

05C8828

SR

20 CT 1223 1240

ADMINISTRATIVE		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile			
OBTS Number		Agency ORI Number FLO 5 0 5 0 0 0		Agency Name LAKE CLARKE SHORES POLICE DEPARTMENT		Agency Report Number 5 8 1 2 0 - 1 7 7 1 5				<input type="checkbox"/>			
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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 1900 Cambodiana Rd, LCS FL 33446						Location of Offense (Business Name, Address) 1900 Block Cambodiana Rd LCS FL 33446							
Date of arrest 0 9 3 0 2 0		Time of arrest 1 2 6 3		Booking Date		Booking Time		Jail Date		Jail Time			
Name (Last, First, Middle) Pappe Cotton Robert													
Alias (Name, DOB, Soc. Sec. #, Etc.)													
Race W - White B - Black		Sex M		Date of Birth 0 9 2 9 9 9		Height 5 1 0		Weight 1 4 0		Eye Color Brown	Hair Color Black	Complexion White	Built Med
Scars, Marks, Tattoos, Birthmarks, Physical Features (Location, Type, Description) Right Shoulder						Marital Status Single		Religion Unk		Indication of Alcohol Intoxication Y N		Indication of Drug Intoxication Y N	
Local Address (Street, Apt. Number) 14531 Apache Ave Largo FL 32779				City Largo		State FL		Zip 32779		Phone (813) 9457751		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 499 Shoreline Ln				City Largo		State FL		Zip 32701		Phone ()		Address Source	
Business Address (Name, Street)				City		State		Zip		Phone ()		Occupation	
Driver Number, State P100 116 99 3490 FL				Social Security Number		INS Number		Place of Birth Denver Colorado		Citizenship USA			
Co-Defendant Name (Last, First, Middle) UNK		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) UNK		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			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone		Business Phone			
Address (Street, Apt. Number)		City		State		Zip							
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. And Released. 2. TOT HRS/CYF 3. Incarcerated		Date		Time			
Released To: (Name)		Relationship											
The above address was provided by <input type="checkbox"/> defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 820-2526) 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		K. Dispense/ 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 DUK		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		3 1 6 1 1 9 3		1 1 A 4					
Drug Activity E U		Drug Type		Amount / Unit		Offense # 2020-1775		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
NOTICE TO APPEAR													
Location (Court, Room Number, Address)													
Court Date and Time													
Month _____ Day _____ Year _____ Time _____ A.M. _____ 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													
HOLD for other Agency		Name:		Signature of Arresting Officer X [Signature] #325		Name Verification (Printed by Arrestee)		(PRINT) OCT 01 2020					
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Col Coraco 325		I.D. # 325		Agency 325		Witness here if subject signed with an "X"			
Take Deputy		I.D. #		Pouch #		Transporting Officer Col Coraco 325		I.D. #		Agency 325			
DISTRIBUTION: WHITE - Court Copy GREEN - State Attorney YELLOW - Agency PINK - Jail GOLD - Defendant													

LATACANO

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF 9 2020 AT 1253 AM PM

SUBJECT: Colten Robert Pappo CASE NUMBER: 2020-1775

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Col Locacono 36

PERSONAL CONTACT

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

While on patrol, I noticed Mr Pappo exiting a pool service pickup truck. The vehicle had fresh front-end damage and was near a tree, then he crashed into an Independent Witness saw the subject jump into a canal that was nearby before entering 2011 Ford Ranger pickup truck and crashing into a tree just a few feet away. He also stated just before jumping into the canal he almost hit another tree and nearly drove into the canal. After a crash investigation I observed a DVZ investigation crash was NOT OK BY 4:30

OBSERVATION OF DRIVER: The driver told me he was drunk, he vomited, had slurred speech, fell face first on the grass at tree level as he tried to stand up. He swayed as he stood. Multiple times he lost his balance nearly hitting his head against my patrol car. He also started to bang his head against the left rear window's security device. Upon arrival to the BAT center he spit on himself and threw himself on the floor.

DRIVER'S STATEMENTS: He stated he was drunk and wanted to kill himself. He would laugh, cry and become aggressive saying "Fuck you" multiple times to me and to the BAT Technicians. States after Miranda He smoked weed and drank 1 pint of liquor (apple) wine.
ODORS: He had the strong odor of an unmask alcoholic beverage coming from his breath as he spoke.

GENERAL OBSERVATIONS

SPEECH: Slurred at times
ATTITUDE: Laughing, crying, aggressive and suicidal (Repressed)
CLOTHING: Gray T-shirt and gray pants
MEDICAL/OTHER: He stated he takes medications for mental health

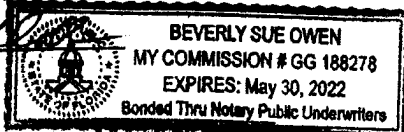
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] #325
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of 9 2020 by Off Locacono

(Print name of Arresting/Investigative Officer, who is personally known to not and/or produced identification. Type of identification produced)

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



SCANNED
OCT 01 2020



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

PBSO CASE # 20-112023 PBSO ZONE 1-31

AGENCY CASE # 2020-1777 CRASH CASE # _____

TIME OF STOP/CRASH 1253 DATE 9/30/2020 DAY Wed

SUBJECT'S NAME Colten Robert Pappo RACE W SEX M

HGT 5 10 WGT 140 DOB 9-29-99

LOCATION 1900 Block of Cambodrang

ARRESTING OFFICER'S NAME & ID Gl Coiacono #325 AGENCY Lake Clarke Shores

DIVISION: Road Patrol

NOTIFIED BY COMMO NO

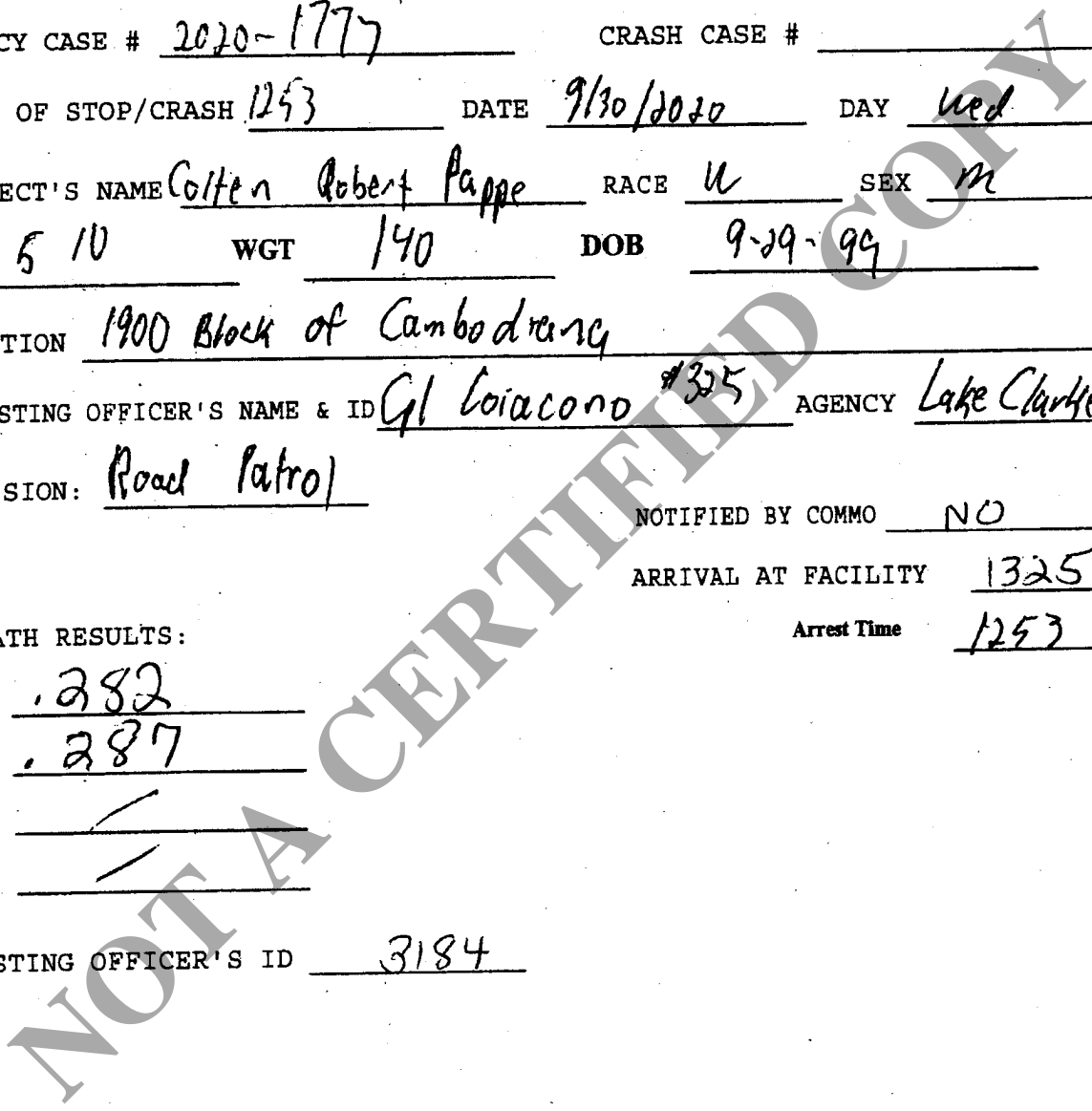
ARRIVAL AT FACILITY 1325

Arrest Time 1253

BREATH RESULTS:

- 1. .282
- 2. .287
- 3. /
- 4. /

TESTING OFFICER'S ID 3184



SCAN # _____
OCT 01 2020

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 09/30/2020

Date of Last Agency Inspection: 09/18/2020
Observation Period Began: 13:25
Subject's Name: COLTEN R PAPPE

DOB: 09/29/2020 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	14:00
	Air Blank	0.000	14:00
	Control Test	0.079	14:01
	Air Blank	0.000	14:01
	Subject Sample #1	0.282	14:02
	Air Blank	0.000	14:03
	Air Blank	0.000	14:05
	Subject Sample #2	0.287	14:06
	Air Blank	0.000	14:07
	Control Test	0.078	14:07
	Air Blank	0.000	14:08
	Diagnostics Check	OK	14:08

Cylinder Lot: 14020080A1
Exp: 07/05/2022

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: *Sue Owen* Date: 09/30/2020
Signature

Sworn to (or affirmed) before me this 30th day of September 2020
[Signature] *ofc Loiacono*
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: Colten Robert Pappo CASE NUMBER: 2020-1779

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN: Due to the subject's level of (high level) of intoxication and my direct observation of him falling and being able to stand it was with great concern that the subject could fall and hurt himself during roadside tasks. The subject informed he was drunk and vomited. It also started to rain.

ONE LEG STAND:

Unable to do as stated above.

FINGER TO NOSE:

Unable to do as stated above

ROMBERG/ALPHABET:

Unable to do as stated above

BREATH TEST RESULTS:

1.282 and .287

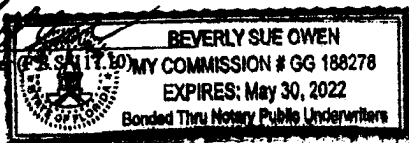
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 325
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 20 day of 9, 2020 by of LOIACONO

who is personally known to me and/or produced identification. Type of identification produced: _____

[Signature]
Notary Public, Clerk of Court, Office



SC-18-1-10
OCT 01 2020

LAKE CLARKE SHORES POLICE DEPARTMENT

WITNESS VICTIM OTHER

STATEMENT

Grassh

Offense DUI		Case Number 2020-1775			
Date and Time of Statement 9-30-2020 1253 pm		Date and Time of Offense 9-30-2020 1253			
Location of Incident Florida Mango / Cambodiana Rd		Suspect Name Collen Appa			
Name: (Witness/Victim) Skinner First Cynthia		Age 39	D.O.B. 07/02/81	Race W	Sex F
Address Res. 1479 Lake Mango Way		Zip: 33406	Phone		
Address Bus.		Zip:	Phone		
<p>I, <u>Cynthia Skinner</u> do hereby voluntarily make the following statement without threat, coercion, offer of benefit or favor by any persons whomsoever.</p> <p>I was in my house and heard a loud noise. I looked out of my window and saw a gentleman get out of his truck by the water canal. He went into the water, climbed back up and threw a yellow jug into his truck while stumbling around. He fell several times before got back into his truck. He then drove straight into a tree. Got out, stumbled again while I was calling 911.</p>					
I have received the Victim's Rights package:		Initial:	I will testify in court: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Initial: <i>MS</i>
Sworn To and Subscribed Before Me, This:		I will prosecute criminally: <input type="checkbox"/> Yes <input type="checkbox"/> No		Initial: <i>MS</i>	
30 Day of 9 20 20 <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Notary Public FSS 117.10		I Swear/Affirm the above and/or attached Statements are Correct and True.			
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>			

White - Department Copy

Yellow - Witness / Victim Copy

OCT 01 2020

TESTING FACILITY TASK REPORT

AGENCY: LAKE CLARKE SHORES P.D.
SUBJECT: PAPPE, COLTEN ROBERT
CASE NUMBER: 20112023
DATE: 09/30/2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 1354
ENDING TIME: 1420

BREATH TESTS RESULTS: 1) .282 TIME 1402 A.M. P.M. 2) .287 TIME 1406 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184
MAINTENANCE TECHNICAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, LAUGHTING A LOT
ATTITUDE: LAUGHING, CRYING, PROFANE, SAID HE WANTED TO DIE
CLOTHING: TENNIS SHOES, BLACK SHORTS, BLACK LS SHIRT (VERY VERY DIRTY)
MEDICAL CONDITIONS: DEPRESSION, ANXIETY
MEDICATIONS: MEDS FOR DEPRESSION AND ANXIETY BUT NONE TAKEN TODAY

OTHER:

DEFENDANT IN CRASH, HIT A TREE, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1325 HRS. OFFICER HAD TO GO BACK TO CAR, DEFT PUT IN HOLDING CELL AND NEW OBSERVATION STARTED AT 1335 HRS.
A/O OBSERVED 20 MINUTES.
A/O REQUESTED BREATH TEST, DEFENDANT AGREED, NO PROBLEM WITH BREATH TEST, TECH GAVE RESULTS. A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS.
DEFT ANSWERED Q & A. SAID HE HAD BEEN DRINKING SINCE YESTERDAY (WHICH WAS HIS 21ST BIRTHDAY) NOT SURE WHAT HE WAS DRINKING. COULD FEEL EFFECTS BUT NOT UNDER INFLUENCE.
DIDN'T REMEMBER HITTING A TREE. SAID HE'D BEEN SMOKING WEED EARLIER TODAY.

SCANNED
OCT 01 2020



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: 2020023107	Date: 09/30/20
	Specialist Name/ID: J. Beck/9007

SEARCHED
 OCT 01 2020