempted to leave the hospital. When security tried to restrain him, Daschagas started to swing his arms and fight guards. Zelnick stated he attempted to restrain Daschagas from behind when Daschagas slammed himself backwards, pinning Zelnick against the wall. Zelnick stated he now has pain in his back from the incident. Zelnick stated that he felt Daschagas attempt to grab for his firearm as well. I obtained a sworn statement from Zelnick. Zelnick stated he wanted to press charges for the injury sustained to his back.

I then spoke to witness and Security Supervisor Frank Cane JR. who provided a sworn statement saying that Daschagas was actively fighting security guards when Zelnick was injured.

Victim Nicholas Zelnick at the time of this incident was employed as a Security Guard for G4S, assigned to Delray Medical Center. Zelnick was in full uniform with clearly visible patches and a badge and was acting in a lawful capacity at the time of this incident. Zelnick has a current and valid Certification as a Security Guard through the

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

DATE

Ofc. M S #1161
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GEIGER, MICHELLE L (1161)
NAME OF OFFICER (PLEASE PRINT)

09/13/2018
DATE

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

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	3	JUVENILE

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Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
DASCHAGAS, MITCHEL EVAN		W	M	01/01/1989

PROBABLE CAUSE STATEMENT

State of Florida (Certification number D1012878).

Based on the above facts, probable cause exists to charge Mitchel Daschagas with one count of Battery on a Security Officer in direct violation of Florida State Statute 784.07(2B) whereby Mitchel Daschagas did intentionally strike or touch the victim, Nicholas Zelnick a certified Security officer lawfully performing his duties against his will, causing bodily harm.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GEIGER, MICHELLE L (1161)
NAME OF OFFICER (PLEASE PRINT)

09/13/2018
DATE

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