

0514871

JOC 2912

976

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2020-0003267	
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 NOT APPLICABLE		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) N CONGRESS AVE/EMBASSY DR WPB, FL 33401			Location of Offense (Business Name, Address) 3799 N CONGRESS AVE/EMBASSY DR, WEST PALM BEACH,			
Date of Arrest 02/17/2020	Time of Arrest 19:33	Booking Date 02/17/2020	Booking Time 19:43	Jail Date // : :	Jail Time	Location of Vehicle 3799 N CONGRESS
Name (Last, First, Middle) OWENS, MARK PHILIP			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Asian	Sex M	Date of Birth 02/09/1976	Height 5'11	Weight 230	Eye Color BLUE	Hair Color BALD
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status M	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 checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 3219 ALTON RD, WEST PALM BCH, FL 33405		(City)	(State)	(Zip)	Home Phone (561) 707-9612	
Permanent Address (Street, Apt. Number) 3219 ALTON RD, WEST PALM BCH, FL 33405		(City)	(State)	(Zip)	Mobile Phone	
Business Address (Name, Street)		(City)	(State)	(Zip)	Work Phone	
DVL Number, State 0520555760490 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) COSTA RICA, Costa	Citizenship US
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <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	
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description 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. Synthetic	U. Unknown Z. Other	
Charge Description DUI-ACCOMPANIED BY PERSON UNDER 18 YOA			Statute Violation Number 316.193(4)		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
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"/> Postal Bond			<input type="checkbox"/> Released to Parent/Guardian	<input checked="" type="checkbox"/> I.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) Criminal Justice CRIMINAL JUSTICE COMPLEX Court Date and Time 03/17/2020 08:30:00 3228 GUN CLUB ROAD			
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 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.			Date Signed (561) 707-9612			
HOLD for Other Agency			Signature of Arresting Officer THOMAS, MICAH		Name Verification (Printed by Arrestee) THOMAS, MICAH	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) THOMAS, MICAH	
Inmate #			Planch #		I.D. # 02094	
Transporting Officer THOMAS, MICAH			I.D. # 2094		Agency WPBPD	
					Page 1 OF 1	

NO PHOTO AVAILABLE

NO PHOTO AVAILABLE

FEB 18 2020

DUI PROBABLE CAUSE AFFIDAVIT

On the 17 Day of February at 1933 hours A.M. P.M.

Subject: Owens, Mark P. Case Number: 20200003267

Agency: West Palm Beach Police Department Arresting Officer: M. Thomas 2094

Personal Contact

Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

Driver/Sole Occupant of a Black 2011 Kia Sorrento bearing FL Tag: EHAH40 that was involved in a crash with another vehicle. Driver attempted to make a left from southbound Congress Avenue onto Embassy Dr. in front of a northbound on Congress Avenue traveling V2. Driver stated, the other vehicle was operating between the hours of dusk and dawn without headlamps. This was disapproved because I observed the Kia's light were not active. Also, the other vehicle still had it's lights activated at it's final resting location.

Observation of Driver

The strong odor of alcoholic beverage(s) emanated for Driver's head and mouth area. Driver's eyes exhibited reddened conjunctiva. Driver's speech at times was slightly slurred, slow, and deliberate.

Drivers Statements:

After "changing hat", Driver was read his Constitutional Rights. Driver advised he understood what I read. Driver told me of the incident that occurred.

Odors:

The strong odor of alcoholic beverage(s) emanated for Driver's head and mouth area.

General Observations

Speech: Slightly slurred, slow, and deliberate.

Attitude: Cooperative & Polite

Clothing: Orange Collared Shirt, Long Blue Denim Pants, Blue Tennis Shoes

Medical Problems/Medications: None

Other: WPBFR run number is: 20-3706

Witness Luisa, advised that after the crash, Driver walked down the sidewalk and threw what appeared to be a 6 pack into the bushes. I checked the area, but could not locate the 6 pack.

FEB 18 2020

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Owens, Mark P. Case Number: 20200003267

Roadside Tasks

Horizontal Gaze Nystagmus	
<input type="checkbox"/> Left Eye Does Not Follow Smoothly	<input type="checkbox"/> Right Eye Does Not Follow Smoothly
<input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less	<input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less
<input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation	<input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation

Walk and Turn Task
During instructional phase, Driver couldn't stand as I stood. After completing example, Driver was asked if he understood the instructions presented and if he had any question(s). Driver advised he understood what was presented and did not have any question(s). During task Driver failed to make heel to toe contact, stopped to steady himself, stepped off the line, and turned incorrectly.

One Leg Stand
After completing example Driver was asked if he understood the instructions presented and if he had any question(s). Driver advised he understood and did not have any question(s). During task, Driver hopped and swayed.

Finger To Nose
After completing example Driver was asked if he understood the instructions presented and if he had any question(s). Driver advised he understood what was presented and did not have any question(s). During task, Driver couldn't touch the tip of his nose with the tip of his finger 6 out of 6 attempts. During task after each request, Driver had to be instructed to place his index finger back to his side. Driver also had to be told numerous time to close eyes and tilt head back. The requested was: Left, Right, Left, Right, Right, Left

Romberg Balance
Did not conduct

Breath Results from Instrument

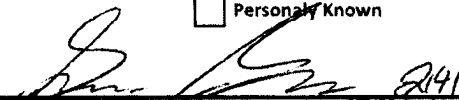
1st Result **.249** 2nd Result **.240** 3rd Result **N/A**
If Applicable

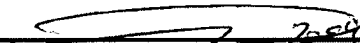
State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this _____ (DATE)

Personally Known Produced Identification Notary Public


Notary / Clerk of Courts / Officer (FSS: 117.10)


Signature of Arresting Officer

SCAMP
Page 2 of 2
FEB 18 2020

SUBJECT: Owens, Mark P.

CASE NUMBER: 20200003267

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 determining 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 determining its alcohol content and/or presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am M. Thomas 2094 of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: Read @ 2014 hours/Consented after Reading Implied

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 can not 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 treats 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.

SUBJECTS SIGNATURE: Read @ 2038 hours

SCANNED
FEB 18 2020

DEFENDANT: Owens, Mark P.

CASE NUMBER: 20200003267

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 OPERATION A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT: _____
WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START FROM? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE(3) HOURS? _____

HOW MUCH DO YOU WEIGHT? _____ 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? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON YOUR HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHEN? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: _____

EPILEPSY? _____

GLASS EYE? _____

FALSE TEETH? _____

EAR INFECTION? _____

INNER EAR TROUBLE? _____

DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTABLE 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: M. Thomas 2094

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FEB 18 2020

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: 02/17/2020

Date of Last Agency Inspection: 01/28/2020
Observation Period Began: 19:54
Subject's Name: MARK P OWENS DOB: 02/09/1976 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	20:28
	Air Blank	0.000	20:29
	Control Test	0.080	20:29
	Air Blank	0.000	20:30
	Subject Sample #1	0.249	20:31
	Air Blank	0.000	20:32
	Air Blank	0.000	20:34
	Subject Sample #2	0.240	20:35
	Air Blank	0.000	20:35
	Control Test	0.079	20:36
	Air Blank	0.000	20:36
	Diagnostics Check	OK	20:36

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

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced PLA as identification, and who after being placed under oath, states:

I MICAH L THOMAS, 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] 2024 Date: 02/17/2020
Signature

Sworn to (or affirmed) before me this 17 day of February, 2020
[Signature] 2141 Gosner Michel
Signature of Notary Public-State of Florida 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.

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FEB 18 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020005428	Date: 2/18/2020
	Specialist Name/ID: Gammage/5660

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FEB 18 2020