

0240439

652

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N		
ADMINISTRATION	OBTS Number	Agency ORI Number FL 0500300				Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-026677				
	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator 01		
	Location of Arrest (Including Name of Business) 3510 W. Boynton Beach Blvd, Boynton Beach, FL				Location of Offense (Business Name, Address) 3510 W. Boynton Beach Blvd, Boynton Beach, FL							
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Beck's Towing					
	Name (Last, First, Middle) Mishele, Ron				Alias (Name, DOB, Soc. Sec. #, Etc)							
	W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 09/29/1970	Height 508	Weight 180	Eye Color Brown	Hair Color Brown	Complexion Light	Build M	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Martial Status N/A	Religion N/A	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/>			
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Residence Type 1. City 3. Florida 2. County 4. Out of State		1			
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL					
	Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Occupation unemployed					
	DL Number, State M240-720-70-349-0		Soc. Sec. Number		INS Number		Place of Birth Isreal		Citizenship USA			
	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					
CO-DEF	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone									
	<input type="checkbox"/> Legal Custodian		Business Phone									
	<input type="checkbox"/> Other											
	Address (Street, Apt. Number)		(City)	(State)	(Zip)							
	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated							
JUVENILE	Released To: (Name)		Relationship		Date	Time						
	This 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		Description of Property			Value of Property						
	Drug Activity		S. Sell N. N/A P. Possess	R. Smuggle D. Deliver T. Traffic	E. Use	K. Dispense/ Distribute	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
CHARGE	Charge Description Driving Under The Influence		Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.193(1)		Violation of ORD#					
	Drug Activity	Drug Type	Amount/Unit	Offense # 18-026677	Warrant/Capias Number		Bond					
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month June Day 18th Year 2018 Time 0830		<input checked="" 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 05/19/2018										
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Subsidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) Ofc. Dominguez				I.D. # 993		BU#		Page	
	Initials Thomas #199		Pouch #	Transporting Officer Ofc. Dominguez		I.D. # 993	Agency BBPD	Witness here is subject Signed with an "X"		SCANNED		

MAY 22 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18th DAY OF May 2018 AT 2344 A.M P.M.

CASE #: 18-026677 DEFENDANT: Mishele, Ron

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On the above date and time, I, Officer Dominguez, responded to the BP gas station at 3510 W. Boynton Beach Blvd in reference to vehicle crash. Upon arrival I made contact with both drivers, Philip Williams and Ron Mishele. Both subjects advised me of the incident that occurred at the entrance of the gas station. It should be noted that while speaking to Mishele I could smell a strong odor of impurities of an unknown alcohol beverage emitting from his person and breath. I also observed Mishele to have red glossy eyes, slurred speech and had trouble standing up straight and walking. Mishele was also observed walking away towards Boynton Beach Blvd and urinating in the bushes. After conducting my crash investigation I obtained a sworn statement from Williams and his passenger, Breana Smith. Both stated they witnessed Mishele driving the Chevrolet pick-up truck (FL Tag 617RVF) and exiting the vehicle.

I then made contact with Mishele and advised him all the information of the crash investigation. I then stated to Mishele I completed the crash investigation and would now be conducting a criminal investigation in which Mishele advised he understood. I read Mishele his Miranda Rights from my department issued Miranda Card. Mishele advised he understood his rights. I later asked Mishele if he had anything to drink that night in which he advised me he had a couple of beers later that day.

Based on my observation, I requested Mishele to submit to a series of Field Sobriety Task, which he agreed to. Prior to continuing the investigation I asked Mishele if he had any injuries/ disabilities that I should be aware of, which he stated he did not.

Let it be noted that during the pen exercise Mishele would sway side to side, failed to keep his eyes on the pen at times and moved his head several times. See the following:

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly | <input checked="" type="checkbox"/> Right eye does not follow smoothly |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees | <input checked="" type="checkbox"/> Right eye prior to 45 degrees |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input checked="" type="checkbox"/> Vertical Nystagmus in left eye | <input checked="" type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

The Task was explained and demonstrated to Mishele, which he stated that he understood. During the Instructional Stage, Mishele swayed side to side and stepped out of positions several times. During the exercise Mishele stepped off the line completely on steps 1, 2, 3, 5 and 6. Mishele took 11 steps then made an improper turn. Mishele then missed heel to toe contact on his first step back and stepped off line on steps 3 and 9. Mishele took a total of 12 steps on his walk back. Mishele also had his arms extended out for balance throughout the exercise and paused several times throughout the exercise.

ONE LEG STAND:

The Task was explained and demonstrated to Mishele, which he stated he understood. During the Instruction Stage Mishele began the exercise before he was asked several times. During the Balance Stage, Mishele arms were extended off to the side for balance and he did not count in the manner he was instructed. Mishele also hopped on his foot and placed his foot on the ground six different times before time elapsed.

FINGER TO NOSE:

The Task was explained and demonstrated to Mishele, which he stated that he understood. Mishele also missed touching the tip of his nose on with the tip of his finger on every command. Mishele also left his finger on his nose for several seconds on each command.

ROMBERG/ALPHABET:

The Task was explained and demonstrated to Mishele, which he stated he understood. During the Exercise Stage, Mishele advised he was finished estimating 30 seconds in his heads at approximately 22 seconds on my watch.

Based On the above facts, Mishele was placed into custody under suspicion of DUI. I then transported Mishele to the Palm Beach County Jail BAT Facility to continue my investigation. I arrived at PBSO BAT at 0100 hours, started my 20 minute observation at 0113 hours and completed at 0141 hours. Mishele provided a breath sample 0.164/0.170.

I read Mishele his Miranda Warning, which he stated he did not want to speak to me. (See Q&A packet).

Based on the above facts, Mishele was arrested for DUI pursuant to F.S.S. 316.193.

The vehicle was towed by Beck's Towing. The FSE's and incident was captured on my BWC. Mishele was issued a citation for Careless Driving.

The following instrument was sworn to before me this 19 day of May 2018

By: Ofc. Dominguez

Keriane Marie Moynihan
Notary/Police Officer (F.S.S. 117)



[Signature] 993
Signature of Arresting Officer

TESTING FACILITY TASK REPORT

AGENCY: Police

SUBJECT: Michael R. King CASE NUMBER: 18-015900

DATE: 05/17/18 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 01:41 ENDING TIME: 01:50

BREATH TESTS RESULTS: 1) .1164 TIME 01:45 A.M./P.M. 2) .170 TIME 01:49 A.M./P.M.
3) N/A TIME - A.M./P.M. 4) N/A TIME - A.M./P.M.

BREATH OPERATOR: K. Nunnally #22079

MAINTENANCE TECHNICIAN: J. Knudsen #12167

TESTING OFFICER'S OBSERVATIONS

SPEECH: Speech was clear and coherent.

ATTITUDE: Cooperative and calm.

CLOTHING: Wearing a dark t-shirt and shorts.

MEDICAL CONDITIONS: No visible medical conditions.

MEDICATIONS: No medications reported.

OTHER: Subject was transported to the testing facility by police officers. No other observations.

COMMENTS: Conducted testing at the testing facility. No begin to minute observation period of 01:13 min.

A subject was tested.

Test results were recorded.

All results were reported to the appropriate authorities.

A subject was tested.

A subject was tested.

SUBJECT: Misconduct, Rev. CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Brandon Williams

SUBJECT: 1111111111 CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

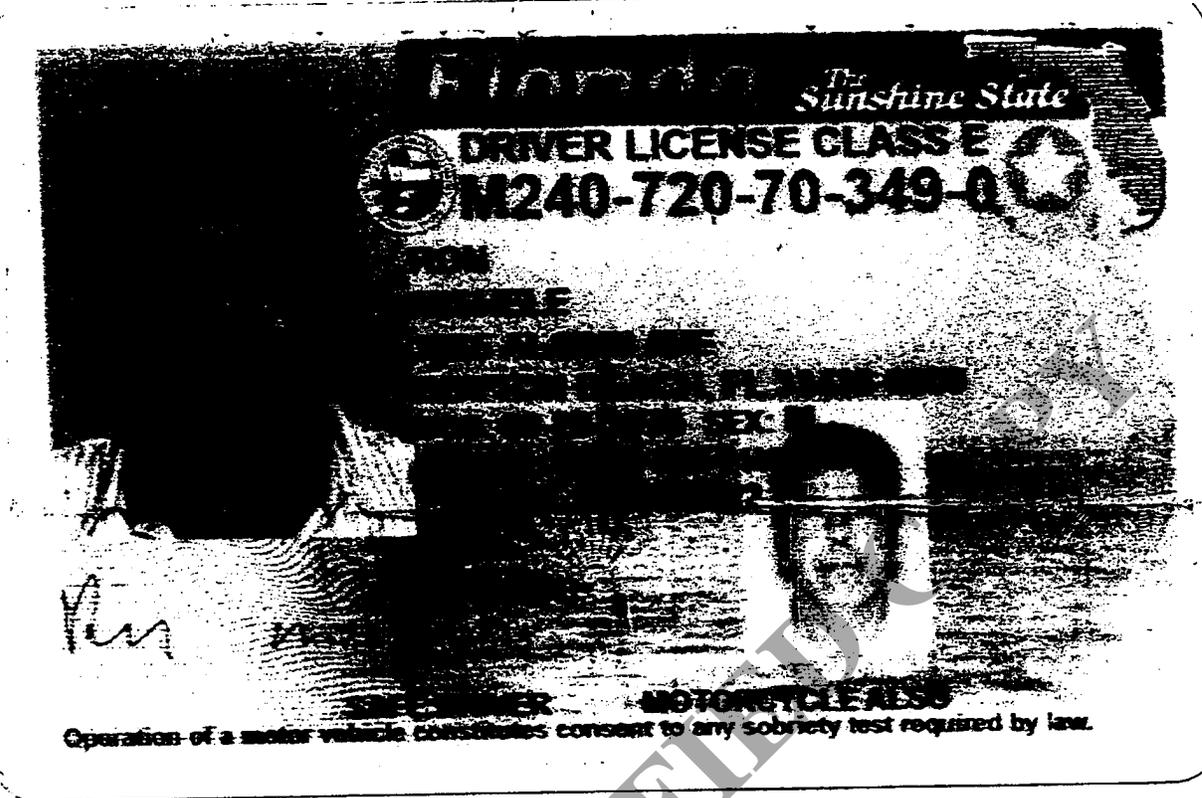
DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



NOT A CERTIFIED COPY

CASE #: 18-026677

DEFENDANT: Mishele, Ron

Arresting Officer: Ofc. Dominguez

Address: 100 E. Boynton Beach Boulevard Boynton Beach, FL 33435

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: Philip B. Williams

Address: 10126 Mangrove Dr. Apt 201, Boynton Beach, FL

Phone Numbers: Home: 561-909-9432 Work: 561-742-6100

Can testify to: Wheel Witness

Name: Breana S. Smith

Address: 10126 Mangrove Dr. Apt 201, Boynton Beach, FL

Phone Numbers: Home: 561-360-4392 Work: _____

Can testify to: Wheel Witness

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____



PRISONER RELEASE CHECKLIST

This checklist is to be completed and attached to each booking card processed for release from custody. All sections must be initialed with ID # listed, before subject can be released, indicating affirmatively that the statement is accurate and the function has been completed. All inconsistencies should be resolved via the Release Supervisor and noted.

Inmate Name: Ron Michele

- 1. All court minutes are up to date. Case numbers, booking numbers, bond information, etc. have been noted and match the original booking numbers and information. U
- 2. A PALMS check has been completed, reviewed, cleared and initialed on booking card. U
- 3. NCIC / FCIC have been checked (if being released 24 hours or more after booking). N
- 4. Medical clearance has been received (if being released 24 hours or more after booking). U
- 5. The booking system has been checked for any **HOLDS, DNA**, or In-Custody bookings that may not be attached. It's been verified that an **Intake/Release Supervisor** has removed any holds (and it's noted in booking system and initialed on the booking card). M
- 6. All information on the bond (if posted) is correct and coincides with the booking card information. NA
- 7. All release forms have been signed. All information has been transferred accurately to any transmittal forms. All paperwork has been distributed as required. NA
- 8. The fingerprint slip is attached and matches the subject being released. NA
- 9. The physical features / descriptors and signature of the inmate brought to Release have been compared and match those of the Booking Card and Property Sheet of the subject to be released. Wristband information (picture, jacket number, name, etc.) match the booking photo and corresponding information. U
- 10. The release questions (DOB, address, social security number, etc.) listed in Release manual have been asked of the subject in Release and match the booking card. U
- 11. The inmate has received and signed for all property. U
- 12. Rapid identification completed. U
- 13. The SID # from the Rapid ID results is entered into IMACS. 1

The following is applicable to any subject with a DOC hold or sentence of 1 year and 1 day or more, even if the subject has been time served. Enter "N/A" and initial if not applicable.

- 14. Subject has been cleared by Classification's Population Control Office for release. NA

Date: 5-19-12 Time: _____
Deputy Name / ID: Kevin A. Smith Deputy Signature: [Signature]



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: 2018016847

Date: 5/20/18

Specialist Name/ID: L. Rosales, 4489