ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1605 22199

OBTS Number:

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

Juvenile:

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 16158162

Charge Type: Check as many as apply.
- ☐ 1. Felony
- ☐ 2. Traffic Felony
- ☐ 3. Misdemeanor
- ☑ 4. Traffic Misdemeanor
- ☐ 5. Ordinance
- ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
SOUTHERN BLVD JEO KIR RD WEST PALM BEACH FL 33406	SOUTHERN BLVD JEO KIRK RD WEST PALM BEACH FL 33406

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/30/2016	01:25					PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): **BEEL, ALEXANDER**

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	11/27/92	6'01	160	BLO	BRO	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: SING

Religion: NONE

Indication of: Alcohol Influence — Y ☑ N ☐ Unk. ☐; Drug Influence — Y ☐ N ☐ Unk. ☑

Local Address (Street, Apt. Number) (City) (State) (Zip): 532 ROOKERY PL JUPITER FL 33458

Phone: ( )

Residence Type: 1. City 2. County 3. Florida 4. Out of State: **2**

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone: ( )

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: STUDENT

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B400018924270	[redacted]		BOYNTON 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
				☐ 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 Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address provided by ☐ defendant and / or ☐ 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 ☐ Yes, by: (Name) ☐ No: (Reason)

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. 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐Y ☑N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		16158162		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

2016 NOV 30 AM 5:31

NOTICE TO APPEAR

Location (Court, Room Number, Address): **3228 GUN CLUB RD WEST PALM BEACH**

Court Date and Time: Month DEC Day 22 Year 2016 Time 08:30 AM ✓ 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

Signature of Defendant (or Juvenile and Parent /Custodian)

Date Signed: 11/30/16

SCANNED NOV 30 2016

ADMIN

HOLD for other Agency Name:

Signature of Arresting Officer: X

Name Verification (Printed by Arrestee): (PRINT)

☐ Dangerous ☐ Resisted Arrest ☑ Suicidal ☐ Other:

Name of Arresting Officer (Print): J. SCHNEIDER I.D. #: 8501

Intake Deputy	I.D. #	Pouch #	Transporting Officer	ID #	Agency
			J. SCHNEIDER		PBSO

Witness here if subject signed with an -X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF NOVEMBER 20 16, AT 00:55 ✓ AM PM

SUBJECT: BEEL, ALEXANDER CASE NUMBER: 16158162

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)

WAS DRIVING EASTBOUND ON SOUTHERN BLVD EAST OF JOG ROAD AT 80 MILES PER HOUR IN A POSTED 50 MILE PER HOUR ZONE. THE DRIVER CONTINED OPERATION NEAR 80 MILES EVEN WHILE I WAS FOLLOWING BEHIND UNTIL THE APPROACH TO KIRK ROAD.

OBSERVATION OF DRIVER:

SLOW AND LETHARGIC IN MANNERISMS. AVOIDING ANSWERING SOME QUESTIONS. GRABBING PAPERS WITH A UNKNOWN SLIMY SUBSTANCE ATTACHED TRANSFERING IT TO HIS HANDS AND NEVER REALIZING ITS PRESENCE. THE SUBSTANCE WAS BROWN, THICK AND CHUNKY RESEMLING VOMIT BUT CLAIMED IT WAS CHICK FILA SAUCE. ON HIS RIGHT WRIST WEARING A BLUE WRIST BAND FROM DD.

DRIVER'S STATEMENTS:

DECLINED TO ANSWER QUESTIONS ABOUT WHERE HE WAS COMING FROM AND BECAME CONFRONTATIONAL ABOUT IT. AFTER BEING TAKEN INTO CUSTODY STATED IM SUICIDAL SO NOW YOU HAVE TO TAKE ME TO THE HOSPITAL. YOUR RUINING MY LIFE.

ODORS:

SMELL OF A UNKNOWN ALCOHOLIC BEVERAGE FROM WITHIN THE VEHICLE, FROM HIS FACIAL AREA, AND INCREASING IN INTENSITY WHEN HE SPOKE.

GENERAL OBSERVATIONS

SPEECH: **SLIGHT SLUR**

ATTITUDE: **MIX OF HOSTIL RESPONSES AND TIMES OF COOPERATION. ALSO AVOIDED CERTAIN ANSWERS SUCH AS WHERE HE WAS COMING FROM.**

CLOTHING: **BLACK SHIRT, JEANS, LOAFERS**

MEDICAL/OTHER:

TATE OF FLORIDA
'OUNTY OF PALM BEACH

INV. J. SCHNEIDER
ignature of Arresting/Investigative Officer)

he foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of NOVEMBER 20 16 by J. SCHNEIDER

rint name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn

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NOV 30 2016

SUBJECT: BEEL, ALEXANDER **CASE NUMBER** 16158162

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

)ther Observations:

SIGNIFICANT CIRCULAR SWAY. RED BLOODSHOT AND GLOSSY EYES.

WALK & TURN:

FAILED TO MAINTAIN THE RESTING POSITION DURING INSTRUCTION. DURING THE TASK HE STEPPED OFF THE LINE, USED HIS ARMS FOR BALANCE AND CONDUCTED A IMPROPER TURN

ONE LEG STAND:

DURING INSTRUCTION AND THE TASK HE DISPLAYED A CIRCULAR SWAY. HE RAISED HIS ARMS FOR BALANCE AND PUT HIS FOOT DOWN ON COUNTS 15 AND 19.

FINGER TO NOSE:

DURING INSTRUCTION AND THE TASK HE DISPLAYED A CIRCULAR SWAY AND CONTINED TO MOVE HIS FEET APART. HE RAISED HIS ARMS TO A POSITION OTHER THAN WHAT WAS INSTRUCTED AND HAD TO BE CORRECTED. HE FAILED TO TOUCH THE TIP OF HIS FINGER TO THE TIP OF HIS NOSE ON THE SECOND LEFT AND RIGHT, AND THE THIRD RIGHT.

ROMBERG ALPHABET:

DURING INSTRUCTION AND THE TASK HE DISPLAYED A CIRCULAR SWAY. THE ALPHABET WAS RECITED CORRECT.

)REATH TEST RESULTS: 1) **REFUSED** 2) 3) 4)

TATE OF FLORIDA
'OUNTY OF PALM BEACH

INV. J. SCHNEIDER
ignature of Arresting/Investigative Officer)

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rint name of Arresting/Investigative Officer), who is personally known to me or has produced identification. Type of identification produced KNOWN

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SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

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NOV 30 2016

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WITNESS LIST

CASE NUMBER: 16158162

ARRESTING OFFICER: INV. J. SCHNEIDER

ADDRESS: 2300 N JOG ROAD WEST PALM BEACH FL 33411

PHONE NUMBERS (HOME): (WORK) (561) 681-4500

CAN TESTIFY TO: STOP AND INVESTIGATION

NAME: D/S CISSON #24091

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) (WORK) (561) 688 3600

CAN TESTIFY TO: SCENE SAFETY AND VEHICLE REMOVAL

NAME: TRACY NICOLE VANDENBRAAK

ADDRESS 5353 PARKSIDE DR JUPITER FL 33458

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO: PRESENCE AT DD'S RESTURANT AND SALOON. WHEEL WITNESS

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

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PHONE NUMBERS (HOME) (WORK)

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PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

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NOV 30 2016

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TESTING FACILITY TASK REPORT

AGENCY: PBSO J.W. Schneider

SUBJECT: Reed, Alexander T. CASE NUMBER: 16-15-5162

DATE: 11-30-16 VIDEO TAPE NUMBER: 61734

BEGINNING TIME: 0155 hrs ENDING TIME: 0158 hrs

BREATH TESTS RESULTS: REFUSED 1) TIME 0157 (A.M./P.M.) 2) _____ TIME _____ A.M./P.M.

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

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: DS J. Kuhlke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Calm, Cooperative, Sarcastic

CLOTHING: Shirt: Black Pants: Dark Blue Jeans

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes: Red, Glassy

COMMENTS: 20 min. observation done by AIO Schneider
A/O requested the breath test.
D refused the request.
AIO read the implied consent on camera.
D understood, D still refused the breath test
request after the IC was read.
CW read on camera.
D refused Q+A.

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NOV 30 2016

SUBJECT: Lee, Alexander T. CASE NUMBER: 16-158162

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 Dep. Schneider #5201 of the PBSO.

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) Read on Camera

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.

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SUSPECT'S SIGNATURE: (X) Read on Camera

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SUBJECT: Reed, Alexander T. CASE NUMBER: 16-152162

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: _____

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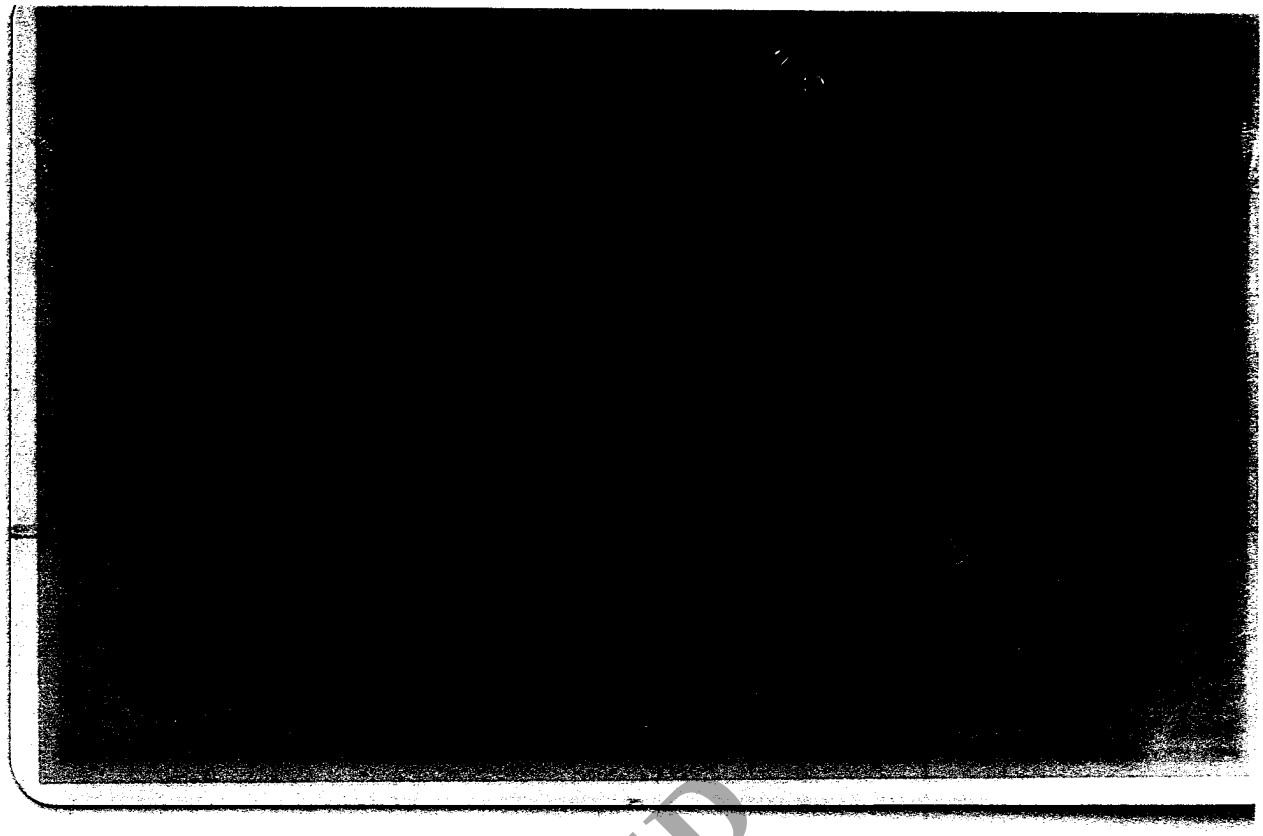
NOV 30 2016



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