

50-2021-CF-000688-AMB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>				Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number (N.T.A.'s only) <b>06-21-028186</b>											
	Charge Type: Check as many as apply.		<input checked="" 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		Weapon Seized / Type 2 1. Yes NONE 2. No		Multiple Clearance Indicator 01											
	Location of Arrest (Including Name of Business) <b>ROYAL PALM BEACH BLVD/SUNSET BLVD</b>						Location of Offense (Business Name, Address) <b>ROYAL PALM BEACH BLVD/SUNSET BLVD, LOXAHATCHE / FL / 33412</b>															
	Date of Arrest <b>01/22/2021</b>		Time of Arrest <b>2227</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>STEVES TOWING</b>									
DEFENDANT	Name (Last, First, Middle) <b>Dewitt, Sean, Christopher</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M		Date of Birth <b>5/23/1990</b>		Height <b>5'10</b>		Weight <b>185</b>		Eye Color <b>BRO</b>		Hair Color <b>BRO</b>		Complexion <b>MED</b>		Build <b>MED</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>						Marital Status <b>Married</b>		Religion <b>NONE</b>		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
	Local Address (Street, Apt. Number) <b>12590 Ne 16th Ave Apt 308, North Miami, FL 33161</b>						City		State		Zip		Phone <b>(386) 308 8455</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2					
	Permanent Address (Street, Apt. Number)						City		State		Zip		Phone		Address Source <b>FL DL</b>							
	Business Address (Name, Street)						City		State		Zip		Phone		Occupation <b>PLUMBER</b>							
CO-DEF	D/L Number, State <b>D300783901830, FL</b>				Soc. Sec. Number				INS Number				Place of Birth (City, State) <b>MIAMI, FL</b>		Citizenship <b>USA</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									
	Parent Name (Last, First, Middle)				Name (Last, First, Middle)		Address (Street, Apt. Number)		City		State		Zip		Residence Phone							
JUVENILE	Parent Name (Last, First, Middle)				Name (Last, First, Middle)		Address (Street, Apt. Number)		City		State		Zip		Business Phone							
	Notified by: (Name)				Date		Time		Juvenile Disposition Handled/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated											
	Released To: (Name)				Relationship		Date		Time													
	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)								School Attended		Grade											
CHARGE	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				Value of Property													
	Drug Activity S. Sell N. N/A B. Buy P. Possess				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. Synthetics		U. Unknown Z. Other	
	Charge Description <b>DRIVING UNDER THE INFLUENCE</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1) a</b>				Violation of ORD #									
	Drug Activity <b>N</b>				Drug Type <b>N</b>		Amount / Unit		Offense # <b>21-028186</b>		Warrant / Capias Number				Bond							
	Charge Description <b>POSSESSION OF CONTROLLED SUBSTANCE (XANAX)</b>				Counts <b>2</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>893.13(6)(a)</b>				Violation of ORD #									
Drug Activity <b>P</b>				Drug Type <b>S</b>		Amount / Unit <b>1</b>		Offense # <b>21-028186</b>		Warrant / Capias Number				Bond								
Charge Description <b>POSSESSION OF CONTROLLED SUBSTANCE (OXYCODONE)</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>893.13(6)(a)</b>				Violation of ORD #										
Drug Activity <b>P</b>				Drug Type <b>S</b>		Amount / Unit <b>1</b>		Offense # <b>21-028186</b>		Warrant / Capias Number				Bond								
Charge Description <b>POSSESSION OF CONTROLLED SUBSTANCE (OXYCODONE)</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>893.13(6)(a)</b>				Violation of ORD #										
Drug Activity <b>P</b>				Drug Type <b>S</b>		Amount / Unit <b>1</b>		Offense # <b>21-028186</b>		Warrant / Capias Number				Bond <b>JAN 23 4:45</b>								
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>																					
	Court Date and Time Month <b>FEB</b> Day <b>18</b> Year <b>2021</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM																					
	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. <b>REFUSED</b> Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed <b>01/22/2021</b>																					
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer <b>INV W Amador #9440</b>				Name Verification (Printed by Arrestee) <b>INV W AMADOR #9440</b>													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) I.D. # <b>INV. W. AMADOR #9440 9440</b>				(PRINT)													
Intake Deputy <b>Spratt 816</b> I.D. #				Pouch #				Transporting Officer I.D. # Agency <b>INV. W. AMADOR 9440 PBSO</b>				Witness here if subject signed with an "X" <b>1</b> OF										

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY) PBSO 8148 REV. 5/97

J#0520930

# 2872

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request For Warrant	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>21-</b>		
Charge Type Check as many as apply		Special Notes						
<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								
Defendant Name (Last, First, Middle) <b>DEWITT SEAN C</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>5/23/1990</b>		
Charge <b>DUI</b>		Charge						
Charge		Charge						
Victim Name (Last, First, Middle) <b>STATE OF FLORIDA</b>				Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
The undersign 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. The person taken into custody...								
<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.						
<input type="checkbox"/> confessed to admitting to the below facts.		<input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the <u>22</u> day of <u>JANUARY</u> 20 <u>21</u> at <u>2120</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

ON 1/22/2021 AT 2120 HOURS, I RESPONDED TO THE AREA OF ROYAL PALM BEACH BLVD AND SUNSET BLVD REFERENCE TO A BOX TRUCK (FLORIDA TAG LLGZ91) SWERVING IN AND OUT OF ONCOMING TRAFFIC.

UPON ARRIVAL, I LOCATED A BOX TRUCK, BEARING FLORIDA TAG LLGZ91, PARKED IN THE ONCOMING LANE OF SUNSET BLVD JUST WEST OF ROYAL PALM BEACH BLVD. AS I ACTIVATED MY BLUE LIGHTS, THE DRIVER PUT THE BOX TRUCK IN REVERSE AND STARTED BACKING TOWARDS MY VEHICLE. THE DRIVER THEN PUT THE TRUCK IN DRIVE AND PULLED PARTIALLY INTO A DRIVEWAY. I IDENTIFIED MYSELF AS LAW ENFORCEMENT AND INFORMED HIM THAT I STOPPED HIM DUE TO BEING PARKED IN THE ROADWAY. I EXPLAINED THAT PBSO ALSO RECEIVED A CALL THAT HE WAS HAVING TROUBLE STAYING IN HIS LANE. THE DRIVER IDENTIFIED HIMSELF WITH A FLORIDA DRIVER LICENSE AS SEAN DEWITT. AS SEAN BEGAN TO EXPLAIN WHY HE WAS PARKED ON THE ROADWAY, THERE WAS A SMELL OF AN UNKNOWN ALCOHOLIC BEVERAGE ON HIS BREATH. SEAN'S SPEECH WAS ALSO SLURRED TO THE POINT THAT I STRUGGLED TO UNDERSTAND HIM. AT THIS POINT I ASKED SEAN TO TURN THE TRUCK OFF, AND I REQUESTED A DUI INVESTIGATOR. DUI INVESTIGATOR AMADON #9440 ARRIVED AND TOOK OVER THE INVESTIGATION.

The foregoing instrument was sworn to and affirmed before me this <u>22</u> day of <u>January</u> 20 <u>21</u> , by:	
<u>FW W Amadon</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>KELLERMAN</u> 18331 Name of Arresting/Investigating Officer
<u>FW W Amadon #9440</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
	Page <u>1</u> of <u>1</u>

<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	Juvenile N
OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-028186</b>
ADMIN	Charge Type: Check as many as apply.		Special Notes:		
	<input checked="" 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		
DEF	Name (Last, First, Middle) <b>Dewitt, Sean, Christopher</b>		Alias	Race W	Sex M
				Date of Birth 5/23/1990	
CHARGES	Charge Description <b>DRIVING UNDER THE INFLUENCE</b>	316.193(1)	Charge Description <b>POSSESSION OF CONTROLLED SUBSTANCE (XANAX)</b>	893.13(6)(a)	
	Charge Description <b>POSSESSION OF CONTROLLED SUBSTANCE (OXYCODONE)</b>	893.13(6)(a)	Charge Description <b>POSSESSION OF CONTROLLED SUBSTANCE (OXYCODONE)</b>	893.13(6)(a)	
VICTIM	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA, ,</b>		Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (zip)		Phone ( )	Address Source	
	Business Address (Name, Street) (City) (State) (zip)		Phone ( )	Occupation <b>GOVERNMENT</b>	
<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. 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>22</u> day of <u>January</u> 20<u>21</u> at <u>2113</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>***** Supplemental PC *****</p> <p>On the above date and time after taking the defendant into custody I secured his cash from his wallet that had a United States Passport Photo card depicting the defendant inside. After opening the folded money I located two Xanax and two Oxycodone. The pills were identified by their markings via www.drugs.com.</p> <p>Based on the defendant being in possession of the above described controlled substances I charged the defendant with one count of possession of a controlled substance for each pill.</p> <p>A violation of FSS 893.13(6)(a)</p>					
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>Inv W Amadon #944</i> ENV. W. AMADON #<u>944</u></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>22</u> day of <u>January</u> 20<u>21</u> by <u>INV. W. AMADON</u> KNOWN L.E.O.</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced</p> <p><u>Inv. A. Soloway #8586</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>				
PAGE 1 OF 1					

NOT A CERTIFIED COPY



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

PBSO CASE # 21-028186 PBSO ZONE 15-21

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

TIME OF STOP/CRASH 2113 DATE 01/22/2021 DAY Friday

SUBJECT'S NAME Dewitt, Sean, Christopher RACE W SEX M

HGT 5'10 WGT 185 DOB 5/23/1990

LOCATION ROYAL PALM BEACH BLVD/SUNSET BLVD

ARRESTING OFFICER'S NAME & ID INV. W. AMADON (9440) AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2258

ARREST TIME 2227

BREATH RESULTS:

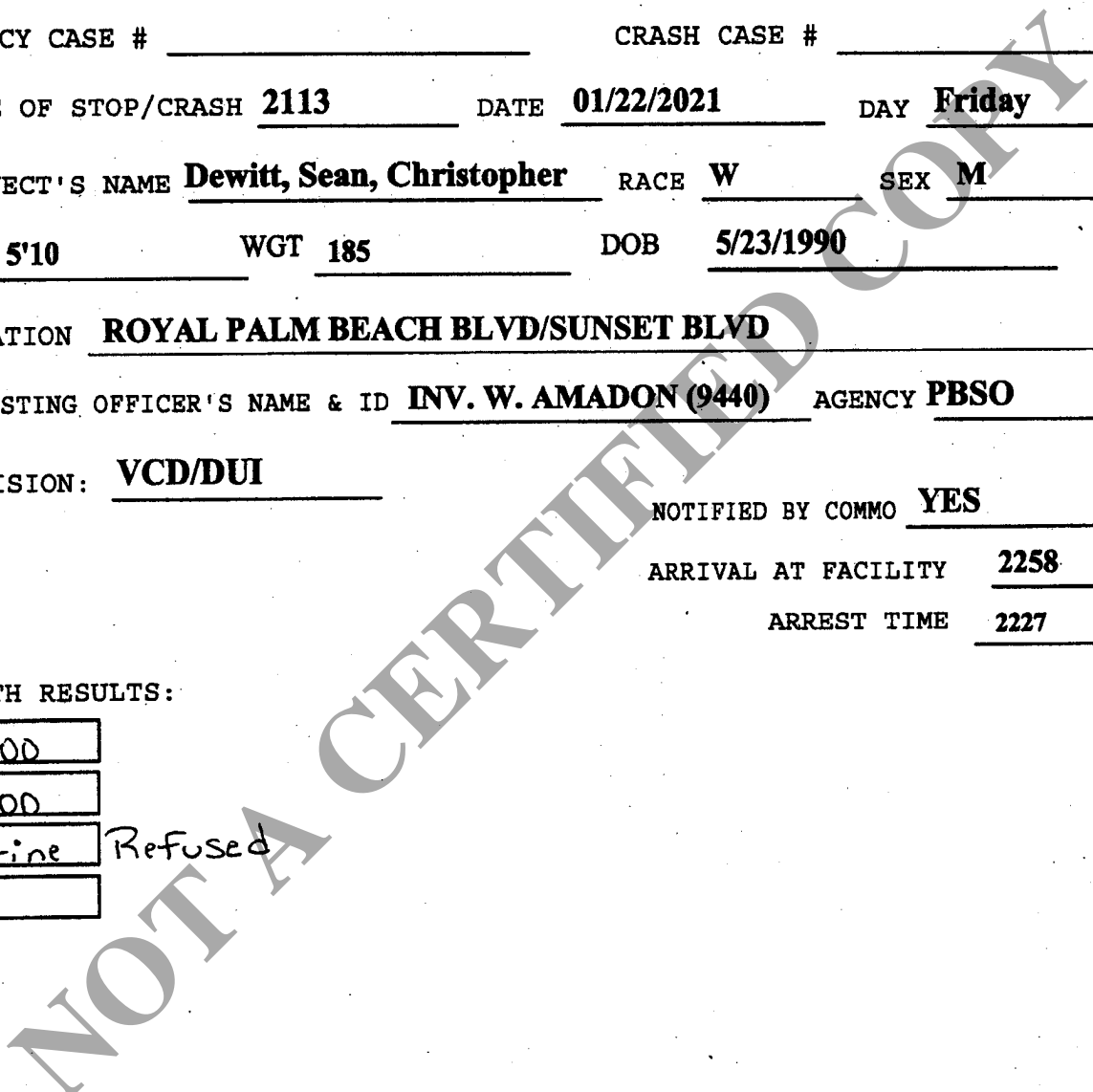
1) .000

2) .000

3) Urine Refused

4) \_\_\_\_\_

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /



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

I, INV. WILL AMADON, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of enforcement agency)

or affirm that on or about the TWENTY-THRID day of January, 2021, at 01:22

DRIVER SEAN CHRISTOPHER DEWITT  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # D300783901830, state of FL, was placed under lawful arrest for

the offense of DUI by INV. W. AMADON and  
(Name of Arresting Officer)

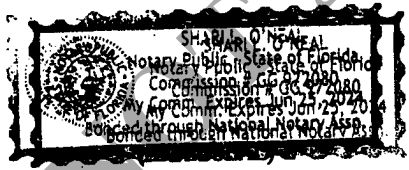
issued Citation # AEA7AUE

That on or about the TWENTY-THRID day of January, 2021, at 23:30  
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 (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.

W. Amadon #10440  
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

The foregoing instrument was sworn and subscribed before  
me this 23 day of January, 2021

Title \_\_\_\_\_  
Date \_\_\_\_\_

by \_\_\_\_\_  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification.  
Notary Public S. O'Neal

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.



# Palm Beach County Sheriff's Office

Date 01/22/2021 Time: 2113 Defendant: DEWITT, SEAN CHRISTOPHER Case #: 21-028186  
 Location of Stop: ROYAL PALM BEACH BLVD/SUNSET BLVD Defendant D.O.B.: 05/23/1990 Defendant Race / Sex : W M  
 Location of Roadside: ROYAL PALM BEACH BLVD/SUNSET BLVD Crash Case # \_\_\_\_\_

### VEHICLE IN MOTION

Vehicle Description: Year: 2019 Make: IZUS Model: BOX TRUCK Color: WHITE Tag #: LLGX91 State: FL  
 Violations Observed: SEE SUPP PC  
 Citation #(s): \_\_\_\_\_

### PERSONAL CONTACT

Driver Identification: DEWITT, SEAN C Did driver exit vehicle?  Yes  No

- Manner -  Falling  Unsteady  Leans on Vehicle  Swaying  Other: \_\_\_\_\_
- Odor of breath alcohol/other -  Strong  Moderate  Slight  None
- Eyes -  N/A  Glassy  Red  Bloodshot  Watery  Dilated  Constricted
- Speech -  N/A  Slurred  Slow  Thick Tongued  Incoherent  Rambling  Accent
- Walking -  N/A  Staggering  Stumbling  Weaving  Falling
- Standing -  N/A  Swaying  Needs Support  Leaning  Falling
- Clothing -  N/A  Disheveled  Soiled  Missing  Neat Explain: \_\_\_\_\_
- Attitude -  N/A  Hostile  Aggressive  Profane  Other: COMPLIANT
- Medications -  N/A  Yes  No Names \_\_\_\_\_

Time of Consumption: \_\_\_\_\_

### HEALTH

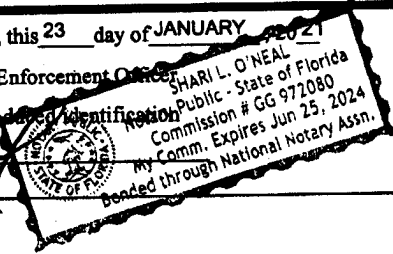
Are you sick?  Yes  No Are you injured?  Yes  No  
 Do you wear contacts?  Yes  No If yes, what type?  Rigid  Soft Do you wear glasses?  Yes  No  
 Do you have any physical defects?  Yes  No If yes, specify: \_\_\_\_\_  
 Do you take any medication?  Yes  No If yes, specify: \_\_\_\_\_  
 Diabetic?  Yes  No Are you taking insulin?  Yes  No Epileptic?  Yes  No Glass eye?  Yes  No  
 Are you presently under the care of a doctor of dentist?  Yes  No If yes, which? \_\_\_\_\_  
 What are you being treated for? \_\_\_\_\_

### ENVIRONMENTAL FACTORS

- Area/Conditions -  Day  Night Wind -  Calm  Windy  Rain
- Traffic -  Heavy  Moderate  Light
- Area -  Parking Lot  Roadside  Other: \_\_\_\_\_
- Surface -  Paved  Level  Hard  Dry  Other: \_\_\_\_\_
- Lighting -  Street Light  Car Lights  Other: \_\_\_\_\_

F.S.T. -  Yes  No  Refused (If refused, was person advised they could be arrested and their refusal used in court?)  Yes  No  
 Witness to F.S.T.: INV. A. SOLOWAY #8586  
 Arrested?  Yes  No  
 Additional Charges:  DWLS  No DL  Warrant  Resisting  Possession  Other: \_\_\_\_\_

Sworn and subscribed before me, this 23 day of JANUARY, 2021  
 Notary Public  Law Enforcement Officer  
 Personally known  Professional Identification  
 Name and signature of Notary: [Signature]  
 Signature: INV. W. AMADON #9440  
 Print Name & Officer ID#: \_\_\_\_\_



Date: 01/22/2021 Time: 2113 Defendant: DEWITT, SEAN CHRISTOPHER Case #: 21-028186

FIELD SOBRIETY TASKS ADMINISTERED

H.G.N.

Left	Right
<input checked="" type="checkbox"/> y	<input checked="" type="checkbox"/> y
<input type="checkbox"/> n	<input type="checkbox"/> n
<input type="checkbox"/> n	<input type="checkbox"/> n
<input type="checkbox"/> n	<input type="checkbox"/> n

- Lack of smooth pursuit
- Distinct and Sustained Nystagmus at maximum deviation
- Onset prior to 45 degrees
- Vertical Nystagmus observed
- Lack of Convergence:  Yes  No  Refused to do exercise

WALK AND TURN

1. Steps from line during instructions.  2. Starts too soon.  3. Stops while walking.
4. Does not touch heel \_\_\_\_\_ down \_\_\_\_\_ additional to toe. \_\_\_\_\_ back \_\_\_\_\_ additional
5. Incorrect number of steps. \_\_\_\_\_ & \_\_\_\_\_ 6. Raises arms for balance.
7. Improper turn.  Describe: TURNED RIGHT IN A SPINNING MOTION, STUMBLER AND LEANED OVER TO REGAIN BALANCE
8. Steps off line/loses balance.  Step #: MULTIPLE
9. Cannot do exercise.  Explain: \_\_\_\_\_
10. Type of line used: YELLOW TAPE 11. Type of footwear: SNEAKERS Removed original footwear?: YES
12. Refused to do exercise.

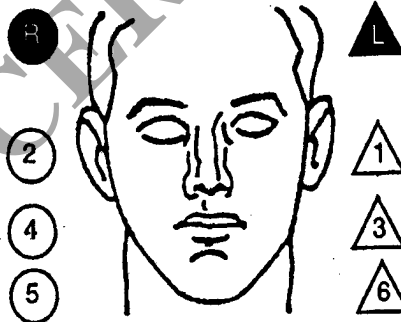
ONE LEG STAND

1. Sways while balancing.  2. Uses arms for balance.  3. Hopping.
4. Puts foot down.  5. Cannot do exercise.  Explain: \_\_\_\_\_
- # of seconds: PRIOR TO 30 SECONDS 6. Refused to do exercise.

ALTERNATIVE TASKS

Finger to Nose

1. Keeps eyes open.
2. Does not return arms to side.
3. Fails to touch nose.
4. Uses wrong hand.
5. Unable to do exercise.
- Explain: \_\_\_\_\_
6. L  R  L  R  R  L
7. Refused to do exercise.



Rhomberg/Balance/Alphabet

1. Opens eyes.
2. Sway while balancing.
3. Raises arms to balance.
4. Estimates 30 seconds at: 1 MIN +
5. Misses alphabet recitation.
- Explain: SANG "ABC'S"
6. Cannot do exercise.
- Explain: \_\_\_\_\_
7. Refused to do exercise.
- Explain: \_\_\_\_\_

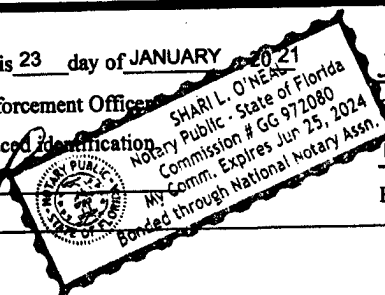
Explain: \_\_\_\_\_  
Notes: \_\_\_\_\_

**SEE PAGE 3**

Sworn and subscribed before me, this 23 day of JANUARY, 2021

- Notary Public  Law Enforcement Officer
- Personally known  Produced identification

Name and signature of Notary



Signature INV W Amadon # 9440

Print Name & Officer ID#: INV. W. AMADON #9440

Date: 01/22/2021 Time: 2113 Defendant: DEWITT, SEAN CHRISTOPHER Case #: 21-028186

ADDITIONAL PROBABLE CAUSE ALTERNATIVE TASKS

The defendant stated he had two "Heineken's" earlier today. The defendant was asked to estimate the passing of 30 seconds of time and after one minute had elapsed the defendant had not yet said "done" to indicate 30 seconds elapsed. The defendant was stumbling and swaying throughout my investigation. The defendant performed the walk and turn twice at my request. On the first attempt the defendant started before being told to, was unable to remain in the instructional stance and continually stumbled. The defendant kept putting his hands in his pockets and had to continually reminded to keep his hands at his sides as requested. The defendant missed heel to toe on multiple steps. The defendant stumbled off the line on multiple occasions and he did not count out loud. The defendant turned to his right in a spinning fashion and stumbled to catch his balance. He then bent over at the waist to his side and slightly forward to keep from falling over.

On the second walk and turn the defendant left the instructional stance several times. The defendant started before being told to, was unable to remain in the instructional stance and continually stumbled. The defendant kept putting his hands in his pockets and had to continually reminded to keep his hands at his sides as requested. The defendant missed heel to toe on multiple steps. The defendant stumbled off the line on multiple occasions and he did not count out loud. The defendant turned to his right in a spinning fashion and stumbled to catch his balance. He then paused and said "If this goes bad I'm going to loose my job."

While performing the Finger to Nose the defendant did not move his left hand at all on the first attempt. The defendant then kept tilting his head forward and placed his finger under his nose on all remaining attempts.

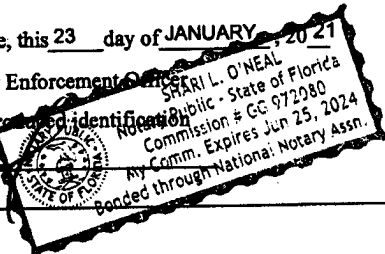
Throughout my investigation the defendants eyelids would droop, or completely close. He was on the nod throughout my investigation.

Due to an technical glitch the initial contact was not captured on in car video. Because of this I asked the defendant to perform the Walk and Turn a second time to capture the incident on video.

Sworn and subscribed before me, this 23 day of JANUARY, 2021

- Notary Public, Law Enforcement Officer, Personally known, Private Identification

Name and signature of Notary



Inv W Amadon # 9440

Signature

INV. W. AMADON #9440

Print Name & Officer ID#:

# WITNESS LIST

CASE NUMBER: 21-028186

ARRESTING OFFICER: INV. W. AMADON #9440

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL, 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688-3400

CAN TESTIFY TO: DUI INVESTIGATION

NAME: CPL. A. SOLOWAY #8586

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561) 688-3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S S. KELLERMAN #18331

ADDRESS 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: \_\_\_\_\_

NAME: EDDY, MONICA

ADDRESS 12230 ORANGE BLV, WEST PALM BEACH / FL / 33412

PHONE NUMBERS (HOME) (561) 270 9240 (WORK) 0

CAN TESTIFY TO: DRIVING PATTERN /PUBLIC SAFETY CONCERN

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. AMADON #9440

SUBJECT: DEWITT, SEAN C. CASE NUMBER: 21-086186

DATE: 01-22-21 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2320 HRS ENDING TIME: 2344 HRS

BREATH TESTS RESULTS: 1) .000 TIME 2326 A.M.  P.M.  2) .000 TIME 2329 A.M.  P.M.

3)      TIME      A.M.  P.M.  4)      TIME      A.M.  P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: SHIRT- BLUE/WORK SHIRT PANTS- NAVY BLUE WORK SHIRT

MEDICAL CONDITIONS: NONE / ANTIBIOTICS ON CAMERA/ VALTREX

MEDICATIONS: NONE

## OTHER:

EYES: RED, GLASSY, SLEEPY  
DEXTERITY- SLUGGISH  
D WAS FALLING ASLEEP AT TIMES.

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O AMADON #9440  
A/O REQUESTED THE BREATH TEST.  
D ASKED WHAT HAPPENS IF HE DID NOT SUBMIT.  
A/O READ THE IMPLIED CONSENT ON CAMERA.  
D UNDERSTOOD THE I/C , D DECIDED TO SUBMIT AFTER THE I/C WAS READ.  
D COMPLETED THE TEST CORRECTLY.  
EXPLAINED THE BREATH RESULTS TO THE D.  
A/O REQUESTED URINE ON CAMERA, IMPLIED CONSENT READ ON CAMERA FOR THE URINE.  
D REFUSED THE URINE REQUEST AT 2333 HRS.  
C/W READ ON CAMERA, Q&A CONDUCTED.



QUESTIONS AND ANSWERS

DO YOU REMEMBER ANY OF THESE DETAILS DURING ANY OF THE PERIODS MENTIONED ABOVE?

WERE YOU AT THE TIME OF THE STEERING ORDER? YES

WHAT TIME DID YOU START? 10:15 AM TO 10:30 AM

WHAT TIME IS IT NOW? 10:15 AM

WHAT DAY OF THE WEEK IS IT? FR

WHAT DID YOU DO? I WAS ON THE BRIDGE

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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: 01/22/2021

Date of Last Agency Inspection: 01/15/2021

Observation Period Began: 22:58

Subject's Name: SEAN C DEWITT

DOB: 05/23/1990 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	23:24
	Air Blank	0.000	23:24
	Control Test	0.079	23:25
	Air Blank	0.000	23:25
	Subject Sample #1	0.000	23:26
	Air Blank	0.000	23:27
	Air Blank	0.000	23:29
	Subject Sample #2	0.000	23:29
	Air Blank	0.000	23:29
	Control Test	0.078	23:30
	Air Blank	0.000	23:30
	Diagnostics Check	OK	23:30

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 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: 01-22-21

Sworn to (or affirmed) before me this 22 day of January 2021

JWC W Amudon #9440  
Signature of Notary Public-State of Florida

Jwc. Amudon # 9440  
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 322.2515, F.S.



**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 checked="" 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: 2021001870	Date: 1/24/21
	Specialist Name/ID: A. Pinkney/7796