

JT 027721

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 771 1600
2. N.T.A. 3. Request for Warrant
4. Request for Capias 1 Juvenile N

OBTS Number	Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 18107337	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business) HYPOLUXO RD/ LAWRENCE RD, BOYNTON BEACH, FL, 33463			Location of Offense (Business Name, Address) HYPOLUXO RD/ LAWRENCE RD BOYNTON BEACH, FL, 33462			
Date of Arrest 08/10/2018	Time of Arrest 05:50	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) FEINGOLD MITCHELL JEFF		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 10/24/1969	Height 5'7	Weight 180	Eye Color BRN	Hair Color BRN	Complexion MED	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) MULTIPLE TATTOOS			Marital Status Married	Religion JEWISH	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.			
Local Address (Street, Apt. Number) 7182 SANDGRACE LN		(City) LAKE WORTH, FL, 33463	(State)	(Zip)	Phone (561) 302 6752	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
D/L Number, State F524550693840		Soc. Sec. Number		INS Number	Place of Birth (City, State) HOLLYWOOD, FL		Citizenship	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony
				<input type="checkbox"/> 2. At Large	<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"/> 3. Felony
				<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor
					<input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Residence Phone ()	
Address (Street, Apt. Number)		Business Phone ()
Notified by: (Name)	Date	Time
Released To: (Name)		Relationship
Date		Time
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended
Grade		

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Products/ 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. Synthetics	U. Unknown Z. Other
Charge Description DUI	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)	Violation of ORD #						
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 18107337	Warrant / Capias Number		Bond				
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity /	Drug Type /	Amount / Unit /	Offense #	Warrant / Capias Number		Bond				

FILED
AUG 11 2018
CIRCUIT & COUNTY COURTS
(CRIMINAL DIV.)

Location (Court Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406	
Court Date and Time Month 9 Day 6 Year 2018 Time 0830 AM <input checked="" type="checkbox"/> PM	
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 08/10/2018	
Signature of Defendant (or Juvenile and Parent /Custodian)	Date Signed

HOLD for other Agency Name:	Signature of Arresting Officer X	Name Verification (Printed by Arrestee) AUG 10 AM 8:41
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Deputy D. J. ...	Name of Arresting Officer (Print) INV. G. LYNCH 8568	PAGE 1 OF 1
I.D. # ...	ID # 8568	Agency PBSO
Pouch #	Transporting Officer INV. G. LYNCH 8568	Witness here if subject signed with an -X"

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF AUG 20 18, AT 05:04 AM PM

SUBJECT: FEINGOLD MITCHELL JEFF CASE NUMBER: 18107337

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On 8/10/18 I responded to the intersection of Hypoluxo Rd/ Lawrence Rd, in Palm Beach County, in reference to a traffic stop with a possibly impaired driver. Upon arrival I met with Boynton Beach Police Officer Z. Halpern, who first responded.

Officer Halpern advised that he responded in reference to a male passed out behind the wheel at the intersection. Upon his arrival he found a gray Lincoln, bearing FL tag BAUI90, stopped at the light, in the eastbound lanes. The driver, Mitchell Feingold, the sole occupant of the vehicle, was slumped over asleep in the driver seat. The vehicle was running and in drive.

OBSERVATION OF DRIVER:

I made contact with Mitchell, who was leaning on his vehicle. I observed Mitchell's eyes to be bloodshot and glassy. There was a strong odor of an unknown alcoholic beverage coming from his breath, which got stronger when he spoke. Mitchell speech was slurred and he swayed while standing still. Mitchell advised that he had been drinking all night because he was going through a divorce. Based on my observations and Mitchell's admission to drinking I ask Mitchell to perform standard field sobriety tasks, to which he complied.

DRIVER'S STATEMENTS:

Had been drinking all night because he was going through a divorce.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: calm/ cooperative

CLOTHING: _____

MEDICAL/OTHER: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

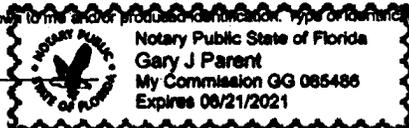
INV. G. LYNCH 8568

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of AUG 20 18 by INV. G. LYNCH 8568

Print name of Arresting/Investigative Officer, who is personally known to me and/or produces identification. Type of identification produced KNOWN

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Mitchell was asked to stand with his feet together and place his hands by his sides. Mitchell was asked to focus on the stimulus and follow it with his eyes. Mitchell was told not to move his head to assist in following the stimulus. Mitchell showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. Mitchell swayed while performing this task and had to be reminded to not to move his head.

WALK & TURN:

Mitchell was placed in the stance for the walk and turn task. I utilized yellow tape to make a straight level line, free of debris, which Mitchell advised he could see. I explained and demonstrated the task to Mitchell. During the instructions Mitchell could not maintain the instructional stance and stepped out of the position several times. After explaining and demonstrating the task Mitchell advised he understood. During the task Mitchell stepped of the line multiple times and missed heel to toe steps multiple times. Mitchell used his arms for balance and paused after each step to steady himself. Mitchell did not turn as instructed.

ONE LEG STAND:

Mitchell was placed in the stance for the one leg stand task. I explained and demonstrated the task to Mitchell. After explaining and demonstrating the task Mitchell advised he understood. During the task Mitchell swayed while balancing and used his arms for balance. Mitchell put his foot down multiple times prior to 30 seconds elapsing.

FINGER TO NOSE:

Mitchell was placed in the stance for the finger to nose task. I explained and demonstrated the task to Mitchell. After explaining and demonstrating the task Mitchell advised he understood. During the task Mitchell missed touching the tip of his nose multiple times. Mitchell failed to keep his head tilted back and eyes closed. Throughout the task Mitchell swayed and I noticed Mitchell's eyelids flutter while closed.

ROMBERG ALPHABET:

Mitchell was placed in the stance for the Romberg alphabet task. Mitchell I explained and demonstrated the task to Mitchell. After explaining and demonstrating the task Mitchell advised he understood. During the task Mitchell swayed, more than 2 inches. I again noticed Mitchell's eyelids flutter while closed.

BREATH TEST RESULTS: 1) .120 2) .118 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

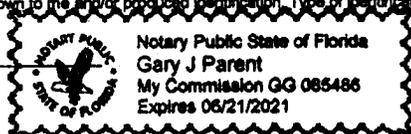
INV. G. LYNCH 8568

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of AUG 2018 by INV. G. LYNCH 8568

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN

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





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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018026601	Date: 08/11/2018
	Specialist Name/ID: AM/31562