

20CF 17541

0497449

768

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number				Agency Name Palm Beach PD		Agency Report Number (N.T.A.'s only) 20-000708			
	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 2		Multiple Clearance Indicator UK	
	Location of Arrest (Including Name of Business) 400 Block Worth Avenue Palm Beach 33480						Location of Offense (Business Name, Address) 400 Block Worth Avenue					
	Date of Arrest 06/19/2020		Time of Arrest 1632		Booking Date		Booking Time		Jail Date		Jail Time	
DEFENDANT	Name (Last, First, Middle) Chopin Philip M						Alias (Name, DOB, Soc. Sec. #, Etc.) Palm Beach					
	Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 08/31/1968		Height 604		Weight 190		Eye Color Green	
	Hair Color Bld		Complexion Light		Build Med		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tat. both shoulders		Marital Status Married		Religion CATHOLIC	
	Local Address (Street, Apt. Number) 600 South Dixie Ave Apt. 531, West Palm Beach 33401		City (City)		State (State)		Zip (Zip)		Phone (561) 762-8077		Indication of Alcohol/Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 600 South Dixie Ave Apt. 531, West Palm Beach 33401		City (City)		State (State)		Zip (Zip)		Phone (561) 762-8077		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
Business Address (Name, Street) ()		City (City)		State (State)		Zip (Zip)		Phone ()		Address Source Verbal		
D/L Number, State C150-673-68-311-0		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) Miami, FL		Citizenship US		Occupation Attorney		
CO-DEF	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
JUVENILE	Parent Name (Last, First, Middle)		Legal Custodian		Other		Residence Phone ()		Address (Street, Apt. Number) ()		City (City)	
	Address (Street, Apt. Number) ()		City (City)		State (State)		Zip (Zip)		Business Phone ()		Notified by: (Name) ()	
	Released To: (Name) ()		Relationship ()		Date ()		Time ()		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		School Attended ()	
	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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property ()		Value of Property ()		Grade ()			
CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/Distribute		M. Manufacture/Products/Cultivate		Z. Other	
	Charge Description D.U.I. - Property Damage		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3C) 1A		Violation of ORD #		Drug Type N. N/A A. Amphetamine	
	Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-000708		Warrant / Capias Number		Bond	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input 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 type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
NOTICE TO APPEAR	Location (Court, Room Number, Address) 3228 Gun Club Rd., West Palm Beach, FL											
	Court Date and Time Month 07 Day 13 Year 2020 Time 0830 AM <input checked="" type="checkbox"/> PM <input 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) ()						Date Signed ()						
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer ()				Name Verification (Printed by Arrestee) JUN 19 PM 8:05					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) March				I.D. # 0059				(PRINT) SCANNED	
	Intake Deputy ()		I.D. #		Pouch #		Transporting Officer March		ID #		Agency PBPD	
Witness here if subject signed with "X" ()												
PAGE 1 OF 1												

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 03 DAY OF March 20 20, AT 1606 AM PM

SUBJECT: _____ CASE NUMBER: 20-000708

AGENCY: Palm Beach PD ARRESTING OFFICER: _____

PERSONAL CONTACT

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

The defendant was observed failing to yield to a pedestrian in the crosswalk in the 400 block of Worth Avenue. Upon initiating a traffic stop, the defendant was sitting behind the driver seat with the keys in the ignition and the vehicle on.

OBSERVATION OF DRIVER:

Slurred speech, blood shot eyes, off balance.

DRIVER'S STATEMENTS:

Stated he consumed cocktails and just wants to go home.

ODORS:

Unknown alcoholic beverage was emanating from his breath and facial area

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm

CLOTHING: Short sleeve collar shirt, blue shorts, brown shoes

MEDICAL/OTHER:

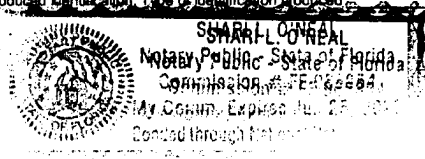
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of June 20 20 by _____

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

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
JUN 20 2020

SUBJECT: _____ CASE NUMBER 20-000708

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Eyes glassy and bloodshot. Off balance while walking.

WALK & TURN

Missed Heel to Toe and started before being instructed to start.

ONE LEG STAND:

The defendant was off balance and put his foot down prior to being instructed.

FINGER TO NOSE:

Not performed.

ROMBERG ALPHABET:

Not Performed.

BREATH TEST RESULTS: .146

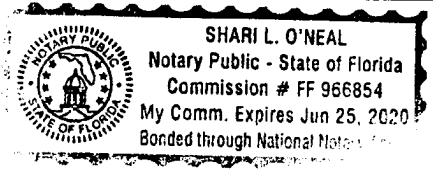
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

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[Signature]
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SCANNED
JUN 20 2020

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: 80-006240 Software: 8100.27
Date of Test: 06/19/2020

Date of Last Agency Inspection: 05/15/2020
Observation Period Began: 17:10
Subject's Name: PHILIP M CHOPIN

DOB: 08/31/1968 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	17:34
	Air Blank	0.000	17:34
	Control Test	0.081	17:34
	Air Blank	0.000	17:35
	Subject Sample #1	0.146	17:36
	Air Blank	0.000	17:36
	Air Blank	0.000	17:38
	Subject Sample #2	0.125	17:39
	Air Blank	0.000	17:40
	Air Blank	0.000	17:42
	Subject Sample #3	0.115	17:43
	Air Blank	0.000	17:43
	Control Test	0.080	17:44
	Air Blank	0.000	17:44
	Diagnostics Check	OK	17:44

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 SHARI L O'NEAL, 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] Date: 06-19-20
Signature

Sworn to (or affirmed) before me this 19 day of June, 2020

[Signature] Signature of Notary Public-State of Florida
Ofc. Mach #0059 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.

SCANNED

JUN 20 2020

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: 80-006240 Software: 8100.27
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	Diagnostics Check	OK	17:34
	Air Blank	0.000	17:34
	Control Test	0.081	17:34
	Air Blank	0.000	17:35
	Subject Sample #1	0.146	17:36
	Air Blank	0.000	17:36
	Air Blank	0.000	17:38
	Subject Sample #2	0.125	17:39
	Air Blank	0.000	17:40
	Air Blank	0.000	17:42
	Subject Sample #3	0.115	17:43
	Air Blank	0.000	17:43
	Control Test	0.080	17:44
	Air Blank	0.000	17:44
	Diagnostics Check	OK	17:44

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 SHARI L O'NEAL, 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] Date: 06-19-20
Signature

Sworn to (or affirmed) before me this 19 day of June, 2020

[Signature] Dfc. Mach # 0059
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.

SCANNED

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT: CASE NUMBER:
DATE: VIDEO DVD NUMBER:
BEGINNING TIME: 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 TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O MACH #0059
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D WAS NOT BLOWING CORRECTLY AT FIRST, EXPLAINED TO HIM AGAIN.
D HAD TO GIVE THREE SAMPLES NO .02 AGREEMENT WITH THE FIRST AND SECOND BREATH.
D COMPLETED THE TEST CORRECTLY.
C/W READ ON CAMERA.
Q&A CONDUCTED.
D STATED ON CAMERA MEDICAL PROBLEMS AND MEDICATIONS.
PRESCRIPTION FOR MEDICAL MARIJUANA.

SCANNED
JUN 20 2020



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

PBSO CASE # 20-079667 PBSO ZONE 1-11

AGENCY CASE # 20-000708 CRASH CASE # _____

TIME OF STOP/CRASH 1606 DATE 6/19/20 DAY Friday

SUBJECT'S NAME Philip Maurice Chapin RACE W SEX M

HGT 604 WGT 190 DOB 8/31/68

LOCATION 400 Block Worth Ave

ARRESTING OFFICER'S NAME & ID Thomas Mack 0039 AGENCY PBPD

DIVISION: Patrol

NOTIFIED BY COMMO

ARRIVAL AT FACILITY 1710hrs

Arrest Time 1632

BREATH RESULTS:

1. .146
2. .125
3. .115
4. _____

TESTING OFFICER'S ID 6212

NOT A CERTIFIED COPY

SCANNED
JUN 20 2020

SUBJECT: Philip Chopin

CASE NUMBER: 20-000708

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? To Apt. from ST. Edwards

WHAT STREET OR HIGHWAY WERE 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 COUNTY AND CITY ARE YOU IN NOW? West Palm Beach

WHEN DID YOU LAST EAT? 6:00 - 5:00 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? 17:00 AND YOUR LAST DRINK? 14:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Between 15:00 - 17:00 Time dress

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

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 THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

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

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ 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>Yes - vertigo, a</u>
DIABETES?	<u>pre diabetic</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? JUN 20 2020

INTERVIEWER: TRM 0059

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Philip Chopin CASE NUMBER: 20-000708

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.

SCANNED
JUN 20 2020

SUSPECT'S SIGNATURE: (X) Read on camera



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: 2020015147	Date: 06/20/2020
	Specialist Name/ID: AM/31562

SCANNED
 JUN 20 2020