

0485600

NH

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

Juvenile

1

2206

NH

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR			Juvenile Referral Report			1. Arrest 3. Request for Warrant			2. N.T.A. 4. Request for Capias					
	Agency ORI Number FLO 5 0 5 0 0 0			Agency Name LAKE CLARKE SHORES POLICE DEPARTMENT			Agency Report Number 5 8 - 1 7 - 0 3 3 9			Weapon Seized / Type 2 1. Yes 2. No			Multiple Clearance Indicator					
DEFENDANT	Charge Type: Check as many as apply:		<input checked="" type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other									
	Location of Arrest (Including Name of Business) 1400 block Forest Hill Blvd						Location of Offense (Business Name, Address) 1400 block Forest Hill Blvd.											
	Date of arrest 022317		Time of arrest 1845		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Blakes Towina					
	Name (Last, First, Middle) Brinkman, Chandler James						Alias (Name, DOB, Soc. Sec. #, Etc.) 08-16-1983											
	Race W - White I - American Indian		Sex M		Date of Birth 08.16.83		Height 5'6"		Weight 150		Eye Color Brown		Hair Color Brown		Complexion Fair			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Unknown						Marital Status Unk		Religion Unk		Indication of: Alcohol Influence Drug Influence		Y N		Unk.			
	Local Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone ()		Residence Type: 1. City 2. County		3. Florida 4. Out of State	
	Permanent Address (Street, Apt. Number) 381 Chirchill Rd						(City)		(State)		(Zip)		Phone 81248-9600		Address Source Spoken			
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ()		Occupation			
	D/L Number, State B652110832960F						INS Number						Place of Birth West Palm Beach		Citizenship US			
CO-DEF	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
JUVENILE	Name (Last) ORL (First) (Middle)												Residence Phone					
	Address (Street, Apt. Number) ORL (City)						(State)						(Zip)				Business Phone	
	Notified by: (Name) ORL						Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. And Released.		2. TOT HRS/CYF 3. Incarcerated		Date		Time	
Released To: (Name) ORL						Relationship												
The above address was provided by <input type="checkbox"/> defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 20-2526) 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	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							
	ORL	ORL	ORL	ORL	ORL	ORL	ORL	ORL	ORL	ORL	ORL							
CHARGE	Charge Description ORL			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	3161193			ORL			Bond						
	Drug Activity ORL	Drug Type ORL	Amount / Unit	Offense # 2017-0339	Warrant / Capias Number			ORL			ORL							
CHARGE	Charge Description Resisting w/o violence			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	89302			ORL			Bond						
	Drug Activity ORL	Drug Type ORL	Amount / Unit	Offense # 2017-0339	Warrant / Capias Number			ORL			ORL							
CHARGE	Charge Description			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	ORL			ORL			Bond						
	Drug Activity ORL	Drug Type ORL	Amount / Unit	Offense #	Warrant / Capias Number			ORL			ORL							
CHARGE	Charge Description			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	ORL			ORL			Bond						
	Drug Activity ORL	Drug Type ORL	Amount / Unit	Offense #	Warrant / Capias Number			ORL			ORL							
NOTICE TO APPEAR	Location (Court, Room Number, Address)												ORL					
	Court Date and Time												ORL					
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.												ORL						
Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed ORL						
ADMIN.	HOLD for other Agency			Signature of Arresting Officer			Name Verification Printed by Arrestee			SCANNED			ORL					
	Name: D.S. B. SHATARA #7623			Signature: Brian Pizzuti			Name of Arresting Officer (Print) Brian Pizzuti			I.D. # 329			(PRINT) FEB 27 2017 FEB 23 PM 9:07					
Name: Dangerous Resisted Arrest Suicidal Other: Intoxicated			Transporting Officer I.D. # 329			Agency LCS			Witness here if subject signed with an "X"			PAGE OF						

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF Feb 2017 AT 6:24

AM PM

SUBJECT: Chandler James

CASE NUMBER 2017-0339

AGENCY: Lake Clarke Shores

ARRESTING OFFICER: Brian Pizzuti #329

PERSONAL CONTACT

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

He was stopped in the middle of the road, in the straight lane, farthest to the right, with the eastbound traffic. His black ~~Foot~~ by ~~was~~ was running with his foot on the brake, and he was sleeping hunched over the steering wheel. Upon waking the driver ^{up} we attempted to get him to roll the window down and open the door but ~~when~~ he wouldn't. He then drove off but got stuck in traffic.

OBSERVATION OF DRIVER:

Confused and unaware of what was going on. He had trouble stepping out of the vehicle. His movements were slow.

DRIVER'S STATEMENTS:

He said he was "sorry" several times.

ODORS: Strong presence of ^{an unknown} alcohol on his breath.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Apologetic

CLOTHING: Blue shirt, ^{grey} ~~grey~~ shorts, Black tennis shoes.

MEDICAL/OTHER:

N/A

STATE OF FLORIDA

COUNTY OF PALM BEACH

329

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

day of

20

by

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

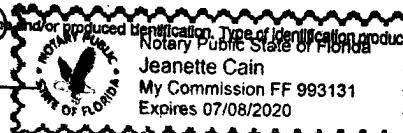
Notary Public State of Florida

Jeanette Cain

My Commission FF 993131

Expires 07/08/2020

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



SCANNED

FEB 27 2017

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: Wanted to follow ~~pace~~ with Head not his eyes.

WALK & TURN:

Was shown how to perform task didn't follow instructions. Was shown how to perform task didn't follow instructions. Didn't follow instructions. Took 16 steps down line stepped off to left 1st step and took 16 steps down line stepped off to left 1st step and took 10 steps off at count of 7. On the way back he took 10 steps off at count of 7. Took 1st step and 7th step.

ONE LEG STAND: was shown how to do task. Didn't lift foot up started counting, kept putting foot down. Stepped back before he fell.

FINGER TO NOSE:

Didn't follow instructions kept pointing his eyes and didn't keep his head tilted back.

ROMBERG/ALPHABET:

Didn't give

BREATH TEST RESULTS:

Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

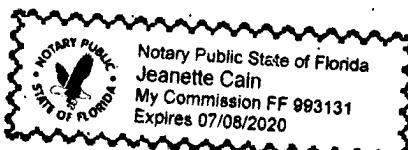
329

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this _____ day of _____, 20____ by _____

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

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



SCANNED
FEB 27 2017

TESTING FACILITY TASK REPORT

5

AGENCY: LK CLARKE SHORESSUBJECT: BRINKMAN, CHANDLER JAMESCASE NUMBER: 17-043601DATE: FEB. 23rd, 2017VIDEO TAPE NUMBER: 62181BEGINNING TIME: 19:21 ms.ENDING TIME: 19:26 ms.BREATH TESTS RESULTS: 1) 19:25 A.M./P.M. 2) TIME 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: slurred + thickATTITUDE: reservedCLOTHING: gray shorts, teal polo shirt, blk. sneakersMEDICAL CONDITIONS: Daig noneMEDICATIONS: Said noneOTHER: bm/bm 33 YOA

Odor of my known alcoholic beverage
Eyes: Red + glassy

COMMENTS:

20 Min. observ done by arresting officer.

First said yes then requested an atty.
AJO read the Simplified Consent to T
Stated he understood I/C and No to b/t.
AJO accepted refusal.

Rights read / A refusal to answer any questions.

SCANNED

FEB 27 2017

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: Brian Pizzati 329 03/23/17
WHITE - STATE ATTY. 329 03/23/17
YELLOW - DHSMV 329 03/23/17
PINK - CENTRAL RECORDS 329 03/23/17
GOLD - JAIL 329 03/23/17

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 Brian Pizzati of the Lake Clarke Shores.

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) Refused

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.

SCANNED

FEB 27 2017

SUSPECT'S SIGNATURE: (X) Refused

WITNESS LIST

CASE NUMBER:

2017-0339

ARRESTING OFFICER Brian Pizzati ID 329
ADDRESS 1701 Barbados Rd UK Clarke Shores FL 33406
PHONE NUMBERS (HOME) _____ (WORK) 561-264-1515
CAN TESTIFY TO: witnessed Driver Passed out behind steering wheel
NAME: ofc. Kenny Rojasino ID 325
ADDRESS 1701 Barbados Rd UK Clarke Shores FL 33406
PHONE NUMBERS (HOME) 561-264-1515 (WORK) 961-1525
CAN TESTIFY TO: observed driver Passed out behind steering wheel - Then take off
NAME: Sgt. Wm. Howell #308
ADDRESS 1701 Barbados Rd
PHONE NUMBERS (HOME) _____ (WORK) 961-1525
CAN TESTIFY TO: observed Driver Passed out behind wheel then take off
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

SCANNED

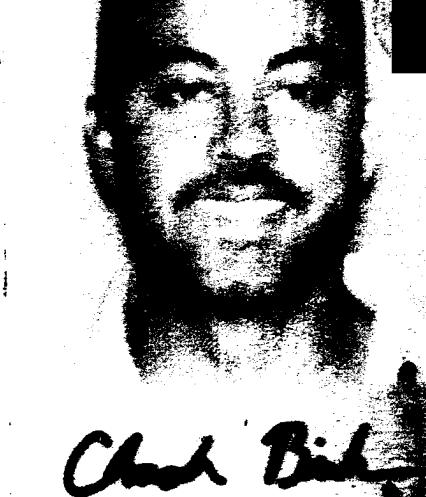
FEB 27 2017



The Sunshine State

CHANDLER JAMES
BRINKMAN
6073 OSBORNE DR
LANTANA, FL 33462-3853
BORN 08-24-1975 SEX: M
ISSUED: 08-24-1998 EXPIRED: 5-06

SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law.



**CHANDLER JAMES
BRINKMAN
6873 OSBORNE DR
LANTANA, FL 33462-3853
DOB: 05/25/1975 SEX: M
DRIVER'S LICENSE NO.: 5-06
ISSUE DATE: 02/01/2001
EXPIRE DATE: 02/01/2004**

Chad Bilek

SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

SCANNED
FEB 27 2017