

20CT1974SB

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number 0502000		Agency Name Lantana Police Department	Agency Report Number (N.T.A.'s only) 6 4 20-000245
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type None/not Applicable
Location of Arrest (Including Name of Business) 17TH AVE S/S DIXIE HWY LAKE WORTH FL		Location of Offense (Business Name, Address) 100 N DIXIE HWY BLK, LANTANA, FL 33462		
Date of Arrest 02/02/2020	Time of Arrest 02:52	Booking Date 02/02/2020	Booking Time 03:39	Jail Date 02/02/2020
				Jail Time 03:39
				Location of Vehicle 410 NE 5TH AVE BOYNT

Name (Last, First, Middle) BROWN, JOHN MICHAEL J.		Alias:			Alias (Name, DOB, Sec. Sec. #, Etc.)	
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 09/01/1989	Height 5'08	Weight 178	Eye Color BLUE
Hair Color BLACK		Complexion LIGHT	Build Medium	Marital Status S		
Local Address (Street, Apt. Number) 2506 VICARA CT, ROYAL PALM BEACH, FL 33411		(City)	(State)	(Zip)	Phone (561) 972-1240	
Permanent Address (Street, Apt. Number) 2506 VICARA CT, ROYAL PALM BEACH, FL 33411		(City)	(State)	(Zip)	Phone (561) 972-1240	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	
DL Number, State B650473893210 / FL	Sec. Sec. Number	INS Number	Place of Birth (City, State) WEST PALM BEACH, FL	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	Name (Last, First, Middle)			Residence Phone
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. Potions	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. Synthetic	U. Unknown Z. Other
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Charge Description DUI-DRIVING UNDER THE INFLUENCE	State Violation Number 316.193(1)C	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit
Offense #	Counts 1	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 O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By
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) 200 W Atlantic Ave, DELRAY BEACH	No Photo Available
	Court Date and Time 02/24/2020 08:30:00	
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	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Deputy	Name of Arresting Officer (Print) TUANG, NGIN SIAN	I.D. # 839
I.D. #	Transporting Officer OFC TUANG	I.D. # Agency 839 LPD
Pouch #	Witness (Name, Title, Agency)	PAGE 1 of 1

FILED
CIRCUIT COURT
FEB 03 2020
CLERK OF COURT

FEB 03 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2nd DAY OF February 2020, AT 0242 AM/PM
SUBJECT: John M. Brown Jr CASE NUMBER: 20-000245
AGENCY: Lantana PD ARRESTING OFFICER: Ngin Tuang #839

PERSONAL CONTACT

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

Ofc observed the vehicle traveling northbound in the 100-blk of N Dixie Hwy. The vehicle failed to drive in a single lane and swerving multiple times as I waited for the back up units. Traffic stop was initiated in the 900-blk N Dixie Hwy. When I initiated the emergency lights, the vehicle swerved and traveled northbound in the southbound lanes of S Dixie Hwy (Lake Worth). The vehicle then came to the final stop at the intersection of 17th Ave S/ S Dixie Hwy, Lake Worth.

OBSERVATION OF DRIVER:

I observed the driver later identified as John M. Brown Jr had blood shot glassy eyes and his speeches were slurred. Brown also had a strong odor of an unknown alcohol beverage emitting from his mouth.

DRIVER'S STATEMENTS:

Brown advised he was going home from downtown Delray Beach.

ODORS:

Strong odor of an unknown alcohol beverage emitting from his mouth.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm

CLOTHING: Light green shirt, Blue Jeans

MEDICAL / OTHER:

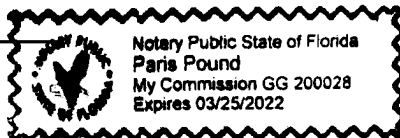
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of February 2020 by Ofc Tuang #839

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

Notary Public, Clerk of Court, Officer (F.S.S. 1.17, 10)



SCANNED
FEB 03 2020

SUBJECT: John M. Brown Jr CASE NUMBER: 20-000245

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:

John Brown Jr was swaying when he was standing.

WALK & TURN:

Refused

ONE LEG STAND:

Refused

FINGER TO NOSE :

Refused

ROMBERG / ALPHABET :

Refused

BREATH TEST RESULTS :

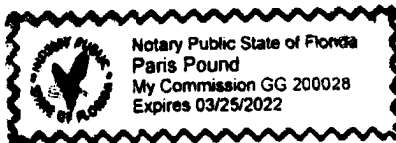
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 2nd day of February 20 20 by Ofc Tuang #839

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

Notary Public, Clerk of Court, Officer F.S.S. 117-10



SCANNED
FEB 03 2020

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

I, Officer N. Tuang #839, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 2nd day of February, 2020, at 0252 P.M. A.M.

DRIVER John Michael Brown Jr.
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

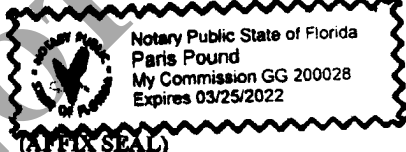
DL# B650-473-89-321-0, state of Florida, was placed under lawful arrest for
the offense of DUI by Ofc N. Tuang #839 and
issued Citation # A87LUME (Name of Arresting Officer)

That on or about the 2nd day of February, 2020, at 0357 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.

[Signature]
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:

Signature of Attesting Officer

Title

Date

The foregoing instrument was sworn and subscribed before
me this 2nd day of February, 2020,

by _____,
who is personally known to me or who has produced
_____ as identification

Notary Public

SCANNED

HSMV-BAR1001 (REV. 10/2016)

FEB 03 2020

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.

WITNESS LIST

CASE NUMBER: 20-000245

ARRESTING OFFICER N. Tuang #839

ADDRESS 901 N 8th St Lantana FL

PHONE NUMBERS (HOME) 561-540-5701 (WORK) _____

CAN TESTIFY TO: PC

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED

FEB 8 3 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020003689	Date: 02/03/2020
	Specialist Name/ID: AM/31562

SCANNED
FEB 03 2020