

20CT16446ANB

ARREST / NOTICE TO APPEAR

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

Agency ORI Number <b>0502300</b>	Agency Name <b>North Palm Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>7, 0 20-000703</b>
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 <b>NONE</b>	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>11100 US HIGHWAY 1</b>		Location of Offense (Business Name, Address) <b>11100 US HIGHWAY 1, NORTH PALM BEACH, FL 33408</b>
Date of Arrest <b>12/17/2020</b>	Time of Arrest <b>02:58</b>	Booking Date <b>12/17/2020</b>
Booking Time <b>03:08</b>	Jail Date <b>// : :</b>	Jail Time <b>// : :</b>
Location of Vehicle		

Name (Last, First, Middle) <b>BOOTS, KARATOHON</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/30/1987</b>	Height <b>5'07</b>
Weight <b>180</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>MEDIUM</b>
Build <b>Medium</b>	Marital Status <b>S</b>	Religion <b>ATHEIST</b>	Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>59 RECREATION RD, ONTRIO, ON</b>		Phone <b>(613) 406-1183</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State
Permanent Address (Street, Apt. Number) <b>59 RECREATION RD, ONTRIO, ON</b>		Phone <b>(613) 406-1183</b>	Address Source <b>VERBAL</b>
Business Address (Name, Street) <b>UNKNOWN,</b>		Phone	Occupation <b>Unknown</b>
DL Number, State <b>B6S184240870730 /</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>ONTARIO, ON, Canada</b>
Citizenship <b>ON CA</b>			

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"/> Other: _____ Name (Last, First, Middle)						
<input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip)						
Notified by: (Name) Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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.						
<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. Struggle 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 <b>DUI - BREATH .08 OR ABOVE</b>	Statute Violation Number <b>316.193(D)(C)</b>	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond		
Charge Description	Statute Violation Number	Violation of ORD #
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Health / Apparent Physical Condition of Defendant	Any knowledge of the following: Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformation <input type="checkbox"/> Injuries <input type="checkbox"/>
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Pooled Bond <input type="checkbox"/> South County Mental Health	PROPERTY - Received By Released By Released To
Transported By	Date Transported Time Transported Other

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) <b>NORTH COUNTY COURT</b>
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time <b>12/30/2020 08:30:00</b>
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 COMTEMPT 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>[Signature]</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>CHRISTENSEN, R</b>	(PRINT)
Transporting Officer <b>CHRISTENSEN</b>	ID.# <b>9894</b>	Agency <b>NPBPD</b>
Witness here if subject signed with an "X".	PAGE <b>1 OF 1</b>	

05202607

SCANNED

DEC 17 2020

DEC 17 AM 4:35


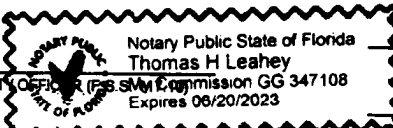

2020 DEC 17 AM 7:45  
No Photo Available

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N	OETS Number		Agency ORI Number <b>FL 0502300</b>		Agency Name <b>NORTH PALM BEACH POLICE</b>		Agency Report Number <b>7   0   20-000703</b>	
	Charge Type: Check as many as apply.		Special Notes:					
D E F	Name (Last, First, Middle) <b>BOOTS, KARATOHON</b>		Sex <b>M</b>		Date of Birth <b>07/30/1987</b>			
	Charge Description <b>316.193(1)(C) DUI - BREATH .08 OR ABOVE</b>		Charge Description					
C H A R G E S	Charge Description		Charge Description					
	Charge Description		Charge Description					
V I C T I M	Voter's Name (Last, First, Middle) <b>STAT OF FLORIDA,</b>		Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)		
Phone		Phone		Address Source		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>17</u> day of <u>December</u>, <u>2020</u> at <u>02:56</u> (Specifically include facts constituting cause for arrest.)</p> <p>On December 17th at approximately 01:00 hours I observed a white vehicle northbound in the 1000 block of US Highway 1 swerving and failing to maintain a lane almost hitting the concrete median. While attempting to follow the vehicle over the draw bridge, the white vehicle again swerved very sharply to the left and again almost hit the concrete median. The driver then appeared to change the direction of the vehicle after almost hitting the median by aggressively moving the vehicle to the right almost hitting another vehicle in lane 2. At this time, I then activated my emergency lights on my marked North Palm Beach Patrol vehicle. The white vehicle bearing NY tag # JSA7437 came to a complete stop at 11100 US Highway 1 North Palm Beach FL 33408.</p> <p>Upon contact with the driver who identified as Karatohon Boots (I/M DOB 07/30/1987). I began trying to talk with Boots. While speaking with Boots, Boots had a blank stare, would not look at me, had extremely watery and glassy eyes, and I could smell an unknown alcoholic beverage emitting from his breath. It should be noted; Boots was occupying the driver seat, was the sole occupant, and is the registered owner of vehicle 1. While talking with Boots, Boots would not look at me, continued to try and keep his head down, not make any form of contact with me. I then ask Boots if he was drinking tonight and he replied "yes". Boots did state that he drank 2 - 12oz drinks within the last two hours.</p> <p>The first task attempted was the walk and turn task. Boots had a hard time listening to my instructions and began the task while I was instructing. Once I told Boots to begin he failed to put heel to toe on steps 6 - 8. Boots also to very wide turns on both ending after the steps. The second task was the Finger to nose task. During this task Boots opened his eyes periodically thought the task. Boots did not use his index finger, Boots hand both hands open. Boots swayed 6-7 inches while doing the test. Boots also used his left index finger to touch the tip of his nose when I instructed her to use his right. During the one leg stand Boots could not maintain his balance and raised his</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		Notary Public State of Florida Thomas H Leahey My Commission GG 347108 S.E. 1st 06/20/2023		SIGNATURE OF ARRESTING/INVESTIGATING OFFICER <b>CHRISTENSEN, ROSS (9894)</b> NAME OF OFFICER (PLEASE PRINT)			
	DATE <u>12/17/2020</u>		DATE <u>12/17/2020</u>		PAGE 1 of 2			

OSTS Number Agency ORI Number <b>FL 0502300</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency Name <b>NORTH PALM BEACH POLICE</b>	Agency Report Number <b>7 0 20-000703</b>			
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:		
Name (Last, First, Middle) <b>BOOTS, KARATOHON</b>		Race <b>I</b>	Sex <b>M</b>	Date of Birth <b>07/30/1987</b>
<p>arms to gain support. Boots also swayed 3-5 inches to the side during the task. During the horizontal gaze nystagmus there was a lack of smooth pursuit in both the left and right eye. There was Distinct and sustained nystagmus at maximum deviation. There was also onset nystagmus prior to 45 degrees. The last task was the Rhomberg with recitation of the Alphabet. Boots opened his eyes periodically throughout the task and swayed about 3-5 inches. Boots at this time was handcuffed double locked and check for tightness. Boots was thoroughly searched before being placed in my marked patrol car. Boots was transported to Palm Beach County Sheriff Office Breath and Alcohol Testing Center (PBSO BAT). Boots did state at the PBSO BAT that "he had too much to drink."</p> <p>Karatohon Boots did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages or chemical substances as set forth in Florida Statute 877.111, or a controlled substance as set forth in Chapter 893 or any combination thereof, and was affected to the extent that his or her normal faculties were impaired; or while having a blood alcohol level of .08 or more grams of alcohol per 100 milliliters of blood or breath alcohol level of .08 or more grams of alcohol per 210 liters of breath, contrary to Florida Statute 316.193(1).</p>				
NOT A CERTIFIED COPY				
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S. 117) Commission GG 347108 Expires 06/20/2023		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>CHRISTENSEN, ROSS (9894)</b> NAME OF OFFICER (PLEASE PRINT)		
DATE <b>12/17/2020</b>	DATE <b>12/17/2020</b>			PAGE <b>2 OF 2</b>

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.   
3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

## COMMENTS:

arrived at center A/O conducted 20 minute observation period 0210 hrs.  
subject agreed to perform breath test  
A/O read rights & subject understood rights  
tech read breath test results & subject understood breath test results  
A/O conducted Q&A  
subject answered question

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: 80-006476 Software: 8100.27  
Date of Test: 12/17/2020

Date of Last Agency Inspection: 12/11/2020

Observation Period Began: 02:10

Subject's Name: KARATOHON BOOTS

DOB: 07/30/1987 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	02:36
Air Blank	0.000	02:36
Control Test	0.080	02:36
Air Blank	0.000	02:37
Subject Sample #1	0.199	02:38
Air Blank	0.000	02:38
Air Blank	0.000	02:40
Subject Sample #2	0.202	02:41
Air Blank	0.000	02:42
Control Test	0.078	02:42
Air Blank	0.000	02:43
Diagnostics Check	OK	02:43

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

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 THOMAS H LEAHEY, 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: T. Leahy Date: 12/17/2020  
Signature

Sworn to (or affirmed) before me this 17th day of December, 2020

[Signature] Printed Name of Notary Public-State of Florida Ofe R Christensen #9894

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.



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

PBSO CASE # 20-137563 PBSO ZONE 3-13

AGENCY CASE # 20000703 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 1:00 DATE 12:17 DAY Thursday

SUBJECT'S NAME KARATHON BOOTS RACE W SEX M

HGT 5'7 WGT 180 DOB 7/30/1987

LOCATION 11100 BLK US HIGHWAY 1

ARRESTING OFFICER'S NAME & ID CHRISTENSEN 9894 AGENCY NPBPD

DIVISION: Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0210

Arrest Time 0132

BREATH RESULTS:

1. .199

2. .202

3. n/a

4. n/a

TESTING OFFICER'S ID 19183

NOT A CERTIFIED COPY

SUBJECT: Boots Karatohon CASE NUMBER: \_\_\_\_\_

## 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

WHERE WERE YOU GOING? NOT SURE

WHAT STREET OR HIGHWAY WERE YOU ON? NOT SURE

DIRECTION OF TRAVEL? S WHERE DID YOU START? NOT SURE

WHAT TIME DID YOU START? NOT SURE WHAT TIME IS IT NOW? NOT SURE

WHAT IS TODAY'S DATE? NOT SURE WHAT DAY OF THE WEEK IS IT? WEDNESDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? FLORIDA, NOT SURE

WHEN DID YOU LAST EAT? 12:00 PM WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

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

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? \_\_\_\_\_

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

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:	EPILEPSY?	_____	<u>NO</u>
	GLASS EYE?	_____	<u>NO</u>
	FALSE TEETH?	_____	<u>NO</u>
	EAR INFECTION?	_____	<u>NO</u>
	INNER EAR TROUBLE?	_____	<u>NO</u>
	DIABETES?	_____	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: Ofc R Christensen NPPD

SUBJECT: Boots, Karatohm CASE NUMBER: \_\_\_\_\_

**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) \_\_\_\_\_

**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) Read on camera