

J# 0424564

Tequesta

17mm1028 P# 773

☐ Check if Supplement is Attached

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 6 - - - - - () () ()					
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" 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) Gallery Square South				Location of Offense (Business Name, Address) 370 Tequesta Dr Tequesta					
Date of Arrest 01/19/17		Time of Arrest 1726		Booking Date 1/19/17		Booking Time		Jail Date 1/19/17	
Jail Time		Location of Vehicle TOWED							
Name (Last, First, Middle) Carter, Brandon Christopher				Alias (Name, DOB, Soc. Sec. #, Etc.) 7/14/93					
Race <input checked="" type="checkbox"/> White <input type="checkbox"/> B - Black		Sex M		Date of Birth 07/14/93		Height 5'10"		Weight 205	
Eye Color Bn		Hair Color Bn		Complexion Light		Build med			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RIGHT Arm, RIGHT Ankle, Back - Words				Marital Status S		Religion CATH		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Local Address (Street, Apt. Number) 16295 130th Ave N. Suite F1				(City) Ft		(State) FL		(Zip) 33478	
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)	
Business Address (Name, Street)				(City)		(State)		(Zip)	
D/L Number, State C 636-063-93-2540		Soc. Sec. Number		INS Number		Place of Birth (City, State) Plantation, FL		Citizenship USA	
Co-Defendant (Last, First, Middle)				Race		Sex		Date of Birth	
Co-Defendant (Last, First, Middle)				Race		Sex		Date of Birth	
<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 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 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			
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. Synthetic	
U. Unknown Z. Other		Charge Description DUAT		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 3116119311	
Drug Activity N		Drug Type V		Amount / Unit		Offense # 1700022		Warrant / Capias Number	
Charge Description Resist U/O Violence		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 843102		Violation of ORD #	
Drug Activity N		Drug Type V		Amount / Unit		Offense # 1700022		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Location (Court, Room Number, Address) 3182 PGF BVD North County Courthouse Palm Beach Gardens FL				Court Date and Time Month February Day 18 Year 2017 Time 10:30 A.M. P.M.					
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) Brandon Carter				Signature of Arresting Officer X [Signature]					
HOLD for other agency				Name of Arresting Officer (Print) K. Blane		I.D. # 1187		Date Verification (Printed by Arrestee) JAN 25 2017	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		(PRINT) JAN 19 PM 8:05		PAGE 1 OF 1	
D/B. C. GILYARD #7392				Transporting Officer K. Blane		I.D. # 1187		Agency 1187	
Witness here if subject signed with an "X"									

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

N

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 1 1 7 1 0 0 0 0 2 2 4 1	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:		
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other			
Name (Last, First, Middle) Carter, Brandon, Christopher	Alias		Race W	Sex M	Date of Birth 0 7 1 9 9 3	
Charge Description Resist W/O Violence 843.02		Charge Description				
Charge Description		Charge Description				
Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone
Address Source			Occupation			
<p>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 ...</p> <p><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.</p> <p><input type="checkbox"/> confessed to _____ <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>admitting to the below facts.</p> <p>On the <u>19</u> day of <u>January</u> 20<u>17</u> at <u>5:26</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>after placing defendant Brandon Carter into handcuffs 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 that I activated my Electronic Control Weapon (ECW) and drive stunned him without deploying the prongs. I drove stunned him in the center of his back with no effect. Carter finally became compliant.</p>						
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><u>Cpl. R</u> 1101 (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>19</u> day of <u>January</u> 20<u>17</u> by <u>K. Blane</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p><u>#1209</u> Notary Public, Clerical Court Officer (F.S.S. 117.10)</p>						

ADMINISTRATIVE

PROBABLE CAUSE AFFIDAVIT

VICTIM

CHARGES

DEF.

ADMIN

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 of Seabrook RD at ~~at~~ in the 4001316 off a high rate of speed. Activated Incar Radar Stalker (UNT 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 friends house down the road and going home. Changed his story to coming from his uncles house.

ODORS:

Unknown alcoholic Beverage coming from Driver and inside vehicle.

GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Angry, hostile. Calm 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

(Signature of Arresting/Investigative Officer)

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 #1203

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

SUBJECT: Brandon Christopher Carter CASE NUMBER: 17000022

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

☒ 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

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 on all steps.

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

BREATH TEST RESULTS: 0.152 / 0.169

STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. [Signature] 1137
(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] #1209
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SUBJECT: Brandon Carter

CASE NUMBER: 17000022

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

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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

AGENCY: **TEQUESTA PD**

SUBJECT: **CARTER, BRANDON CHRISTOPHER**

DATE: **JAN. 19th, 2017**

CASE NUMBER: **17-028783**

BEGINNING TIME: **18:37 hrs.**

ENDING TIME: **18:49 hrs.**

VIDEO TAPE NUMBER: **62007**

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 #2109**

MAINTENANCE TECHNICIAN: **J. KARLECKE #6467**

TESTING OFFICER'S OBSERVATIONS

SPEECH: **very repetitive statements, slurred thick**

ATTITUDE: **cooperative, saying off on hand signals, turned polite, laughing**

CLOTHING: **blue jeans, black tank top shirt, no shoes**

MEDICAL CONDITIONS: **left knee surgery, back condition**

MEDICATIONS: **none**

OTHER: **brn/brn 23 YOA**
Alc of unknown alcoholic beverage
Eyes Red, glassy, watery

COMMENTS:

20 MIN. OBSERV DONE BY ARRESTING OFFICER.

Said yes to b/t.

Gave two samples. Stopping - starting each time on 2nd.

Results for CTS Δ.

Rights 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. #17

PHONE NUMBERS (HOME) _____ (WORK) 561 768 0500

CAN TESTIFY TO: Tell the story / DOJ

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: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____