

05/10/09

20CF4516 MB

ARREST / NOTICE TO APPEAR

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

Agency ORI Number: **0500800** Agency Name: **West Palm Beach Police Department** Agency Report Number (N.T.A.'s only): **9, 4 | 2020-0008438**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Location of Arrest (Including Name of Business): **PBIA ACCESS ROAD** Location of Offense (Business Name, Address): **AUSTRALIAN AVE/BANYAN BLVD, WEST PALM BEACH, FL**

Date of Arrest: **05/27/2020** Time of Arrest: **02:15** Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle:

Name (Last, First, Middle): **BRANDON, DANIEL ABRAHAM** Alias: Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: **W - White** Sex: **M** Date of Birth: **07/30/1997** Height: **6'02** Weight: **150** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **LIGHT** Build: **Med**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): Marital Status: **S** Religion: Indication of Alcohol Influence: Yes No Unk.

Local Address (Street, Apt. Number): **929 N M ST UNIT 4, LAKE WORTH, FL 33460** Home Phone: **(815) 557-2123** Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): **929 N M ST UNIT 4, LAKE WORTH, FL 33460** Mobile Phone: Address Source:

Business Address (Name, Street): Work Phone: Occupation:

DL Number, State: **B653161972700 / FL** INS Number: Place of Birth (City, State): **Juliet, IL** Citizenship:

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

Parent Orkin: 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 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.

School Attended: Grade:

Property Crime? Yes No Description of Property: Value of Property:

Drug Activity: S. Sell R. Smuggle 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/Derv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other

Charge Description: **DRIVING WHILE UNDER INFLUENCE** Statute Violation Number: **316.193(1A)** Violation of ORD #:

Drug Activity: **N** Drug Type: **N** Amount / Unit: **/** Offense #: **1** Counts: **1** Domestic Violence: Y N Warrant / Capias Number: **1** Bond: **OR**

Charge Description: **CRASH - LEAVING SCENE W/O RENDERING AID (INJURY)** Statute Violation Number: **316.027(2A)** Violation of ORD #:

Drug Activity: **N** Drug Type: **N** Amount / Unit: **/** Offense #: **1** Counts: **1** Domestic Violence: Y N Warrant / Capias Number: **1** Bond: **1000**

Charge Description: Statute Violation Number: Violation of ORD #:

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

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

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail PROPERTY - Received By: Released By: Released To: **DMY 2**

Transported By: Date Transported: Time Transported: Other:

INSTRUCTION NO. 1 - Mandatory appearance in court Location (Court, Room):

INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian): Date Signed: **INITIAL** **SCANNED**

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. **(815) 557-2123**

HOLD for Other Agency: Signature of Arresting Officer: **2204** Name Verification (Printed by Arrestor): **MAY 27 2020**

Dangerous Restricted Arrest Suicidal Other: Name of Arresting Officer (Print): **KROL, MATTHEW** I.D. #: **02204** (PRINT)

Transporting Officer: **Krol** I.D. #: **2204** Agency: **WPB** PAGE: **1 OF 1**

Witness here if subject signed with an "X":

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF May 2020 AT 0014 A.M./P.M.:

SUBJECT: Daniel Brandon CASE NUMBER: 2020-0008438

AGENCY: West Palm Bch. Police Dept. ARRESTING OFFICER: Krol #2204

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE PUTTING DRIVER BEHIND THE WHEEL)

On 5/26/2020 Daniel Brandon was involved in a hit and run at Australian Ave and Banyan Blvd. Brandon fled the scene and was located by Palm Beach County Sheriff's Office on the I-95 off ramp headed into Palm Beach International Airport. Brandon was pulled over on the shoulder of the ramp. Brandon's vehicle had major front end damage. During the investigation an Illinois tag was located at the original scene. The same tag was located on Brandon's vehicle. Brandon's vehicle had shrubbery under the front end consistent with shrubbery located by the original scene. PBSO advised Brandon was the sole occupant of the vehicle.

Victim was transported hospital due to injuries from hit and run crash. Brandon's vehicle impounded due to sustained damage.

Crash occurred at 2337 hrs PBSO Located the driver 0014 hrs. Video to be collected from water plant if possible

OBSERVATION OF DRIVER: Brandon had blood shot eyes, poor balance, unable to maintain eye contact, vomiting and slurred speech. Brandon had to be escorted to the patrol vehicle for safety.

DRIVER'S STATEMENTS: Brandon stated he had drank Bud Light beer and Jack. Brandon said he drank too much and drove.

ODORS: Smell of alcoholic beverage on his person.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Passive

CLOTHING: Jeans/t-shirt

MEDICAL PROBLEMS: none

MEDICATIONS: None

OTHER: Requested two samples of breath. Brandon regurgitated. Observation re-started at 0131 hours. Brandon regurgitated again. Observation restarted at 0207.

Breath samples taken by Sgt. Heisser.

Lighting: Streetlights Headlights Daylight
Weather: Clear Cloudy Raining Overcast Windy
W n T: Sidewalk Pavement Concrete Line No Line

SCANNED
MAY 27 2020

SUBJECT: Daniel Brandon

CASE NUMBER: 2020-0008438

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION
- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

Roadside exercises not completed due to subject unable to stand and maintain balance.

WALK AND TURN:

ONE LEG STAND:

FINGER TO NOSE:

ROMBERG/ALPHABET:

BREATH TEST RESULTS:

.175

.179

STATE OF FLORIDA
COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS 5/27/20 (DATE)

[Signature]
NOTARY/CLERK OF COURT OFFICER (F.S. 117.10)

[Signature]
SIGNATURE OF ARRESTING OFFICER

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 05/27/2020

Date of Last Agency Inspection: 04/26/2020
Observation Period Began: 02:07
Subject's Name: DANIEL A BRANDON

DOB: 07/30/1997 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	02:33
	Air Blank	0.000	02:33
	Control Test	0.080	02:33
	Air Blank	0.000	02:34
	Subject Sample #1	0.175	02:34
	Air Blank	0.000	02:35
	Air Blank	0.000	02:37
	Subject Sample #2	0.179	02:37
	Air Blank	0.000	02:38
	Control Test	0.080	02:38
	Air Blank	0.000	02:39
	Diagnostics Check	OK	02:39

Cylinder Lot: 24818080A2
Exp: 10/05/2020

State of Florida, County of PBCH

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 ROBERT H HEISSER, 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: [Signature] Date: 5/27/2020
Signature

Sworn to (or affirmed) before me this 27 day of MAY, 2020

[Signature] Signature of Notary Public-State of Florida
Matthew Krol 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: Daniel Brandon CASE NUMBER: 2020-0003438

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? Yes - Full Escape

WHERE WERE YOU GOING? Home - Royal Palm

WHAT STREET OR HIGHWAY WERE YOU ON? NO

DIRECTION OF TRAVEL? N WHERE DID YOU START? Going away party

WHAT TIME DID YOU START? NO WHAT TIME IS IT NOW? NO

WHAT IS TODAY'S DATE? 20th WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County

WHEN DID YOU LAST EAT? Unknown WHAT DID YOU EAT? Small

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working and at O'Shea's bar/club

HOW MUCH DO YOU WEIGH? 165 HAVE YOU BEEN DRINKING? Yes WHAT? Red Light/Just Drinks

HOW MUCH? 3 beers/2 drinks WHERE? O'Shea's WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 2015 AND YOUR LAST DRINK? 30 minutes prior crash

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Perked / Chugge

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Slightly

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? N/A

WHAT? N/A WHERE? N/A WHEN? N/A

WHAT LINE OF WORK ARE YOU IN? Property Manager WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? N/A

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? N/A

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? N/A

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? N/A WHY? N/A

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? N/A WHEN? N/A

- DO YOU HAVE:
 - EPILEPSY? NO
 - GLASS EYE? NO
 - FALSE TEETH? NO
 - EAR INFECTION? NO
 - INNER EAR TROUBLE? NO
 - DIABETES? NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? N/A

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

INTERVIEWER: Sgt. Heister

SUBJECT: BRANDON CASE NUMBER: 2020-9470

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) ON WTRCO

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) ON WTRCO

TESTING FACILITY TASK REPORT

AGENCY: West Palm BEach Police Dept

SUBJECT: Daniel Brandon

CASE NUMBER: 20200008438

DATE: 05/27/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0100

ENDING TIME:

BREATH TESTS RESULTS: 1) .175 TIME 0234 A.M. P.M. 2) .179 TIME 0237 A.M. P.M.

3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: R. Heisser #1430

MAINTENANCE TECHNICAN: R. Secord

TESTING OFFICER'S OBSERVATIONS

SPEECH: Extremely slurred and sluggish

ATTITUDE: Passive

CLOTHING: Black Jeans Gray Shirt soiled Shirt

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Requested two samples of his breath at which point he submitted then he proceeded then he proceeded to regurgitate Rinsed mouth restarted at 0131 once again stated he submit then regurgitated, Rinsed started again at 0207 hrs

COMMENTS:

I responded to the scene to find the subject lying on the ground his dexterity was extremely slow his speech was extremely slurred to the point he was hard to understand, Stated he was at Forest Hill Roadside were not conducted for his safety subject was clearly impaired beyond the ability to operate a motor vehicle, the bushes from the water plant were still attached to his vehicle under the front end, sole occupant of the vehicle. I assisted the A/O and Officer Imbesi.

WITNESS LIST

CASE NUMBER: 2020-0008438

Krol #2204

ARRESTING OFFICER:

ADDRESS: **West Palm Beach Police Dept 600 Banyan Blvd West Palm Beach Florida**

PHONE NUMBERS: (HOME) N/A (WORK) **(561) 822-1900**

CAN TESTIFY TO: **Drivers Actions and Roadsides**

NAME: **Eric Smith**

ADDRESS **3352 Taconid Dr West Palm Beach, FL 33406**

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO: **Drivers Actions**

NAME: **Ryan Secord**

ADDRESS **600 Banyan Blvd West Palm Beach, FL 33401**

PHONE NUMBERS (HOME) (WORK) **561-822-1900**

CAN TESTIFY TO: *Maintenance tech*

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:

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ADDRESS

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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:

NOT A CERTIFIED COPY



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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

REVIEW COMPLETED BY

Booking Number: 2020013590	Date: 05/27/2020
	Specialist Name/ID: T Howard/7185