

0485600		NH		2206		NH	
OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 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 1 7 - 0 3 3 9		Juvenile	
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 type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2. No	
Location of Arrest (Including Name of Business) 1400 block forest Hill Blvd		Location of Offense (Business Name, Address) 1400 block Forest Hill Blvd.		Multiple Clearance Indicator			
Date of arrest 02.23.17		Time of arrest 1:45		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle Blakes Towing			
Name (Last, First, Middle) Brinkman, Chandler James		Alias (Name, DOB, Soc. Sec. #, Etc.) 08-16-1983					
Race W - White B - Black		Sex M		Date of Birth 08.16.83		Height 5'6"	
Weight 150		Eye Color Brown		Hair Color Brown		Complexion fair	
Build Med		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Unknown		Marital Status Unk		Religion Unk	
Local Address (Street, Apt. Number) 381 Churchill Rd		(City) West Palm		(State) FL		(Zip) 33405	
Permanent Address (Street, Apt. Number) 381 Churchill Rd		(City) West Palm		(State) FL		(Zip) 33405	
Business Address (Name, Street) 381 Churchill Rd		(City) West Palm		(State) FL		(Zip) 33405	
D/L Number, State B652110832960F		INS Number		Place of Birth West Palm Beach		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (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)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. And Released. 2. TOT HRS/CYF 3. Incarcerated	
Released To: (Name)		Relationship		Date		Time	
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 904-2526) 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 Unk		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		3.1.6.1.9.3	
Drug Activity/Drug Type Unk Unk		Amount / Unit		Offense # 2017-0339		Warrant / Capias Number	
Charge Description Resisting w/o violence		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8.4.3.10.2	
Drug Activity/Drug Type Unk Unk		Amount / Unit		Offense # 2017-0339		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			
Drug Activity/Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			
Drug Activity/Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Location (Court, Room Number, Address)		Court Date and Time		Month		Day	
Year		Time		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)		Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer 329		Name Verification (Printed by Arrestor) SCANNED			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) Brian Pizzuti		I.D. # 329		(PRINT) FEB 27 2017	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transporting Officer B. Pizzuti		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 ~~ford~~ toyota was running with his foot on the brake, and he was sleeping, hunched over the steering wheel. Upon waking the driver or 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 shorts, Black tennis shoes

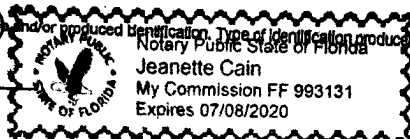
MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

Brian Pizzuti #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)



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

SCANNED
FEB 27 2017

SUBJECT: Chandler James Brink CASE NUMBER: 2017-0339

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 pass with head not his eyes.

WALK & TURN:

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

ONE LEG STAND:

was shown how to do task didn't lift foot up started counting, kept patting foot down. stopped task before he fell.

FINGER TO NOSE:

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

ROMBERG/ALPHABET:

Didn't give

BREATH TEST RESULTS:

Refused

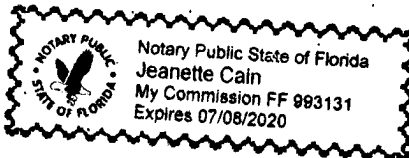
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 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 _____

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



SCANNED
FEB 27 2017

TESTING FACILITY TASK REPORT

5

AGENCY: LK CLARKE SHORES

SUBJECT: BRINKMAN, CHANDLER JAMES

CASE NUMBER: 17-043601

DATE: FEB. 23rd, 2017

VIDEO TAPE NUMBER: 62181

BEGINNING TIME: 19:21 hrs.

ENDING TIME: 19:26 hrs.

BREATH TESTS RESULTS: 1) 19:25 TIME 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 #2109

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred + thick

ATTITUDE: reserved

CLOTHING: gray shorts, teal polo shirt, blk. sneakers

MEDICAL CONDITIONS: Said none

MEDICATIONS: Said none

OTHER: bn/bn 33 YOA

Odor of unknown alcoholic beverage
Eyes: Red + glassy

COMMENTS:

20 Min. observ done by arresting officer.

First said yes then requested an atty.
A/O read the Implied Consent to A.
Stated he understood I/C and NO to b/t.
A/O accepted refusal.

Rights read A refused to answer any questions.

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FEB 27 2017

SUBJECT: Chandler James Brinkman CASE NUMBER: 2017-0339

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 Pizzuti 329 02/23/17

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

FEB 27 2017

SUBJECT: Chandler James Brinkman CASE NUMBER: 2017-0339

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 Pizzuti 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.

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FEB 27 2017

SUSPECT'S SIGNATURE: (X) Refused

WITNESS LIST

CASE NUMBER:

2017-0339

ARRESTING OFFICER

Brian Pizzuti

ID329

ADDRESS

1701 Barbados Rd LK Clarke Shores Fl 33406

PHONE NUMBERS (HOME)

(WORK)

561-864-1515

CAN TESTIFY TO:

witnessed Driver Passed out behind steering wheel

NAME:

Off. Penny Mojicano ID325

ADDRESS

1701 Barbados Rd LK Clarke Shores Fl 33406

PHONE NUMBERS (HOME)

(WORK)

964-1515

CAN TESTIFY TO:

observed driver Passed out behind steering wheel - Then take off

NAME:

Sgt. Wm. Howell #208

ADDRESS

1701 Barbados Rd

PHONE NUMBERS (HOME)

(WORK)

964-1515

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:

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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

6873 OSBORNE DR

LANTANA, FL 33462-3853

DOB: 02-16-1963 SEX: M

EXP: 02-16-2014 HGT: 5-06

WEIGHT: 160

Chad Brinkman

SAFE DRIVER

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

NOT A CERTIFIED COPY

SCANNED

FEB 27 2017