

0434455

21CT 4983 AMB

214

ARREST / NOTICE TO APPEAR

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 O N	ORIS Number		Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2021-0004567	
	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 NOT APPLICABLE	
	Location of Arrest (Including Name of Business) 1531 BELVIDERE RD		Location of Offense (Business Name, Address) 1531 BELVIDERE RD, WEST PALM BEACH, FL 33401		Date of Arrest 03/26/2021		Time of Arrest 23:01	
	Name (Last, First, Middle) HALL, BRIAN		Alias:		Place of Birth (City, State) PHILLIDAPEPHIA, PA		Citizenship US	
	Race W. White I. American Indian B. Black O. Asian W M		Sex M		Date of Birth 10/16/1984		Height 6'00	
	Weight 190		Eye Color BLUE		Hair Color BROWN		Complexion LIGHT	
	Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion	
	Local Address (Street, Apt. Number) 4391 126TH DR N, WEST PALM BEACH, FL 33411		(City) (State) (Zip)		Home Phone (561) 927-6800		Residence Type 1. City 3. Florida 2. County 4. Out of State 2	
	Permanent Address (Street, Apt. Number) 4391 126TH DR N, WEST PALM BEACH, FL 33411		(City) (State) (Zip)		Mobile Phone		Address Source VERBAL	
	Business Address (Name, Street) 4391 126TH DR N, WEST PALM BEACH, FL 33411		(City) (State) (Zip)		Work Phone		Occupation	
D/L Number, State H40060843760 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) PHILLIDAPEPHIA, PA		
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex		
Date of Birth		Arrested		Felony		Juvenile		
At Large		Misdemeanor		Arrested		Felony		
At Large		Misdemeanor		Arrested		Juvenile		
Parent		Other		Name (Last, First, Middle)		Residence Phone		
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		Grade		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		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 Description DUI ALCOHOL OR DRUGS 2ND OFF		Statute Violation Number 316.193(2)(b)(3c4)		Violation of ORD #		
Drug Activity		Drug Type		Amount Unit		Offense #		
Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond		
Charge Description		Statute Violation Number		Violation of ORD #		Bond		
Drug Activity		Drug Type		Amount Unit		Offense #		
Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond		
Charge Description		Statute Violation Number		Violation of ORD #		Bond		
Drug Activity		Drug Type		Amount Unit		Offense #		
Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond		
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		Explain:		Check which applies: <input type="checkbox"/> Released G.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> F.O.T. County Jail		
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To		
Transported By		Date Transported		Time Transported		Other		
<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) Criminal Justice CRIMINAL JUSTICE COMPLEX		Court Date and Time 04/22/2021 08:30:00		3228 GUN CLUB ROAD		
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		INITIAL		
I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.		(561) 927-6800		PAGE 1 OF 1		WITNESS here if subject signed with an "X"		
HOLD for Other Agency		Signature of Transporting Officer MARTINEZ, JACOB ANTONIO		ID # 02104		Name Verification (Printed by Arrestor) MARTINEZ, JACOB ANTONIO		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Seditious <input type="checkbox"/> Other		Name of Arresting Officer (Print) MARTINEZ, JACOB ANTONIO		ID # 02104		Agency W.P.B.		
Intake Deputy Dunning 6980		Pouch #		Transporting Officer Martinez		ID # 2104		

NOT A CERTIFIED COPY

No Photo Available

DUI PROBABLE CAUSE AFFIDAVIT

On the 26 Day of March 2021 at 2301 A.M. P.M.

Subject: Hall, Brian Case Number: 20210004567

Agency: West Palm Beach Police Department Arresting Officer: Martinez #2104

Personal Contact

Driving Pattern	Actual physical control (physical evidence putting the driver behind the wheel)
<p>I responded to 1531 Belvedere Rd in reference to a traffic accident between two vehicles. Primary Ofc. Mathura advised me that driver of V2 was attempting to exit the Wendy's parking lot to go west bound on Belvedere Rd when V1, who was driving westbound into the Wendy's parking lot sideswiped V2, causing minor damage. Upon my arrival I met with driver who was identified by his FI DL as Brian Hall.</p>	

Observation of Driver
<p>Upon making contact with the driver, he was leaned up against his vehicle for balance. Driver's speech was very slurred and hard to understand. Drivers face was red and he had bloodshot eyes. Driver appeared to be agitated with my questions. Driver could not walk in a straight line. Driver needed my assistance to walk otherwise driver would fall over.</p>

Drivers Statements:
<p>Driver stated he got into a accident and asked to call for a friend to pick him up.</p>

Odors:
<p>Strong odor of an unknown alcoholic beverage</p>

General Observations

Speech: Stumbling on words
Attitude: Adgitated
Clothing: Green shirt, Black pants, gray shoes
Medical Problems/Medications: Traumatic brain injury, hemiated disc
Other:

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Hall, Brian Case Number: 20210004567

Roadside Tasks

Horizontal Gaze Nystagmus	
<input type="checkbox"/> Left Eye Does Not Follow Smoothly	<input type="checkbox"/> Right Eye Does Not Follow Smoothly
<input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less	<input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less
<input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation	<input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation
Driver refused.	

Walk and Turn Task
Driver refused.

One Leg Stand
Driver refused.

Finger To Nose
Driver refused.

Romberg Balance
Driver refused.

Breath Results from Instrument

1st Result 2nd Result 3rd Result
If Applicable

State of Florida
County of Palm Beach

The Following Instrument was notarized or sworn before me this _____ (DATE)

Personally Known Produced Identification Notary Public

SUBJECT: 1111 28 000 CASE NUMBER: 202100011567

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? NO

WHERE WERE YOU GOING? Nowhere

WHAT STREET OR HIGHWAY WERE YOU ON? None

DIRECTION OF TRAVEL? N/A WHERE DID YOU START? N/A

WHAT TIME DID YOU START? Never WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? 3/24/2021 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Unknown

WHEN DID YOU LAST EAT? Noon WHAT DID YOU EAT? #11 from Wendys

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Whatever you say

HOW MUCH DO YOU WEIGH? 195 HAVE YOU BEEN DRINKING? NO WHAT? NO

HOW MUCH? NO 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: _____

SUBJECT: Hull Brian CASE NUMBER: 20210004567

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) Read on camera

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) Read on camera

TESTING FACILITY TASK REPORT

AGENCY: WPB
SUBJECT: Hall, Brian
CASE NUMBER: 21-049113
DATE: Mar 26, 2021
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 2336
ENDING TIME: 2343

BREATH TESTS RESULTS: 1) R TIME 2339 A.M. P.M. 2) n/a TIME 0 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, fidgety

CLOTHING: black shorts, green t-shirt, black sneakers

MEDICAL CONDITIONS: Traumatic Brain Injury

MEDICATIONS: neurotin, flexeril

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2314 hrs
subject refused to perform breath test
A/O read I/C & subject understood I/C
subject refused to perform breath test
A/O read rights & subject understood rights
A/O attempted Q&A
subject answered some question questions

REFUSED



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 21-049113 PBSO ZONE 1-11

AGENCY CASE # 20210004567 CRASH CASE # _____

TIME OF STOP/CRASH 2226 DATE 3/26/2021 DAY Friday

SUBJECT'S NAME Halt, Brian RACE W SEX M

HGT 6'00" WGT 195 DOB 10/6/1984

LOCATION 1531 Belvidere rd W.P.B. FL 33411

ARRESTING OFFICER'S NAME & ID Martinez 2104 AGENCY W.P.B.

DIVISION: 24

NOTIFIED BY COMMO Yes

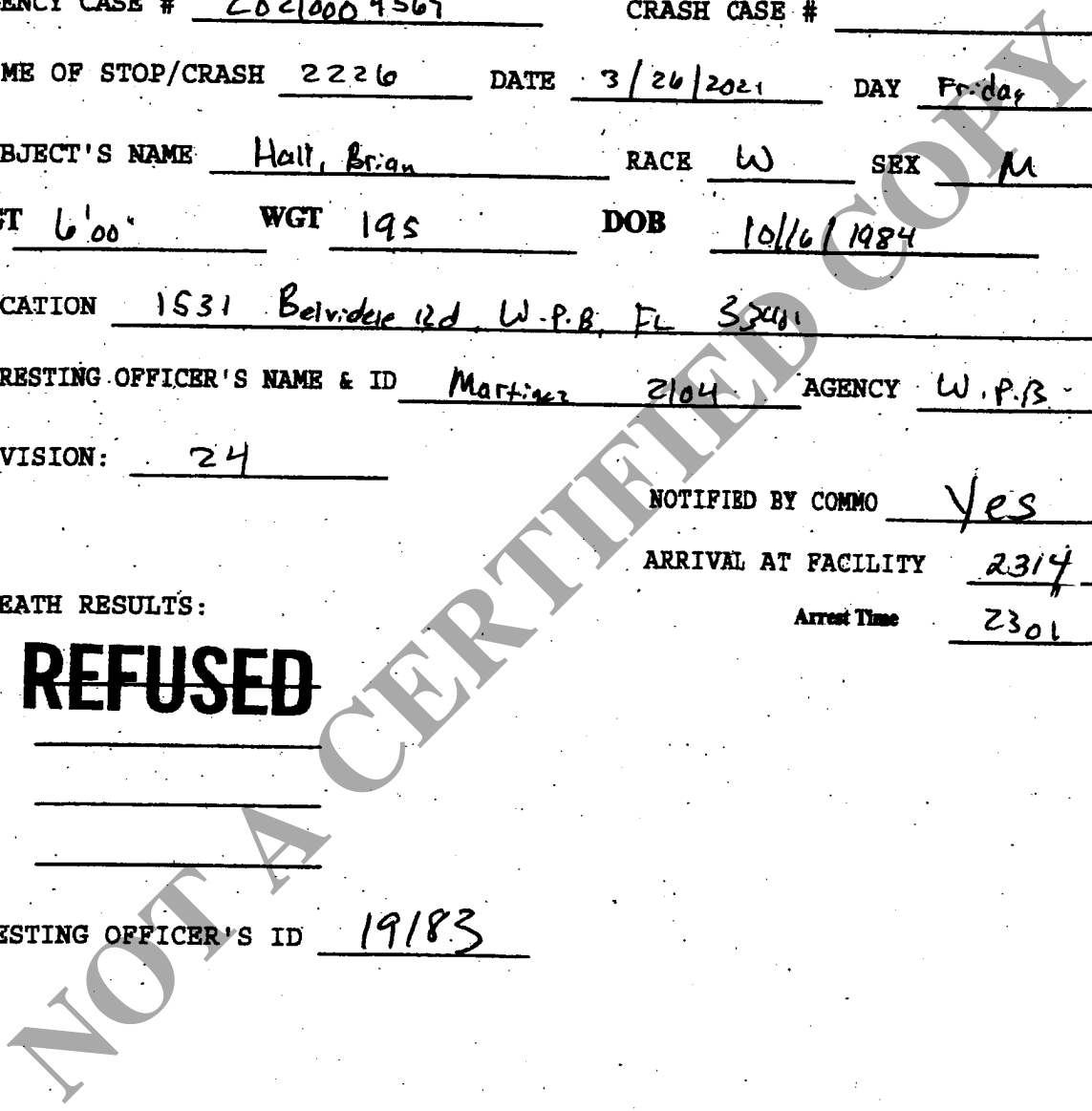
ARRIVAL AT FACILITY 2314

Arrest Time 2301

BREATH RESULTS:

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 19183



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Ofc J. Martinez 2104, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of West Palm Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 26 day of March, 2021, at 2334 P.M. A.M.

DRIVER Brian Brian
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H-400-060-84-376, state of Florida, was placed under lawful arrest for
the offense of Driving Under Influence by ACR 258 Martinez and
issued Citation # ACR 258
(Name of Arresting Officer)

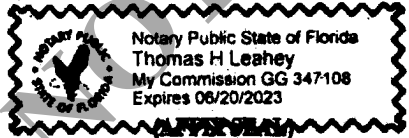
That on or about the 26 day of March, 2021, at 2334 P.M. A.M.

in Palm Beach County.

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

J. Martinez 2104
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before
me this 26 day of March, 2021,
by Ofc Martinez #2104,
who is personally known to me or who has produced
Known as identification

Notary Public T. Leahey

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer _____
Title _____
Date _____

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.



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

REVIEW COMPLETED BY

Booking Number: 2021007344	Date: 03/27/2021
	Specialist Name/ID: T Howard/7185