Jct#·0502748 · 18 CT 019979 Pch# 3504

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number:

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18-140465

ChargeType: 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): 2 NONE
Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 2200 Block Palm Beach Lakes Blvd., West Palm Beach, FL 33409
Location of Offense (Business Name, Address): 2200 Block Palm Beach Lakes Blvd., West Palm Beach, FL 33409

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/3/2018	0207					Towed by Kelle Sheehan Towing

DEFENDANT

Name (Last, First, Middle): Malouf, Amin Philippe
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	7/20/1997	6'0"	175	Brown	Brown	Fair	Small

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): Arabic Tattoo on L arm
Marital Status: Single
Religion: NONE
Indication of: Alcohol Influence Y ☑ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☑

Local Address (Street, Apt. Number) (City) (State) (Zip): 8 Cloister Cir, West Palm Beach, FL 33401
Phone: (561) 685-0669
Residence Type (1. City 2. County 3. Florida 4. Out of State): 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip):
Phone: ( )
Address Source: FL D/L

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M410015972600, 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
				☐ 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 #
DRIVING UNDER THE INFLUENCE	1	☐Y ☑N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	NONE	18-140465		OR

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				

FILED
NOV 6 2018
SHARON R. BOCK
Clerk & Comptroller

NOTICE TO APPEAR

Location (Court, Room Number, Address): CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

Court Date and Time: Month December Day 13 Year 2018 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): [signature]
Date Signed: 11/3/18

ADMIN

HOLD for other Agency Name:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Signature of Arresting Officer: x [signature] 31782
Name of Arresting Officer (Print): D Zamora I.D. #: 31782
Name Verification (Printed by Arrestee): (PRINT) Amin Malouf
Intake Deputy: Thomas [illegible] I.D. #: Pouch #:
Transporting Officer: D. Zamora 31782 ID #: Agency: 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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF November 20 18, AT 01:35 hrs ✓ AM PM

SUBJECT: Malouf, Amin Philippe CASE NUMBER: 18-140465

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Zamora

PERSONAL CONTACT

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

Driver was traveling northbound on N. Military Trl. and swerved to the right of his lane past the fog lane, almost striking the curb 3 times. Driver then swerved left, crossing the dotted white line on the left side of his travel lane. Driver continued onto Okeechobee Blvd., and was accelerating and decelerating rapidly, while continuing to swerve within his lane, making quick corrections while driving. After the driver turned onto Palm Beach Lakes Blvd. from Okeechobee Blvd., driver again quickly accelerated, then swerved from the outside travel lane to the inside travel lane without signaling.

OBSERVATION OF DRIVER:

Driver had slow movements. Did not produce proof of insurance when asked to provide license, registration, and insurance. Driver had to be asked again for proof of insurance.

DRIVER'S STATEMENTS:

Driver stated he did not have anything to drink that day. Driver stated he was just trying to get home.

ODORS:

Unknown flavored alcoholic beverage odor coming from his breath

GENERAL OBSERVATIONS

SPEECH: **Slow and Slurred**

ATTITUDE: **Normal**

CLOTHING: **Normal**

MEDICAL/OTHER: **none stated**

TATE OF FLORIDA
OUNTY OF PALM BEACH

Zamora D.J. 31787
ignature of Arresting/Investigative Officer)

ne foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of November 20 18 by

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

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

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

SUBJECT: Malouf, Amin Philippe **CASE NUMBER** 18-140465

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
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

)ther Observations:

None

WALK & TURN:

Mr. Malouf did not maintain the instructional stance as instructed, and broke the starting position to stand normally while I gave him the rest of the instructions twice. Mr. Malouf raised his arms more than 6 inches from his body on the first step, stepped off the line on the second step, missed the heel toe step by more than 1/2 inch on the third step, and raised his arms more than 6 inches from his body on the fourth step. Mr. Malouf took 14 total steps, did not attempt to make a turn, and stated he was done with the test after stopping on the 14th step.

ONE LEG STAND:

Mr. Malouf put his foot down multiple times, raised his arms away from his body more than 6 inches, and swayed significantly front and back while his foot was raised.

FINGER TO NOSE:

Mr. Malouf touched his mouth first instead of his nose the first time he raised his right hand.

ROMBERG ALPHABET:

Mr. Malouf sung the alphabet. Mr. Malouf recited the alphabet from A to P, with a long pause after P. Mr. Malouf then recited " q, r, s," with a long pause after the letter "s." Mr. Malouf then recited the letters " t, u, v, w, x, y, r, z."

BREATH TEST RESULTS: 1) .157 | 2) .155 | 3) | 4)

TATE OF FLORIDA
:OUNTY OF PALM BEACH

Zamora D27. 31782
ignature of Arresting/Investigative Officer)

ne foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of November 2018 by

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

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

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

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: 80-006240 Software: 8100.27
Date of Test: 11/03/2018

Date of Last Agency Inspection: 10/19/2018
Observation Period Began: 02:25
Subject's Name: AMIN P MALOUF DOB: 07/20/1997 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	03:02
Air Blank	0.000	03:02
Control Test	0.079	03:02
Air Blank	0.000	03:03
Subject Sample #1	0.157	03:03
Air Blank	0.000	03:04
Air Blank	0.000	03:06
Subject Sample #2	0.155	03:06
Air Blank	0.000	03:07
Control Test	0.080	03:07
Air Blank	0.000	03:08
Diagnostics Check	OK	03:08

Cylinder Lot: 05218080A3
Exp: 05/05/2020

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 JAMES G BIGGS, 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: _____ Date: 11/3/18
Signature

Sworn to (or affirmed) before me this 3 day of Nov, 2018

_____ D/S Zamora
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

SUBJECT: Malouf, Amin P CASE NUMBER: 14-140465

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) Read on Camera

SUBJECT: Maloof, Amin P CASE NUMBER: 15-144465

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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO-ZAMORA

SUBJECT: MALOUF, AMIN P

CASE NUMBER: 18-140465

DATE: Nov 3, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0300

ENDING TIME: 0310

BREATH TESTS RESULTS: 1) .157 TIME 0303 A.M. ☒ P.M. ☐ 2) .155 TIME 0306 A.M. ☒ P.M. ☐

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

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, LOW

ATTITUDE: COOPERATIVE

CLOTHING: BLUE SWEATER, BLACK PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0225
SUBJECT ADVISED HE WOULD SUBMIT TO THE BREATH TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN TO THE SUBJECT
MIRANDA WAS READ TO SUBJECT
SUBJECT REFUSED QUESTIONS

WITNESS LIST

CASE NUMBER: 18-140465

ARRESTING OFFICER: Zamora
ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406
PHONE NUMBERS (HOME): ______ (WORK) (561)688-4900
CAN TESTIFY TO: SEE OFFENSE REPORT

NAME: D/S P. Owers
ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406
PHONE NUMBERS (HOME) ______ (WORK) 561-688-4900
CAN TESTIFY TO: Roadside Field Sobriety Tests

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

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

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CAN TESTIFY TO:

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

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: 2018036807	**Date:** 11/04/2018
	Specialist Name/ID: AM/31562