05298570 22CT-3521 AMB 3080

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500900
Agency Name: Atlantis Police Department
Agency Report Number (NTA's only): 22-000076

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other
If Weapon Seized — Enter Type: Firearm (semi-auto)(typ
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 3400 BLOCK LANTANA RD ATLANTIS, FL 33462, ~~3400 LANTANA~~
Location of Offense (Business Name, Address): 3400 LANTANA RD BLK, ATLANTIS, FL 33462

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/03/2022	02:41					

DEFENDANT

Name (Last, First, Middle): HABER, SEAN EVAN
Alias (Name, DOB, Soc Sec #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/02/1971	5'11	230	BLUE	BROWN	FAIR	Large

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):
Marital Status: M
Religion:
Indication of Alcohol Influence: Yes ☒ No ☐ Unk ☐ Drug Influence
Local Address (Street, Apt Number) (City) (State) (Zip): 3567 MOON BAY CIRCLE, WELLINGTON, FL 33414
Phone: (561) 914-6166
Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 2
Permanent Address (Street, Apt Number) (City) (State) (Zip): 3567 MOON BAY CIRCLE, WELLINGTON, FL 33414
Phone: (561) 914-6166
Address Source:
Business Address (Name, Street) (City) (State) (Zip):
Phone:
Occupation:

DL Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
H160785712820 / FL	[redacted]		NEW YORK, NY,	US

CO-DEF

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile
Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

JUVENILE

☐ Parent ☐ Other ☐ 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 ☐ defendant and/or ☐ 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.
☐ Yes by ☐ No

School Attended: Grade:
Property Crime? ☐ Yes ☒ No
Description of Property: Value of Property:

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, D Deliver, E Use, K Disperses/Distribute, M Manufacture/Produce/Cultivate, C 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

Charge Description	Statute Violation Number	Violation of ORD #
DUI - BREATH .08 OR ABOVE	316.193(1)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

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		/			☐ Y ☐ N		

CHARGE

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Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health
PROPERTY - Received by: Released By: Released To:
Transported By: Date Transported: Time Transported: Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): Criminal Justice WEST PALM BEACH
Court Date and Time: 04/07/2022 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

MAR 3 AM 9:55
No Photo Available

ADMIN

HOLD for Other Agency:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Signature of Arresting Officer:
Name of Arresting Officer (Print): DUNCAN, J. I.D. #: 129
Name Verification (Printed by Arrestee) (PRINT):
MAR 3 AM 5:32
Intake Deputy: ID #: Pouch #:
Transporting Officer: Duncan, J. ID #: 129 Agency: PBSO
Witness here if subject signed without:

PAGE 1 OF 1

SCANNED MAR 03 2022

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ DEFENDANT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF March 20 22, AT 0218 (AM) PM

SUBJECT: Sean Evan Haber CASE NUMBER: 22-000076

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Duncan, J. #129

PERSONAL CONTACT

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

While sitting at the 7-11 (5965 S. Congress Ave) I heard a vehicle traveling west from the direction of I-95 on its rim. I then saw a white mercedes 2 door drive past with no right tire. I began to follow the vehicle and initiated a traffic stop.

OBSERVATION OF DRIVER:

The driver had slurred speech, glassy eyes and was very talkative. The drive had a strong odor of alcoholic beverage.

DRIVER'S STATEMENTS: The driver stated he was okay to continue to his house in Nellington. Driver stated he drove from the Hard Rock Hotel and Casino.

ODORS:
Strong odor of alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cheerful and thankful

CLOTHING: Clean

MEDICAL/OTHER: High Blood Pressure.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of March 20 22 by Ofc J Duncan #129

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 08/20/2023

SUBJECT: Haber, Sean Evan CASE NUMBER: 22-000076

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [X] LT EYE-LACK OF SMOOTH PURSUIT
- [X] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [X] LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [X] RT EYE-LACK OF SMOOTH PURSUIT
- [X] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [X] RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations: Moved head during task.

WALK & TURN: Failed to stand in position during instructions. Hands were used to stabilize himself. Did not start in correct position; Did not touch heal to toe forward or back, did not take small choppy steps turning around.

ONE LEG STAND: Could not stand in correct position during instructions, Bent knee during task. Started task w/out being told to start. Dropped foot multiple times. Did not look at foot, stopped counting and told to continue.

FINGER TO NOSE: Did NOT Do.

ROMBERG/ALPHABET: Did Not Do

BREATH TEST RESULTS: 1st: .173 2nd: .155

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 03 day of March, 2022 by Ofc J Duncan #129

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

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: 80-006029 Software: 8100.27
Date of Test: 03/03/2022

Date of Last Agency Inspection: 02/04/2022
Observation Period Began: 03:08
Subject's Name: SEAN E HABER DOB: 08/02/1971 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	03:37
Air Blank	0.000	03:37
Control Test	0.081	03:38
Air Blank	0.000	03:38
Subject Sample #1	0.173	03:40
Air Blank	0.000	03:41
Air Blank	0.000	03:43
Subject Sample #2	0.155	03:43
Air Blank	0.000	03:44
Control Test	0.078	03:45
Air Blank	0.000	03:45
Diagnostics Check	OK	03:45

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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. Leahey Date: 03/03/2022
Signature

Sworn to (or Affirmed) before me this 03 day of March, 2022

Signature of Notary Public-State of Florida

ofc J Duncan #129
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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

PBSO CASE # 22-042117 PBSO ZONE 1-35

AGENCY CASE # 22-000076 CRASH CASE #

TIME OF (STOP) CRASH 0218 DATE 3/3/2022 DAY Thursday

SUBJECT'S NAME Sean Haber RACE W SEX Male

HGT 5'11" WGT 280 DOB 8/2/1971

LOCATION 3600 Block Lantana Rd. Atlantis, FL. 33462

ARRESTING OFFICER'S NAME & ID Duncan, S. 129 AGENCY Atlantis

DIVISION: Patrol

NOTIFIED BY COMMO 0253

ARRIVAL AT FACILITY 0308

Arrest Time 0241

BREATH RESULTS:

1. .173
2. .155
3. N/A
4. N/A

TESTING OFFICER'S ID 19183

TESTING FACILITY TASK REPORT

AGENCY: APD

SUBJECT: Haber, Sean E

CASE NUMBER: 22-042117

DATE: Mar 3, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0332

ENDING TIME: 0347

BREATH TESTS RESULTS: 1) .173 TIME 0340 A.M. ☒ P.M. ☐ 2) .155 TIME 0347 A.M. ☒ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, repetitve

CLOTHING: blue jeans, blue print l/s shirt, brown shoes

MEDICAL CONDITIONS: high blood pressure, sleep issues

MEDICATIONS: amlodipine, atorvastatin

OTHER:

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

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0308 hrs

subject agreed to perform breath test- I will be guilty if I don't

A/O read I/C & subject understood I/C

subject agreed to perform breath test

subject completed breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject invoked right to counsel

WITNESS LIST

CASE NUMBER: 22-MM0076

ARRESTING OFFICER: Duncan, Jonathan #127
ADDRESS: 260 Orange Tree Dr. Atlantis, FL 33462
PHONE NUMBERS (HOME): 561-514-1242 (WORK): 561-965-1700
CAN TESTIFY TO: Events of Arrest.

NAME: McCourt, Greg
ADDRESS: 260 Orange Tree Dr Atlantis, FL 33462
PHONE NUMBERS (HOME): (WORK): 965-1700
CAN TESTIFY TO: Events of Arrest.

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
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PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

SUBJECT: Hunter Scott E CASE NUMBER: 22-000676

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) Refused Signature

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) Refused Signature

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

SUBJECT: [illegible] CASE NUMBER: 22-100076

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? _____

WHERE WERE YOU GOING? _____

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? _____

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

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

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 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? _____

SCANNED
MAR 03

INTERVIEWER: _____

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

PBSO #0129C REV. 9/93

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022005720	**Date:** 03/03/2022
	Specialist Name/ID: T Howard/7185