

0071503

285

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-18-050913</b>						
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 <b>NONE</b>		Multiple Clearance Indicator <b>02</b>				
Location of Arrest (Including Name of Business) <b>N. Congress Ave &amp; Miner Rd, Boynton Beach, FL, 33436</b>					Location of Offense (Business Name, Address) <b>N. Congress Ave &amp; Miner Rd, Boynton Beach, FL, 33436</b>						
Date of Arrest <b>10/03/2018</b>	Time of Arrest <b>2227</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) <b>Seitter, Charles, Henry</b>					Alias (Name, DOB, Soc. Sec. #, Etc)						
W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/07/1960</b>	Height <b>605</b>	Weight <b>250</b>	Eye Color <b>Hazel</b>	Hair Color <b>Brown</b>	Complexion <b>L</b>	Build <b>L</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Mental Status <b>N/A</b>	Religion <b>N/A</b>	Indication of Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>1609 NW 21st St Lot 559</b>		(City) <b>Boynton Beach</b>		(State) <b>FL</b>	(Zip) <b>33436</b>	Phone <b>(561)577-6404</b>					
Permanent Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone		Address Source <b>FL DL</b>			
Business Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone		Occupation <b>Contractor</b>			
DL Number, State <b>S360-148-60-167-0/FL</b>		INS Number		Place of Birth <b>New York, NY</b>		Citizenship <b>USA</b>					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<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		<input type="checkbox"/> 1. Handled/Processed within Dept. and Released <input type="checkbox"/> 2. TOT HR&DYS <input type="checkbox"/> 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 561-355-2526) informed of any change of address.					School Attended		Grade				
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>Driving Under The Influence</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>316.193(1)</b>		Violation of ORD#					
Drug Activity	Drug Type	Amount/Unit	Offense # <b>18-050913</b>	Warrant/Capias Number		Bond <b>OR</b>					
Charge Description <b>Possession of Marijuana Under 20 Grams</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>893.13(6)(b)</b>		Violation of ORD#					
Drug Activity <b>P</b>	Drug Type <b>M</b>	Amount/Unit	Offense # <b>18-050913</b>	Warrant/Capias Number		Bond <b>OR</b>					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>									
		Court Date and Time Month <b>October</b> Day <b>22nd</b> Year <b>2018</b> Time <b>8:30</b> <b>A.M.</b> <input type="checkbox"/> <b>P.M.</b>		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 FULLY 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 <b>10/04/2018</b>							
HOLD for other Agency Name		Signature of Arresting Officer <b>993</b>		Name Verification (Printed by Arrestee) (PRINT)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>Ofc. Dominguez</b>		ID # <b>993</b>		BU# <b>BU#</b>		Page <b>1 OF 1</b>			
Intake Deputy <b>[Signature]</b>		Pouch #	Transporting Officer <b>Ofc. Dominguez</b>	ID # <b>993</b>	Agency <b>BBPD</b>	Witness Name and Signature <b>[Signature]</b>					

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 3rd DAY OF October 2018 AT 2156  A.M  P.M.

CASE #: 18-050913 DEFENDANT: Seitter, Charles, Henry

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On the above date and time, I, Officer Dominguez, was traveling south on N. Congress Ave approaching Miner Rd. Directly in front of my patrol vehicle I observed a white Chevrolet truck (FL Tag 989NWV) also traveling south on N. Congress Ave approaching Miner Rd. I observed that the passenger rear tail light was broken and omitting a white light. I also witnessed that the vehicle's tag lights were not on. At that time I conducted a traffic stop on the vehicle. It should be noted that the vehicle did not immediately come to a complete stop but instead continued slowly for several hundred feet south of Miner Rd.

I then approached the sole occupant of the vehicle, Charles Seitter, and advised him on the reason I pulled him over. While speaking to Seitter I observed him to have slurred speech, red glossy eyes and I could smell a strong odor of the impurities of alcohol emitting from Seitter's person and breath. I then requested Seitter to exit the vehicle in which he complied.

While out of the vehicle I observed Seitter to be unsteady on his feet. While speaking to him I again could smell a strong odor of the impurities of alcohol emitting from his person and breath. I advised Seitter of my observations and requested that he I requested Seitter to submit to a series of Field Sobriety Task, which he agreed to. Prior to continuing the investigation I asked Seitter if he had any injuries/ disabilities that I should be aware of, which he stated he had injuries to his back and knee from the past but stated he was "okay".

Let it be noted that during the pen exercise Seitter failed to keep his head still and was asked to not move his head several times. See the Following:

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly                 | <input checked="" type="checkbox"/> Right eye does not follow smoothly                 |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees                      | <input checked="" type="checkbox"/> Right eye prior to 45 degrees                      |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input checked="" type="checkbox"/> Vertical Nystagmus in left eye                    | <input checked="" type="checkbox"/> Vertical Nystagmus in right eye                    |

**WALK AND TURN:**

The Task was explained and demonstrated to Seitter, which he stated that he understood. During the Instructional Stage, Seitter swayed side to side and stepped out of position several times. Seitter also began the exercises before he was asked. Seitter was then asked to begin the exercise. Seitter missed heel to toes contact on steps 1, 3, 4, 5, and 6. Seitter also stumbled off the line between steps 4 and 5. Seitter then turned around and stopped the exercise. Seitter then continued the exercise and missed heel to toe contact on steps 2, 3, 4, 5, 6, 7, 8, and 9.

**ONE LEG STAND:**

The task was explained and demonstrated to Seitter, which he stated he understood. Seitter then began the exercise. Seitter placed his foot on the ground approximately 12 times before the times elapsed. Seitter also did not count in the manner he was instructed.

**FINGER TO NOSE:**

The Task was explained and demonstrated to Seitter, which he stated that he understood. During the Exercise Stage, Seitter missed the tip of his nose the first and last commands of Left. Seitter also missed the tip of his nose on three separate commands of Right. Seitter eyes opened several times during the exercise.

**ROMBERG/ALPHABET:**

The Task was explained and demonstrated to Seitter, which he stated that he understood. During the Exercise Stage, Seitter advised he was done estimating 30 seconds in his head after approximately 14 seconds elapsed on my watch.

Based on my investigation, Seitter was placed into custody for DUI. During a search of Seitter person I located a small baggie containing suspected Marijuana in his front shirt pocket. The Marijuana was later tested using a Duquenois Levine Reagent which tested positive for Marijuana.

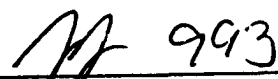
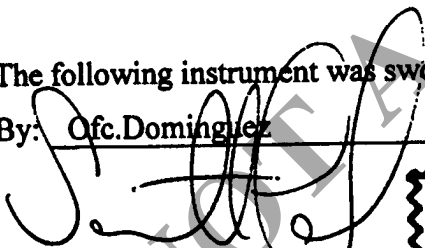
Due to Ofc. Castro being a certified breath technician and having access to a mobile breath machine in his patrol vehicle, Ofc Castro was called on scene. I conducted a 20 minute observation which began at 2227 hours and ended at 2247 hours. Seitter refused to submit to a breath sample at that time. Seitter was read Implied Consent in which he stated understood and again refused to submit to a breath sample at 2316 hours.

Based on the above facts, Seitter was arrested for Driving Under the Influence (FSS 316.193(1)) and Possession of Marijuana Under 20 Grams (FSS 893.13(6)(b)). Seitter was then transported to Palm Beach County Jail for processing. Seitter was issued a citation for improper/Unsafe Equipment.

This incident was captured on my BWC.

The following instrument was sworn to before me this 4 day of October 2018

By: Ofc. Dominguez



Notary/Police Officer (F.S.S. 117.10)

Signature of Arresting Officer

**TESTING FACILITY TASK REPORT**

CASE #: 18-050913

DEFENDANT: Seitter, Charles, Henry

Date: 10/3/18

Video Tape #: \_\_\_\_\_

**BREATH TEST RESULTS: Refused**

1. \_\_\_ g/210L Time \_\_\_\_\_  a.m.  p.m.      3. \_\_\_ g/210L Time \_\_\_\_\_  a.m.  p.m.  
2. \_\_\_ g/210L Time \_\_\_\_\_  a.m.  p.m.      4. \_\_\_ g/210L Time \_\_\_\_\_  a.m.  p.m.

BREATH OPERATOR: Ofc. Castro

MAINTENANCE TECHNICIAN: \_\_\_\_\_

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS:

NOT A CERTIFIED COPY

**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.

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.

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining 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 Boynton Beach Police Department

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.

**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 statements can and will be used against you in a court of law.**

**Suspect's Signature:** \_\_\_\_\_

CASE #: 18-050913

DEFENDANT: Seitter, Charles, Henry

### 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.**

Where you operating a motor vehicle at the time of the stop/Accident? Refused

Where were you going? \_\_\_\_\_

What Street or Highway were you on? \_\_\_\_\_

What was your direction of travel? \_\_\_\_\_

Where did you start from? \_\_\_\_\_

What time did you start? \_\_\_\_\_

What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_

What day of the week is it? \_\_\_\_\_

What City and County 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 have you been drinking? \_\_\_\_\_

How much? \_\_\_\_\_

With whom? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_

When did you have your last drink? \_\_\_\_\_

Can you feel the effects of the alcohol? \_\_\_\_\_

Are you under the influence? \_\_\_\_\_

Have you consumed any alcohol since the stop/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? \_\_\_\_\_

Where 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: \_\_\_\_\_

CASE #: 18-050913

DEFENDANT: Seitter, Charles, Henry

Arresting Officer: Ofc. Dominguez

Address: 100 E. Boynton Beach Boulevard Boynton Beach, FL 33435

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: Ofc. Bundrick

Address: 100 E. Boynton Beach Blvd, Boynton Beach, FL, 33435

Phone Numbers: Home: \_\_\_\_\_ Work: 561-742-6100

Can testify to: FSE'S

Name: Ofc. Castro

Address: 100 E. Boynton Beach Blvd, Boynton Beach, FL, 33435

Phone Numbers: Home: \_\_\_\_\_ Work: 561-742-6100

Can testify to: Breath Tech

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018033209	Date: 10/4/2018
	Specialist Name/ID: Stewart/5660