

0312451

50-2021-MM-004517-ANB #3971

## ARREST / NOTICE TO APPEAR

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


1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5   4   21-002180</b>									
D E F E N D A N T	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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 <b>UNARMED</b>	Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) <b>S CENTRAL BLVD/W INDIANTOWN RD</b>					Location of Offense (Business Name, Address) <b>17300 S CENTRAL BLVD/W INDIANTOWN RD, JUPITER, FL</b>									
	Date of Arrest <b>06/21/2021</b>	Time of Arrest <b>13:12</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle								
	Name (Last, First, Middle) <b>DUCHARME, ERIC ROBERT</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)						
D E F E N D A N T	Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>	Date of Birth <b>01/16/1985</b>	Height <b>5'08</b>	Weight <b>200</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLONDE /</b>	Complexion <b>LIGHT</b>	Build <b>Med</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>S</b>	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>							
	Local Address (Street, Apt. Number) <b>1747 SE HARRISON ST, STUART, FL 34997</b>					(City)	(State)	(Zip)	Phone						
	Permanent Address (Street, Apt. Number) <b>1747 SE HARRISON ST, STUART, FL 34997</b>					(City)	(State)	(Zip)	Phone						
C O D E F	Business Address (Name, Street) <b>1747 SE HARRISON ST, STUART, FL 34997</b>					(City)	(State)	(Zip)	Phone						
	D/L Number, State <b>D265216850160 / FL</b>					Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>JUPITER, FL, United</b>	Citizenship <b>US</b>						
	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						
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: <b>1-ORR</b> <input type="checkbox"/> Legal Custodian					Residence Phone									
	Address (Street, Apt. Number) <b>2-ORR</b>					(City)	(State)	(Zip)	Business Phone						
	Notified by: (Name) <b>2-ORR</b>					Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT / AC 3. Incarcerated							
	Released To: (Name) <b>Relationship</b>					Date	Time								
C O D E F	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				
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:					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 <b>DUI - NORMAL FACULTIES IMPAIRED</b>					Statute Violation Number <b>316.193(1)(A)</b>					Violation of ORD #				
C H A R G E	Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>21-002180</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond						
	Charge Description <b>RESIST/OBSTRUCT OFFICER W/O VIOLENCE</b>					Statute Violation Number <b>843.02</b>					Violation of ORD #				
	Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>21-002180</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond						
	Charge Description					Statute Violation Number					Violation of ORD #				
I N T A K E	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									
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By					Released By	Released To			
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					Date Transported					Time Transported	Other			
N O T I C E T O A P P E A R	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room)					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				
	HOLD for Other Agency					Signature of Arresting Officer <b>7-PC 204</b>					Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Name of Arresting Officer (Print) <b>POWELL, THOMAS E</b>					ID # <b>1203</b>				
A D M I N	Intake Deputy <b>0510mmie 8033</b>					Fouch #					Transferring Officer <b>309 1229 JR</b>				
	Witness here if subject signed with an "X".														
	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed					Page <b>1 OF 1</b>				
	Signature of Arresting Officer					Name Verification (Printed by Arrestee)					Page <b>1 OF 1</b>				

COPIES TO: COURT, STATE ATTORNEY, AGENCY, CENTRAL RECORDS, JAIL, CRIME ANALYSIS, P.R.O., DEFENDANT

Powell, 1203

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   21-002180</b>					
	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				Special Notes:					
D E F	Name (Last, First, Middle) <b>DUCHARME, ERIC ROBERT</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/16/1985</b>	
	Charge Description <b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>				Charge Description <b>843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE</b>					
V I C T I M	Victim's Name (Last, First, Middle) <b>STATE FLORIDA,</b>				Race		Sex	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>196 MILITARY TRL, JUPITER, FL 33458</b>				Phone		Address Source			
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation			
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>21</u> day of <u>June</u>, <u>2021</u> at <u>14:49</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 06/21/2021 at approximately 1130 hours, I responded to S Central Blvd. and West Indiantown Road in reference to a male passed out behind the wheel of a black SUV per Sgt. Given.</p> <p>As I arrived on scene, Ofc. Gentile, Ofc. Fauntleroy, Ofc. Stan, and Sgt. Given were already on location. Sgt. Given advised the driver/defendant, later identified as Eric Robert Ducharme, D.O.B 01/16/1985, was believed to be under the influence of an unknown alcoholic beverage and or drugs. Officers on scene advised they were attempting to wake Ducharme up for a few minutes until Fire Rescue responded. After many attempts, the defendant regained consciousness.</p> <p>The defendant was standing outside of his vehicle as I arrived on scene. At this time he became uncooperative. While attempting to speak to the defendnat, I observed he was unbalanced on his feet and his words were slurred. As I was speaking to him, I could smell an odor of an unknown alcoholic beverage on his breath. I then asked the defendant if he was taking any medications that would result in his odd behavior. He advised he has a medical marijuana card. The defendant was being very aggressive at this point with myself and other officers stating he wasn't doing anything. I then asked him if he would perform Standardized Roadside Tasks which he refused.</p> <p>Based on my investigation, I determined the defendant was under the influence of an unknown alcoholic beverage and or drugs. I advised the defendant he was under arrest for those violations. The defendant did not comply with my verbal commands to place his hands behind his back. I then took hold of his right wrist and placed his hand behind his back with the assistance of other officers on scene.</p> <p>While attempting to place handcuffs on the defendant, he began to tense his body and was actively resisting. With the help of other officers on scene, we were able to place him</p>										
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER					
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>6-21-21</u> DATE				<b>POWELL, THOMAS E (1203)</b> NAME OF OFFICER (PLEASE PRINT)					
					<b>06/21/2021</b> DATE					
					PAGE <b>1 OF 2</b>					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   21-002180</b>		
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:		
D E F	Name (Last, First, Middle) <b>DUCHARME, ERIC ROBERT</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/16/1985</b>
	Alias						
<p>into handcuffs. The defendant would not go into the back of the police vehicle. He placed his foot on the bottom frame of the car and was not complying.</p> <p>Palm Beach Fire Rescue transported the defendant to Jupiter Medical Center due to his condition. Upon arrival to JMC I made contact with nurse S. Hartfield who was assigned to the defendant. Hartfield told me that the defendant would be in the hospital for at least three hours due to his condition. Because of this time frame obtaining a breath sample was not practical so I requested a sample of the defendant's blood. The defendant consented to the blood draw. The blood draw was completed by nurse S. Hartfield at 1300 hours and turned over to assisting Jupiter Officer O'Keefe. Officer O'Keefe placed the blood kit into evidence.</p> <p>Defendant was medically cleared from Jupiter Medical Center and transported to County Jail</p>							
<div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; opacity: 0.1; font-size: 100px; transform: rotate(-30deg); pointer-events: none;"> NOT A CERTIFIED COPY </div> </div>							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>6-21-21</b> DATE				<b>POWELL, THOMAS E (1203)</b> NAME OF OFFICER (PLEASE PRINT)		
					<b>06/21/2021</b> DATE		
					PAGE <b>2 OF 2</b>		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



**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: 2021015110	Date: 6/22/2021
	Specialist Name/ID: M. Took #8557