

J# 049528/

18CT 2011 NB

PCH#1517

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OBTS Number                                                                                                                                                                                                                                                                                                                        |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                                                 |  | 1. Arrest<br>2. N.T.A.                                                                          |  | 3. Request for Warrant<br>4. Request for Capias                                           |  | 1                                                                                                              |  | Juvenile                                                                                                                                                                                              |  |
| Agency ORI Number<br>FLO 500000                                                                                                                                                                                                                                                                                                    |  | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE                                                     |  | Agency Report Number (N.T.A.'s only)<br>06- 18031799                                            |  |                                                                                           |  |                                                                                                                |  |                                                                                                                                                                                                       |  |
| Charge Type:<br>Check as many as apply<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony                                                                                                                                                                                                         |  | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                      |  | Weapon Seized / Type<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |  | Multiple Clearance Indicator                                                                                   |  |                                                                                                                                                                                                       |  |
| Location of Arrest (Including Name of Business)<br>PGA Blvd at Central Blvd Palm Beach Gardens FL 33418                                                                                                                                                                                                                            |  |                                                                                                       |  | Location of Offense (Business Name, Address)<br>PGA Blvd at Central Blvd Beach Gardens FL 33418 |  |                                                                                           |  |                                                                                                                |  |                                                                                                                                                                                                       |  |
| Date of Arrest<br>01/28/2018                                                                                                                                                                                                                                                                                                       |  | Time of Arrest<br>04:28                                                                               |  | Booking Date                                                                                    |  | Booking Time                                                                              |  | Jail Date                                                                                                      |  | Jail Time                                                                                                                                                                                             |  |
| Name (Last, First, Middle)<br>Halbert Adam I                                                                                                                                                                                                                                                                                       |  |                                                                                                       |  | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                            |  |                                                                                           |  |                                                                                                                |  |                                                                                                                                                                                                       |  |
| Race<br>W - White 1 - American Indian<br>B - Black 0 - Oriental/Asian                                                                                                                                                                                                                                                              |  | Sex<br>W M                                                                                            |  | Date of Birth<br>04/17/1989                                                                     |  | Height<br>5'9                                                                             |  | Weight<br>170                                                                                                  |  | Eye Color<br>Bro                                                                                                                                                                                      |  |
| Hair Color<br>Bla                                                                                                                                                                                                                                                                                                                  |  | Complexion<br>Med                                                                                     |  | Build<br>Med                                                                                    |  | Marital Status<br>Sing                                                                    |  | Religion<br>Jewish                                                                                             |  | Indication of Alcohol Influence<br>Drug Influence                                                                                                                                                     |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                                      |  |                                                                                                       |  | Marital Status                                                                                  |  | Religion                                                                                  |  | Indication of Alcohol Influence                                                                                |  | Drug Influence                                                                                                                                                                                        |  |
| Local Address (Street, Apt. Number)<br>305-2788 Bathurst St                                                                                                                                                                                                                                                                        |  |                                                                                                       |  | (City)<br>Toronto ON M6B 3A3                                                                    |  | (State)                                                                                   |  | (Zip)                                                                                                          |  | Phone<br>( )                                                                                                                                                                                          |  |
| Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                            |  |                                                                                                       |  | (City)                                                                                          |  | (State)                                                                                   |  | (Zip)                                                                                                          |  | Phone<br>( )                                                                                                                                                                                          |  |
| Business Address (Name, Street)                                                                                                                                                                                                                                                                                                    |  |                                                                                                       |  | (City)                                                                                          |  | (State)                                                                                   |  | (Zip)                                                                                                          |  | Phone<br>( )                                                                                                                                                                                          |  |
| D/I Number, State<br>H02450084890417                                                                                                                                                                                                                                                                                               |  |                                                                                                       |  | Soc. Sec. Number                                                                                |  | INS Number                                                                                |  | Place of Birth (City, State)<br>Toronto Canada                                                                 |  | Citizenship<br>US                                                                                                                                                                                     |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                            |  |                                                                                                       |  | Race                                                                                            |  | Sex                                                                                       |  | Date of Birth                                                                                                  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                            |  |                                                                                                       |  | Race                                                                                            |  | Sex                                                                                       |  | Date of Birth                                                                                                  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other                                                                                                                                                                                                                      |  |                                                                                                       |  | Residence Phone<br>( )                                                                          |  |                                                                                           |  |                                                                                                                |  |                                                                                                                                                                                                       |  |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                      |  |                                                                                                       |  | (City)                                                                                          |  | (State)                                                                                   |  | (Zip)                                                                                                          |  | Business Phone<br>( )                                                                                                                                                                                 |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                                |  |                                                                                                       |  | Date                                                                                            |  | Time                                                                                      |  | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>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.)<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |                                                                                                       |  | School Attended                                                                                 |  | Grade                                                                                     |  |                                                                                                                |  |                                                                                                                                                                                                       |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                        |  |                                                                                                       |  | Description of Property                                                                         |  | Value of Property                                                                         |  |                                                                                                                |  |                                                                                                                                                                                                       |  |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                              |  |                                                                                                       |  | S. Sell<br>B. Buy<br>T. Traffic                                                                 |  | R. Smuggle<br>D. Deliver<br>E. Use                                                        |  | K. Dispense/<br>Distribute                                                                                     |  | M. Manufacture/<br>Produce/<br>Cultivate                                                                                                                                                              |  |
| Z. Other                                                                                                                                                                                                                                                                                                                           |  |                                                                                                       |  | Drug Type<br>N. N/A<br>A. Amphetamine                                                           |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                 |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/deriv.                                                             |  | P. Paraphernalia/<br>Equipment<br>S. Synthetics                                                                                                                                                       |  |
| U. Unknown<br>Z. Other                                                                                                                                                                                                                                                                                                             |  |                                                                                                       |  | Charge Description<br>DUI                                                                       |  | Counts<br>1                                                                               |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                     |  | Statute Violation Number<br>316.193(1)                                                                                                                                                                |  |
| Drug Activity<br>N                                                                                                                                                                                                                                                                                                                 |  |                                                                                                       |  | Drug Type<br>N                                                                                  |  | Amount / Unit                                                                             |  | Offense #<br>18031799                                                                                          |  | Warrant / Capias Number                                                                                                                                                                               |  |
| Charge Description                                                                                                                                                                                                                                                                                                                 |  |                                                                                                       |  | Counts                                                                                          |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                |  | Statute Violation Number                                                                                       |  | Violation of ORD #                                                                                                                                                                                    |  |
| Drug Activity<br>N                                                                                                                                                                                                                                                                                                                 |  |                                                                                                       |  | Drug Type<br>N                                                                                  |  | Amount / Unit                                                                             |  | Offense #                                                                                                      |  | Warrant / Capias Number                                                                                                                                                                               |  |
| Charge Description                                                                                                                                                                                                                                                                                                                 |  |                                                                                                       |  | Counts                                                                                          |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                |  | Statute Violation Number                                                                                       |  | Violation of ORD #                                                                                                                                                                                    |  |
| Drug Activity<br>N                                                                                                                                                                                                                                                                                                                 |  |                                                                                                       |  | Drug Type<br>N                                                                                  |  | Amount / Unit                                                                             |  | Offense #                                                                                                      |  | Warrant / Capias Number                                                                                                                                                                               |  |
| Charge Description                                                                                                                                                                                                                                                                                                                 |  |                                                                                                       |  | Counts                                                                                          |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                |  | Statute Violation Number                                                                                       |  | Violation of ORD #                                                                                                                                                                                    |  |
| Drug Activity<br>N                                                                                                                                                                                                                                                                                                                 |  |                                                                                                       |  | Drug Type<br>N                                                                                  |  | Amount / Unit                                                                             |  | Offense #                                                                                                      |  | Warrant / Capias Number                                                                                                                                                                               |  |
| Location (Court, Room Number, Address)<br>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - P (3561) 355-2996                                                                                                                                                                   |  |                                                                                                       |  |                                                                                                 |  |                                                                                           |  |                                                                                                                |  |                                                                                                                                                                                                       |  |
| Court Date and Time<br>Month Feb Day 22 Year 2018 Time 08:30 AM X                                                                                                                                                                                                                                                                  |  |                                                                                                       |  |                                                                                                 |  |                                                                                           |  |                                                                                                                |  |                                                                                                                                                                                                       |  |
| 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 (for Juvenile and Parent /Custodian)<br>Adam Halbert                                                                                                                                                                                                                                                        |  |                                                                                                       |  | Date Signed<br>01/28/2018                                                                       |  |                                                                                           |  |                                                                                                                |  |                                                                                                                                                                                                       |  |
| HOLD for other Agency<br>Name:                                                                                                                                                                                                                                                                                                     |  |                                                                                                       |  | Signature of Arresting Officer<br>Inv. J. Schneider                                             |  |                                                                                           |  | Name Verification (Printed by Arresting Officer)<br>(PRINT)                                                    |  |                                                                                                                                                                                                       |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                                                                                                                                                                                                                            |  |                                                                                                       |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                     |  |                                                                                           |  | I.D. #<br>8501                                                                                                 |  |                                                                                                                                                                                                       |  |
| Inv. J. Schneider                                                                                                                                                                                                                                                                                                                  |  |                                                                                                       |  | ID #<br>8501                                                                                    |  |                                                                                           |  | Agency<br>PBSO                                                                                                 |  |                                                                                                                                                                                                       |  |
| Witness here if subject signed with an "X"                                                                                                                                                                                                                                                                                         |  |                                                                                                       |  |                                                                                                 |  |                                                                                           |  |                                                                                                                |  |                                                                                                                                                                                                       |  |



# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28 DAY OF January 20 18, AT 03:37 ☒ AM ☐ PM  
SUBJECT: Halbert Adam I CASE NUMBER: 18031799

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

## PERSONAL CONTACT

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

Deputy Benson #16736 observed a silver Landrover operating upon the roadway on PGA Blvd. She provided a supplemental probable cause affidavit detailing her observations.

## OBSERVATION OF DRIVER:

On my arrival I observed a silver Landrover occupied by two white males. The driver, later identified by his Ontario License as Adam Halbert, was still within the drivers seat. I engaged him in conversation at which time I noticed the odor of a unknown alcoholic beverage coming from his breath and person. Asking who had consumed the alcohol I was informed that they had both been consuming alcohol. Watching Halberts movements I also noticed they were slow and clumsy. His eyelids were droopy and his eyes were bloodshot, watery, and glossy. Due to these observations I requested he step from the vehicle.

## DRIVER'S STATEMENTS:

Ive had a couple drinks

## ODORS:

Distinct odor of a unknown alcoholic beverage coming from his person.

## GENERAL OBSERVATIONS

SPEECH: Normal

ATTITUDE: Cooperative

CLOTHING: Blue suit jacket, pin stripe shirt, black pants, blue shoes

MEDICAL/OTHER: Fusion surgery on back and ADHD

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of January 20 18 by Inv. J. Schneider

(Print name of Arresting/Investigative Officer, 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)



Samantha Palmer  
Commission # FF172377  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

SUBJECT Halbert

Adam

CASE NUMBER 18031799

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT &amp; SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT &amp; SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

## Other Observations:

Onset of nystagmus at 40 degrees. VGN not present. Two to three inch sway while stationary. Had to be reminded multiple times to focus on the stimulus and not turn his head.

## WALK &amp; TURN:

Unable to maintain instructional position. During the task he stopped walking to steady himself, stepped off the line, and performed an improper turn.

## ONE LEG STAND:

Two to three inch sway while in instructional position. Starting the task he placed his foot to the ground on start however while resuming kept it elevated for thirty seconds.

## FINGER TO NOSE:

Two to three inch sway while in instructional position. Starting the task he failed to touch the tip of his finger to the tip of his nose on numerous occasions. Instead he used the pad or the fold of his first knuckle.

## ROMBERG ALPHABET:

Two to three inch sway while in instructional position. Starting the task he failed to recite the alphabet correctly.

BREATH TEST RESULTS:

1) .112

2) .112

3)

4)

STATE OF FLORIDA  
COUNTY OF PALM BEACHInv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of January, 20 18 by Inv. J. Schneider(Print name of Arresting/Investigative Officer) 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)

Samantha Palmer  
Commission # FF172377  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC