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50-2020-CT-010380-AMB

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|---|--|--|--------------------|--|---|---|--|--|---|---|--------------------|---|--|---|--|--|--|---|--|------------------------|--|
| OBTS Number | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | Juvenile | N | | | | | | | | | | |
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | | Agency Report Number (N.T.A.'s only) 06-20-100235 | | | | | | | | | | | | | | | | |
| Charge Type: Check as many as apply | | 1. Felony <input type="checkbox"/> | | 2. Traffic Felony <input type="checkbox"/> | | 3. Misdemeanor <input type="checkbox"/> | | 4. Traffic Misdemeanor <input checked="" type="checkbox"/> | | 5. Ordinance <input type="checkbox"/> | | 6. Other <input type="checkbox"/> | | Weapon Seized / Type 1. Yes 2. No | | Multiple Clearance Indicator 01 | | | | | |
| Location of Arrest (Including Name of Business) HYPOLUXO ROAD/ WINSTON TRAILS ROAD, LAKE WORTH FLORIDA 33467 | | | | | | Location of Offense (Business Name, Address) HYPOLUXO ROAD/ WINSTON TRAILS ROAD LAKE WORTH, FLORIDA 33467 | | | | | | | | | | | | | | | |
| Date of Arrest 06/25/2020 | | Time of Arrest 0709 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | | Location of Vehicle 1965 Hypoluxo Road, Lantana Florida 33462 | | | | | | | | | |
| Name (Last, First, Middle) BEN AROSH | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) EREZ | | | | | | | | | | | | | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | | Sex M | | Date of Birth 01/05/1981 | | Height 5'7 | | Weight 180 | | Eye Color BROWN | | Hair Color BROWN | | Complexion Fair | | Build MEDIUM | | | | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | Marital Status Married | | Religion | | Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> | | Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> | | | | | | | | | |
| Local Address (Street, Apt. Number) 760 SOUTH PARK ROAD UNIT 1021 HOLLYWOOD, FLORIDA 33021 | | | | (City) | | (State) | | (Zip) | | Phone (954) 348-9210 | | Residence Type: 1. City 2. County 3. Florida 4. Out of State | | 2 | | | | | | | |
| Permanent Address (Street, Apt. Number) | | | | (City) | | (State) | | (Zip) | | Phone | | Address Source FDL | | | | | | | | | |
| Business Address (Name, Street) | | | | (City) | | (State) | | (Zip) | | Phone | | Occupation LOCKSMITH | | | | | | | | | |
| D/L Number, State B562200810050 | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) JERUSALEM, ISRAEL | | Citizenship US | | | | | | | | | | | | | |
| Co-Defendant Name (Last, First, Middle) | | | | 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) | | | | 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: | | Address (Street, Apt. Number) 1-01A | | | | | | (City) | | (State) | | (Zip) | | Residence Phone () | | Business Phone () | | | | | |
| Notified by: (Name) | | | | Date | | Time | | Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated | | | | | | | | | | | | | |
| 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 355-2528) 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 N. N/A P. Possess | | S. Sell B. Buy T. Traffic | | R. Smuggle D. Deliver E. Use | | 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. Synthetics | | U. Unknown Z. Other | |
| Charge Description DUI | | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number 316.193(1)(b) | | | | Violation of ORD # | | | | | | | | | | |
| Drug Activity E | | Drug Type C | | Amount / Unit | | Offense # 20-100235 | | Warrant / Capias Number | | | | Bond | | | | | | | | | |
| Charge Description | | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N | | Statute Violation Number | | | | Violation of ORD # | | | | | | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | | | | Bond | | | | | | | | | |
| Location (Court, Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996 | | | | | | | | | | | | | | | | | | | | | |
| Court Date and Time Month SEPTEMBER Day 16TH Year 2020 Time 0130 AM PM <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| 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) <i>[Signature]</i> | | | | | | Date Signed 06/25/2020 | | | | | | | | | | | | | | | |
| HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | | | | Signature of Arresting Officer <i>[Signature]</i> | | | | Name Verification (Printed by Arrestee) AUG 24 PM | | | | | | | | | | | | | |
| Intake Deputy 015 [Signature] | | | | Name of Arresting Officer (Print) D/S Black #20407 | | | | I.D. # 20407 | | | | | | | | | | | | | |
| Pouch # | | | | Transporting Officer D/S Black | | | | ID # 20407 | | | | Agency PBSO | | | | | | | | | |
| Witness here if subject signed with an "X" 1 OF 1 | | | | | | | | | | | | | | | | | | | | | |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF AUGUST 20 20 AT 0800 AM PM
SUBJECT: BEN AROSH EREZ CASE NUMBER: 20-100235

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Black #20407

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
ON THE ABOVE DATE AND TIME, I WAS DISPATCHED TO A POSSIBLE DRUNK DRIVER IN A SILVER NISSAN VERSA HEADING WESTBOUND ON HYPOLUXO ROAD FROM CONGRESS AVENUE. DISPATCH ADVISED A DELRAY BEACH POLICE SEGEANT IN A MARKED PATROL VEHICLE WAS BEHIND THE VEHICLE. I OBSERVED THE VEHICLE WITH THE MARKED DELRAY UNIT BEHIND IT. I OBSERVED THE VEHICLE LEAVE LANE 3 SWERVING INTO LANE 2 APPROXIMATELY 3 TIMES. IT WAS AT THAT TIME, I INITIATED A TRAFFIC STOP USING MY OVERHEAD LIGHTS AND SIREN. AS I APPROACHED THE VEHICLE, I OBSERVED THE DEFENDANT IN THE DRIVER'S SEAT WITH THE KEYS IN THE IGNITION.

OBSERVATION OF DRIVER:

I MADE CONTACT WITH THE DRIVER WHO ADVISED HE WAS LOST. THE MALE APPEARED CONFUSED AND THOUGHT HE WAS IN HOLLYWOOD. THE MALE HAD GLOSSY EYES AND PINPOINT PUPILS. WHILE I WAS SPEAKING WITH HIM, HE BEGAN TO FALL ASLEEP SEVERAL TIMES. THE DEFENDANT HAD SLURRED SPEECH.

DRIVER'S STATEMENTS:

THE DEFENDANT ADVISED HE WAS LOST AND WAS TRYING TO FIND 195 SOUTH WHEN I ASKED WHERE HE WAS, HE ADVISED HOLLYWOOD FLORIDA. HE STATED HE WAS TRYING TO FIGURE OUT WHICH WAS TO GO WHICH IS WHY HE WAS SWERVING IN AND OUT OF LANES. HE DENIED AN ALCOHOL OR DRUG USE.

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: SLURRED.

ATTITUDE: COOPERATIVE. VERY CONFUSED. DID NOT KNOW WHERE HE WAS.

CLOTHING: BLACK SHIRT, BLUE JEANS, WHITE SNEAKERS

MEDICAL/OTHER: None
ALL ROADSIDES CAPTURED ON IN-CAR VIDEO

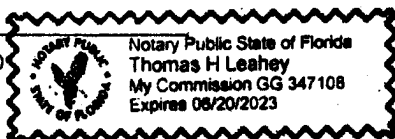
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Black #20407 *B. Black*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of AUGUST 20 20 by D/S Black #20407

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

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



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:

THE DEFENDANT KEPT SHUTTING HIS EYES AND WAS FALLING ASLEEP DURING THE TASK.

WALK & TURN:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN AND GIVEN INSTRUCTIONS. THE DEFENDANT KEPT FALLING ASLEEP OR STARING OFF INTO DISTANCE WHILE INSTRUCTIONS WERE GIVEN. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT WAS GIVEN INSTRUCTIONS SEVERAL TIMES. THE DEF TOOK 9 STEPS FORWARD, THE DEFENDANT STEPPED OFF THE LINE TIMES. THE DEFENDANT HAD TO USE HIS ARMS TO BALANCE NUMEROUS TIMES THROUGHOUT THE EXERCISE. THE DEFENDANT DID NOT COMPLETE THE PIVOT TURN AS INSTRUCTED.

ONE LEG STAND:

THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND AND GIVEN INSTRUCTIONS. THE DEFENDANT KEPT FALLING ASLEEP OR STARING OFF INTO DISTANCE WHILE INSTRUCTIONS WERE GIVEN. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT PUT HIS FOOT DOWN 3 TIMES. THE DEFENDANT USED HIS ARMS TO BALANCE HIMSELF. THE DEFENDANT LOST BALANCE EACH TIME ATTEMPTED. THE DEFENDANT ADVISED HE COULD NOT COMPLETE THE TASK.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE AND GIVEN INSTRUCTIONS. THE DEFENDANT KEPT FALLING ASLEEP OR STARING OFF INTO DISTANCE WHILE INSTRUCTIONS WERE GIVEN. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. HE FAILED TO REMOVE HIS FINGER FROM HIS NOSE FOR AN EXTENDED PERIOD OF TIME ON SEVERAL ATTEMPTS. THE DEFENDANT WAS UNABLE TO PERFORM THE TASK. HE KEPT FALLING ASLEEP DURING THE TASK.

ROMBERG ALPHABET:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE NUMBER COUNT, AS HE ADVISED HE DID NOT KNOW THE ENGLISH ALPHABET. THE DEFENDANT AGAIN BEGAN TO FALL ASLEEP WHILE INSTRUCTIONS WERE GIVEN. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT WAS GIVEN INSTRUCTIONS. THE DEFENDANT DID NOT KEEP HIS HEAD BACK AS INSTRUCTED. THE DEFENDANT CONTINUOUSLY OPENED HIS EYES AND KEPT MISSING NUMBERS. THE DEFENDANT SWAYED BACK AND FORTH DURING THE TASK.

BREATH TEST RESULTS:

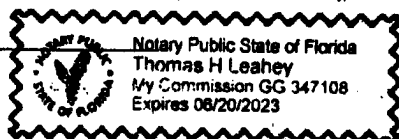
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Black #20407 B. Black
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of AUGUST 2020 by D/S Black #20407

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

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



SUBJECT

Ben Arash, Eric

CASE NUMBER

20-100935

QUESTIONS AND ANSWERS

THE POLICE ASK YOU THESE QUESTIONS WITH THESE RIGHTS IN MIND. YOU MAY STOP AT ANY TIME. IF YOU DO NOT UNDERSTAND ANY OF THESE RIGHTS, YOU MAY ASK FOR AN ATTORNEY. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU BEFORE ANY QUESTIONING. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU BEFORE ANY QUESTIONING. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU BEFORE ANY QUESTIONING.

WHAT TIME DID YOU GET UP AT THE TIME OF THE STORY ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE STORY ACCIDENT?

WHAT'S YOUR OCCUPATION WHERE 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 IS YOUR HOME ADDRESS?

WHAT DID YOU EAT? WHAT DID YOU DRINK?

HOW MANY HOURS WERE YOU WORKING FOR THE LAST THREE HOURS?

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

HOW MANY CIGARETTES DO YOU SMOKE? WITH WHO?

HOW LONG HAVE YOU HAD YOUR PRESENT JOB? AND YOUR LAST DRINK?

HOW DO YOU FEEL YOURSELF TODAY AND THE NIGHT BEFORE?

CAN YOU FEEL THE EFFECTS OF THE ACCIDENT? ARE YOU UNDER THE INFLUENCE?

HAVE YOU CONSIDERED A POLICE COMPLAINT IN THE ACCIDENT? HOW MUCH?

WHAT TIME DID YOU GET UP THE DAY OF THE ACCIDENT? WHEN DID YOU LAST DRINK?

HOW MANY HOURS WERE YOU WORKING ON THE DAY OF THE ACCIDENT? WHAT?

HOW MANY CIGARETTES DO YOU SMOKE? WHAT'S YOUR JOB?

HOW MANY HOURS WERE YOU WORKING ON THE DAY OF THE ACCIDENT? DID YOU FEEL ANY PAIN ON THE HEAD RECENTLY?

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Ben Avosh, Eric

CASE NUMBER 70-10035

WRITTEN CONSENT FOR DNA IN A MOUTH SWAB

PLEASE READ ONLY THE PARTS OF THIS FORM WHICH ARE APPLICABLE TO THE TYPE OF SAMPLE YOU ARE PROVIDING.

I am now providing that you submit a sample of your **BLOOD** for the purpose of identifying the person or persons who are the donor(s) of the sample.

OR

I am now providing that you submit a sample of your **URINE** for the purpose of identifying the person or persons who are the donor(s) of the sample.

OR

I am now providing that you submit a sample of your **BLOOD** for the purpose of identifying the person or persons who are the donor(s) of the sample.

THE INFORMATION YOU PROVIDE WILL BE USED ONLY FOR THE PURPOSES OF THIS CASE.

I am Eric B Block #20107 of the PBSO

I am providing this information to you because I have requested that your college to request a student ID card for me. I am providing this information to you because I have requested that your college to request a student ID card for me. I am providing this information to you because I have requested that your college to request a student ID card for me.

SUBJECTS: ERIC B BLOCK

Lead on camera

ADDITIONAL WARNINGS

PLEASE READ THE FOLLOWING WARNINGS CAREFULLY BEFORE SIGNING ANY STATEMENTS THAT YOU HAVE READ AND UNDERSTAND THEM.

- 1. You have the right to remain silent and not answer any questions.
- 2. Anything you say can be used against you in court.
- 3. You have the right to stop answering questions at any time. You will still need to answer questions if you stop answering questions.
- 4. You have the right to stop answering questions at any time. You will still need to answer questions if you stop answering questions.
- 5. You have the right to stop answering questions at any time. You will still need to answer questions if you stop answering questions.
- 6. You have the right to stop answering questions at any time. You will still need to answer questions if you stop answering questions.
- 7. You have the right to stop answering questions at any time. You will still need to answer questions if you stop answering questions.
- 8. You have the right to stop answering questions at any time. You will still need to answer questions if you stop answering questions.
- 9. You have the right to stop answering questions at any time. You will still need to answer questions if you stop answering questions.
- 10. You have the right to stop answering questions at any time. You will still need to answer questions if you stop answering questions.

Lead on camera



**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: 2020020137 | Date: 08/25/2020 |
| | Specialist Name/ID: AM/31562 |