0540901 23CF-9693 AMG 3987

☐ Marsy's Law invoked - CVI present

ARREST / NOTICE TO APPEAR

O. On-View 3. Request for Warrant S. Summons T. Taken into Custody | O | JUVENILE | N

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0500800	West Palm Beach Police Department	9 | 4 | 2023-0009563

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: UNARMED | Multiple Clearance Indicator: Y

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
599 CELMATIS ST/ ROSEMARY	599 CLEMATIS ST/N ROSEMARY AVE, WEST PALM BEACH,

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/01/2023	00:53	06/01/2023	01:03	06/01/2023	01:01	599 CLEMATIS ST/N

DEFENDANT

Name (Last, First, Middle): SCHEERER, JOSEPH DANIEL AMOND | Alias: | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, A - Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	11/29/1990	5'04	200	GREEN	BROWN	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: M | Religion: NONE | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☒

Local Address (Street, Apt. Number) (City) (State) (Zip)	Home Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
8060 W LAKE DR, WEST PALM BEACH, FL 33406	(561) 833-3645	1
Permanent Address (Street, Apt. Number) (City) (State) (Zip)	**Mobile Phone**	**Address Source**
8060 W LAKE DR, WEST PALM BEACH, FL 33406		FL DL
Business Address (Name, Street) (City) (State) (Zip)	**Work Phone**	**Occupation**
	(561) 346-5475	

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S66048490429 / FL	[redacted]		WEST PALM BEACH, FL	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 ☐ Legal Custodian ☐ Other: | 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 R. Smuggle D. Deliver E. Use K. Disperses/ 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

Charge Description	Statute Violation Number	Violation of ORD #
DUI INFLUENCE OF ALCOHOL OR DRUGS	316.193(1A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	2023-0009563	1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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 — CRIMINAL JUSTICE COMPLEX
Court Date and Time: 07/06/2023 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. (561) 833-3645 | INITIAL
I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY
AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.

No Photo Available NR

ADMIN

HOLD for Other Agency | Signature of Arresting Officer: 218 | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): TRAN, TONY | I.D. #: 02180

Intake Deputy: [illegible] I.D. # 7249 | Pouch # | Transporting Officer: ~~TRAN~~ Stedfelt B | I.D. # ~~2180~~ 2259 | Agency: WPBPD

Witness here if subject signed with an "X".

FILED PBC - GUN CLUB - 06.20

SCANNED JUN 01 2023

PAGE 1 OF 1

B. Stedfelt 2289

NOT A CERTIFIED COPY

DUI PROBABLE CAUSE AFFIDAVIT

On the May Day of 31 at 2219 A.M. P.M.

Subject: Joseph Scheerer Case Number: 2023009563

Agency: West Palm Beach Police Department Arresting Officer: Tran #2180

Personal Contact

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

On May 31, 2023 at 2219 hours I responded to an accident to Clematis St and N. Rosemary. Upon my arrival I made contact with Ofc Silva (ID 1980). Ofc Silva advised he had completed the crash investigation. Ofc. Silva stated driver Joseph Scheerer (11/29/1990) was driving a White Audi passenger vehicle bearing FL tag BX37KT and was involved in an accident. Ofc. Silva advised me he had made contact with a witness, Bailey Knaggs (03/28/2001), who stated he had seen Joseph seated in the driver's seat of the white Audi in physical control of the vehicle at the time of the accident.

Observation of Driver

When I made contact with Joseph his eyes were bloodshot and glassy. Joseph was speech was slurred. Joseph was unsteady as he stood and walked.

Drivers Statements:

I read Joseph his Miranda Warnings and asked him what happened. I asked Joseph if he had any medical conditions or injuries, I should be aware of, and he said no. Joseph refused to answer any other questions when asked and stated he wanted to speak to his attorney.

Odors:

I did not detect any odor emanating from Joseph. However, Ofc Gittens informed me he detected a moderate odor of an unknown alcoholic beverage emanating from Joseph's breath as he spoke.

General Observations

Speech: Slurred

Attitude: Mood Swings

Clothing: White shirt, gray pants, and green shoes

Medical Problems/Medications: None/ Xanax and Percocet

Other: I transported Joseph to the WPBPD BAT where Joseph was asked if he would provide a breath sample for the stated approved test. Joseph refused to provide samples for the state approved breath test. I read Joseph implied consent for breath and again he refused.

NOT A CERTIFIED COPY

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Joseph Scheerer **Case Number:** 2023009563

Roadside Tasks

Horizontal Gaze Nystagmus

- ☐ Left Eye Does Not Follow Smoothly
- ☐ Left Eye Jerks at 45 Degree Angle or Less
- ☐ Distinct Jerking Left Eye at Maximum Deviation
- ☐ Right Eye Does Not Follow Smoothly
- ☐ Right Eye Jerks at 45 Degree Angle or Less
- ☐ Distinct Jerking Right Eye at Maximum Deviation

Refused

Walk and Turn Task

Refused

One Leg Stand

Refused

Finger To Nose

Refused

Romberg Balance

Refused

NOT A CERTIFIED COPY

Breath Results from Instrument

1st Result	2nd Result	3rd Result (If Applicable)
Refused		

State of Florida

County of Palm Beach

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

☐ Personaly Known ☐ Produced Identification ☐ Notary Public

ECH H2201

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

Signature of Arresting Officer 2180

SUBJECT: _____ 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)_____

NOT A CERTIFIED COPY

SUBJECT: _____ 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? _____

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? _____

INTERVIEWER: _____

NOT A CERTIFIED COPY

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Tran 2180, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of WPBPD, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 31 day of May, 2023, at 2219 ☒P.M. ☐A.M.
DRIVER Joseph Daniel Scheerer,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # S660-484-90-429-0 state of FL, was placed under lawful arrest for
the offense of DUI by Tran 2180 and
(Name of Arresting Officer)
issued citation # AHQTRCE.

That on or about the 31 day of May, 2023, at 2306 ☒P.M. ☐A.M.
in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

× 2263
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

The foregoing instrument was sworn and subscribed before me:
Tran 2180
Signature of Attesting Officer
Title
Date

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before me this 31st day of May, 2023,
by _____,
who is personally known to me or who has produced _____ as identification.
Notary Public Ecli H2221

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.

NOT A CERTIFIED COPY

EFFECTIVE OCTOBER 1, 2021

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: 05/31/2023

Date of Last Agency Inspection: 05/24/2023
Observation Period Began: 22:37
Subject's Name: JOSEPH D SCHERRER DOB: 11/29/1990 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	23:04
Air Blank	0.000	23:05
Control Test	0.080	23:05
Air Blank	0.000	23:06
Subject Sample #1	REF*	23:06
Air Blank	0.000	23:06
Control Test	0.080	23:07
Air Blank	0.000	23:07
Diagnostics Check	OK	23:07

*Subject Test Refused

Cylinder Lot: 02422080A1
Exp: 02/05/2024

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 EDWARD E HOWARD, 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: EEH #2201 Date: 5/31/2023
Signature

Sworn to (or affirmed) before me this 31 day of May, 2023

X _____ _____
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.

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

NOT A CERTIFIED COPY

West Palm Beach Police Department
Breath Testing Facility Report

Defendant: Joseph D. Scheerer **Case #:** 20230009563

Arresting Officer: Officer Edward Howard #2201 **Date:** 05/31/2023

Breath Test Resutls:

Refused g/210L	2306 Time	____ g/210L	____ Time
____ g/210L	____ Time	____ g/210L	____ Time

Note: Times are in Military Time

Breath Operator: Ofc. Edward Howard #2201

Maintenance Technician Inv J Ingrassia #1857

Testing Officer Observations:

Speech: Slurred

Attitude: Uncooperative

Clothing: White shirt, gray pants, brown shoes

Medical Conditions: None stated.

Medications: Adderal and Xanax

Other:

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 2237

Comments:

The driver had reddened and glassy eyes. He had slurred speech. A strong odor of an unknown alcoholic beverage could be smelled emanating from his breath, which grew stronger the more he spoke to me. He needed instructions repeated multiple times.

NOT A CERTIFIED COPY

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:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023014318	**Date:** 06/01/2023
	Specialist Name/ID: T.Howard/7185