

J# 0424564

Tequesta 17mm 1028 P# 773
ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)						
FLO 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		0 6 - - - -								
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator				
Location of Arrest (including Name of Business)		Location of Offense (Business Name, Address)										
Gallery Square South		370 Tequesta Dr Tequesta										
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date				
01/19/17		1726		1/19/17		111917		Jail Time				
Location of Vehicle		Towed										
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)										
Carter, Brandon Christopher 7/14/93												
Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black		Sex <input type="checkbox"/> M		Date of Birth 07/14/93		Height 5'10"		Weight 205				
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)						Marital Status S		Religion Cath				
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone 561 427-8006				
16295 130th Ave. N.		Jupiter		FL		33478						
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ()				
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()				
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship				
C 636-063-93-2540 FL						Plantation, FL		USA				
Co-Defendant (Last, First, Middle)				Race		Sex		Date of Birth				
								<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large				
Co-Defendant (Last, First, Middle)				Race		Sex		Date of Birth				
								<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone ()								
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ()				
Notified by: (Name)		Date		Time		Juvenile Disposition		2. TOT HRS/DYS				
						1. Handled/Processed within Dept. and Released.		3. Incarcerated				
Released To: (Name)		Relationship						Date				
								Time				
The above address was 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's Office (Phone 355-2526) informed of any change of address.		<input type="checkbox"/> Yes, by: (Name)		<input type="checkbox"/> No (Reason)		School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property								
CODE	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. Synthetic	U. Unknown Z. Other	
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
CHARGE	N	V	Drug Type	Amount / Unit	Offense #	1	311611193	10	OK			
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
CHARGE	N	V	Drug Type	Amount / Unit	Offense #	1700022	8431102	10	OK			
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
CHARGE	N	V	Drug Type	Amount / Unit	Offense #	1700022	Warrant / Capias Number	Bond				
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
CHARGE	N	V	Drug Type	Amount / Unit	Offense #	1	1	10	OK			
NOTICE TO APPEAR	Location (Court, Room Number, Address)		3132 PGT BVD North County Courthouse Palm Beach Gardens FL									
NOTICE TO APPEAR	Court Date and Time		Month February Day 18 Year 2017 Time 10:30 A.M. P.M. 10:30									
NOTICE TO APPEAR	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											
NOTICE TO APPEAR	Signature of Defendant (or Juvenile and Parent/Custodian)											
ADMIN	HOLD for other agency		Signature of Arresting Officer		Date Verification (Printed by Arrestee)							
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print)		I.D. #		(PRINT)			
ADMIN	D/S. C. GILYARD I.D. #7392		K. Blane		1187		1187		JAN 25 2017			
ADMIN	Transporting Officer I.D. #		K. Blane 1187		Agency				Witness here if subject signed with an "X"			
ADMIN									PAGE			
ADMIN									1 OF 1			

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

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ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			Agency Report Number 0,6-1171-00,0,0,241,1
	Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	
DEF	Charge Type: Check as many as apply	1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:
CHARGES	Name (Last, First, Middle) Carter, Brandon, Christopher	Alias		Race W	Sex M
	Charge Description Resist w/o Violence 843.02	Charge Description			
	Charge Description	Charge Description			
VICTIM	Victim's Name (Last, First, Middle)			Race	Sex
	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone ()
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone ()
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ...					
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.					
PROBABLE CAUSE STATEMENT	On the 19 day of January 2017 at 5:26 A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)				
<p>After placing defendant Brandon Carter into hand cuffs checking for proper fit then placing in the back of my marked patrol vehicle. Carter unfastened his seat belt and started to kick the back passenger side window with both his feet. I opened the back driver side door and gave three *orders to sit up so we can put your seat belt back on. Carter refused and laid on his back. I ordered him again and advised him refusal to comply you will be tasered. Carter refused a second time yelling then and I activated my Electronic Control Weapon (ECW) and drove stunned him without deploying the pronges. I drove stunned him in the center of his back with no effect. Carter finally became compliant.</p>					
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>Cpl. K</i> 110</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of January 2017 by <i>K. Blane</i></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p><i>K. Blane #1209</i></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>				
	<p>PAGE 1 OF 1</p>				

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF January 20 17, AT 5:11 AM PM

SUBJECT: Brandon Christopher Carter CASE NUMBER: 17000022
AGENCY: Tequesta PD ARRESTING OFFICER: K. Blanc

PERSONAL CONTACT

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

Observed Red SUV Traveling South on Seabrook RD at ~~4:45pm~~ in the 400 block off a high rate of speed. Activated In-car Radar Stalker (Unit 507) and received a high Doppler tone with a reading of 51 mph in a 30 mph speed zone.

OBSERVATION OF DRIVER: Upon approach to vehicle driver appeared disoriented. Driver opened his wallet and stared at his wallet for approximately 5 seconds. Driver was advised for the reason of stop. While speaking to driver I could detect a strong odor of an alcoholic beverage coming from inside the vehicle.

DRIVER'S STATEMENTS:

Driver stated he was coming from a friend's house down the road and going home. Changed his story to coming from his uncle's house.

ODORS:

Unknown alcoholic Beverage coming from Driver and inside vehicle.

GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Angry, hostile, Gla. became calm while driving to jail.

CLOTHING: White tank top, Blue Jeans.

MEDICAL/OTHER: left knee surgery when he was child. No medication.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. K. Blanc
(Signature of Arresting/Investigative Officer)

1101

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of January 20 17 by K. Blanc

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

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION	<input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
<input checked="" type="checkbox"/> LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input checked="" type="checkbox"/> RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations: While standing his body swayed in an orbital pattern.

WALK & TURN:

During the instructional phase Subject was advised to stand with his right foot in front of his left (heel-to-toe) with his hands by his side. Subject did not have his feet heel-to-toe and swayed in an orbital pattern. Subject was instructed to take nine heel-to-toe steps in the forward direction and nine in return. Subject took 8 forward and nine in return. Did not touch heel-to-toe.

ONE LEG STAND:

During instructional Phase Subject swayed in an orbital pattern.

During the task subject raised his left foot and started to sway in an orbital pattern. He put his foot down twice during the task as he was about to fall.

FINGER TO NOSE:

During the instructional stage Subject swayed in an orbital pattern. Subject did not touch his finger to nose and could not finish the task as he almost fell over twice.

ROMBERG/ALPHABET:

Subject swayed in an orbital pattern during the instructional Phase.

Subject mouthed his A, B, C's while almost falling forward.

BREATH TEST RESULTS: 0.152 / 0.169

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 19 day of January, 2017 by K. Blake

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

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

#1209

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? Yes

WHERE WERE YOU GOING? Plead 5th

WHAT STREET OR HIGHWAY WERE YOU ON? Don't Know Plead 5th

DIRECTION OF TRAVEL? Plead 5th WHERE DID YOU START? Plead 5th

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: Col. K. Blane

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) _____ *READ ON CAMERA* _____

TESTING FACILITY TASK REPORT

13

SUBJECT: CARTER, BRANDON CHRISTOPHERAGENCY: TEQUESTA PDDATE: JAN. 19th, 2017CASE NUMBER: 17-028783BEGINNING TIME: 18:37 hrs.VIDEO TAPE NUMBER: 62007
ENDING TIME: 18:49 hrs.BREATH TESTS RESULTS: 1) .152 TIME 18:41 A.M./P.M. 2) .169 TIME 18:45 A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.BREATH OPERATOR: J. CAIN #2109MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: very repetitive, slurred, slurring, slurred thickATTITUDE: oblivious, laying off, in denial, lying, turned polite, laughingCLOTHING: blue jeans, belt, tank top shirt, no shoesMEDICAL CONDITIONS: left knee surgery, back conditionMEDICATIONS: midol, aleveOTHER: beer 23 YOA

One of unknown alcoholic beverage
Eyes red, glassy, watery

COMMENTS:

20 MIN. OBSERV BOTT BY ARRESTING OFFICER.

Asked you to hit.

Take two samples. Stopping - starting each time on 2nd.
Result, +/C to Δ.

Results were read by A/O.
Stated he understood them.
Answered one question then refused to continue.

WITNESS LIST

CASE NUMBER: 17000022

ARRESTING OFFICER K. Blanc
ADDRESS 357 Tequesta Dr., Apt. 12
PHONE NUMBERS (HOME) _____ (WORK) 561 768 0500
CAN TESTIFY TO: 7-14, Step 1 DUI
NAME: C. Scaduto
ADDRESS 357 Tequesta Dr.
PHONE NUMBERS (HOME) _____ (WORK) 561 768 0500
CAN TESTIFY TO: Transport
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
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