

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

2017 CT 2037 AMB

| | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|------------------------|
| OBTS Number | | | ARREST / NOTICE TO APPEAR | | | | | | 1. Art 2. N.T.A. | |
| Agency ORI Number | | Agency Name | | | | Agency Report Number (N.T.A.'s only) | | | | |
| FLO 500000 | | PALM BEACH COUNTY SHERIFF'S OFFICE | | | | 06- | | | | |
| Charge Type: Check as many as apply: | | <input type="checkbox"/> 1. Felony <input 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 | | | | Weapon Seized / Type | | Multiple Clearance Indicator | | |
| Location of Arrest (Including Name of Business) | | Location of Offense (Business Name, Address) | | | | | | | | |
| LOXAHATCHEE RIVER RD / FOX RUN CIR, JUPITER, FL, 33458 | | LOXAHATCHEE RIVER RD / FOX RUN CIR, JUPITER, FL, 33458 | | | | | | | | |
| Date of Arrest | | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | |
| 2/1/2017 | | 02:26 | | | | | | | | |
| Name (Last, First, Middle) | | | | | | | | | | |
| CARPENTER, CHRISTOPHER | | | | | | | | | | |
| Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | |
| Race | | Sex | | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
| W - White 1 - American Indian B - Black 0- Oriental/Asian | | W M | | 7/12/94 | 6'1 | 135 | BRN | BRN | MED | THIN |
| Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | | | | | | | | | | |
| Local Address (Street, Apt. Number) | | (City) | (State) | (Zip) | Marital Status | Religion | Indication of: | | | |
| 1234 SW CHASE RD | | PORT SAINT LUCIE | FL, 34953 | | SINGLE | NONE | Y | N | Unk. | |
| Permanent Address (Street, Apt. Number) | | (City) | (State) | (Zip) | Phone | | Alcohol Influence | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Business Address (Name, Street) | | (City) | (State) | (Zip) | Phone | | Drug Influence | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| D/L Number, State | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) | | Citizenship | | |
| C615-102-94-252-0 | | [REDACTED] | | | | PHILADELPHIA, PA | | | | |
| Co-Defendant Name (Last, First, Middle) | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile | | | | | |
| <input type="checkbox"/> Parent Name (Last) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other | | (First) | (Middle) | | Residence Phone | | | | | |
| Address (Street, Apt. Number) | | (City) | (State) | (Zip) | Business Phone | | | | | |
| Notified by: (Name) | | Date | Time | Juvenile Disposition | | 2. TOT HRS / DYS | | | | |
| Released To: (Name) | | Relationship | | 1. Handled/processed within Dept. and Released. | | 3. Incarcerated | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told <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 | S. Sell N. N/A P. Possess | R. Smuggle B. Buy T. Traffic | K. Dispense/ D. Deliver E. Use | M. Manufacture/ Produce/ Cultivate | Z. Other | Drug Type N. N/A E. Amphetamine | B. Barbiturate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Derv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other |
| CHARGE | Charge Description | | | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | | | Violation of ORD # | |
| CHARGE | N | N | Amount / Unit | Offense # | 17-033943 | 316.193(1) | | | Bond | |
| CHARGE | Charge Description | | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | | Violation of ORD # | |
| CHARGE | Drug Activity | Drug Type | Amount / Unit | Offense # | | 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 | Drug Activity | Drug Type | Amount / Unit | Offense # | | 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 | Drug Activity | Drug Type | Amount / Unit | Offense # | | Warrant / Capias Number | | | Bond | |
| NOTICE TO APPEAR | Location (Court, Room Number, Address) | | | | | | | | | |
| NOTICE TO APPEAR | 3228 GUN CLUB RD, WEST PALM, FL, 33406 | | | | | | | | | |
| NOTICE TO APPEAR | Court Date and Time | | | | | | | | | |
| NOTICE TO APPEAR | Month 2 | Day 23 | Year 17 | Time 8:30 | AM <input checked="" type="checkbox"/> | PM <input type="checkbox"/> | | | | |
| 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) | | | | | | | | | | |
| ADMIN | HOLD for other Agency | | Signature of Arresting Officer | | | Date Signed | | | | |
| ADMIN | Name: | | X | | | Name Verification (Printed by Arrestee) | | | | |
| ADMIN | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | | Name of Arresting Officer (Print) D/S G. LYNCH | | | I.D. # | | (PRINT) FEB 1 AM 4:45 | | |
| ADMIN | Intake Deputy | | I.D. # | | | Transporting Officer | ID # | Agency | PAGE | |
| ADMIN | Cpl. Hardman 471b | | Pouch # | | | D/S G. LYNCH | PBSO | | 1 OF 1 | |
| Witness here if subject signed with an -X" | | | | | | | | | | |

0484964

317

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1 DAY OF FEB 20 17, AT 12:45 AM PM
SUBJECT: CARPENTER, CHRISTOPHER CASE NUMBER: 17-033943
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S G. LYNCH 8568
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
CHRISTOPHER WAS INVOLVED IN A VEHICLE CRASH (PBSO CASE 17-033938). CHRISTOPHER WAS DRIVING NORTH ON LOXAHATCHEE RIVER RD WHEN HE LOST CONTROL OF THE VEHICLE. THE VEHICLE WENT OFF THE WEST SIDE OF THE ROADWAY STRIKING A FENCE AND TREES AND THEN FLIPPED OVER LANDING ON THE ROOF. 2 WITNESSES POSITIVELY IDENTIFIED CHRISTOPHER AS THE DRIVER OF THE VEHICLE

OBSERVATION OF DRIVER:

EYES WERE GLASSY, HAD THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HIS BREATH

DRIVER'S STATEMENTS:

HAD 2 BEERS

ODORS:

UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: **CALM/ COOPERATIVE**

CLOTHING:

MEDICAL/OTHER: **NO INJURIES OR MEDICATIONS**

STATE OF FLORIDA
COUNTY OF PALM BEACH

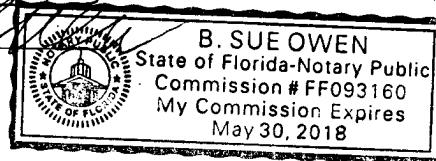
D/S G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of feb 20 17 by D/S G. LYNCH 8568

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

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



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:****SWAYED IN ALL DIRECTIONS DURING THE TASK.****WALK & TURN:**

ON THE FIRST SET OF NINE STEPS CHRISTOPHER STEPPED OFF THE LINE ON STEP 1,4, AND 6. CHRISTOPHER MISSED HEEL-TO-TOE ON STEPS 4,6, AND 7. CHRISTOPHER USED HIS ARMS FOR BALANCE. CHRISTOPHER PAUSED AFTER EACH STEP TO STEADY HIMSELF. CHRISTOPHER DID NOT TURN AS INSTRUCTED AND STUMBLED, ALMOST FALLING OVER. ON THE SECOND SET OF STEPS CHRISTOPHER STEPPED OFF THE LINE ON STEPS 2,3,4,7, AND 8 AND ALMOST FELL ON STEP 4. CHRISTOPHER MISSED HEEL-TO-TOE ON STEPS 1,3,4,7, AND 8 AND PAUSED TO STEADY HIMSELF AFTER EACH STEP. CHRISTOPHER AGAIN RASIED HIS ARMS, MORE THEN 6 INCHES, FOR BALANCE.

ONE LEG STAND:

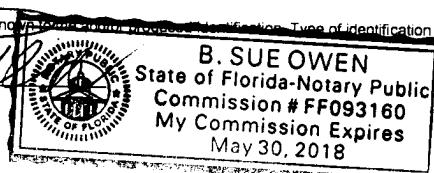
RAISED HIS LEFT LEG AND WAS ABLE TO KEEP HIS BALANCE FOR APPROX 8 SECONDS BEFORE PUTTING HIS FOOT DOWN. CONTINUED AND AGAIN LOST HIS BALANCE AND PUT HIS FOOT DOWN AT 25 SECONDS. CHRISTOPHER CONTINUED AND BEGAN TO HOP AT 28 SECONDS.

FINGER TO NOSE:

ON THE FIRST LEFT COMMAND MISSED TOUCHING THE TIP OF HIS NOSE, TOUCHING HIS UPPER LIP FIRST. KEPT HIS FINGER ON HIS NOSE. CHRISTOPHER THEN OPENED HIS EYES AND ASK IF HE NEEDED TO BRING HIS HAND BACK. INSTRUCTIONS WERE GIVEN AGAIN AND THE TASK WAS STARTED AGAIN. ON THE FIRST RIGHT COMMAND CHRISTOPHER USED THE MID PART OF HIS FINGER TO TOUCH HIS NOSE. ON THE THIRD RIGHT COMMAND CHRISTOPHER BEGAN TO USE HIS LEFT HAND FIRST. THROUGHOUT THE TASK CHRISTOPHER SWAYED IN ALL DIRECTIONS

ROMBERG ALPHABET:**SWAYED DURING THE TASK. STATED "Y AND Z"****BREATH TEST RESULTS:** 1) 2) 3) 4)**STATE OF FLORIDA
COUNTY OF PALM BEACH**D/S G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of Feb 2017 by D/S G. LYNCH 8568(Print name of Arresting/Investigative Officer) who is personally known to me and I have reason to believe the same to be true. Type of identification produced KNOWN

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? _____

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: _____

PALM BEACH COUNTY SHERIFF'S OFFICE - SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS VICTIM OTHER

| | | | |
|-----------------------------|--------------------------------|--|---|
| CASE #: 17-033943 | ZONE: 3-14 | SUSPECT: Christopher Carpenter | DATE & TIME OF ORIGINAL EVENT/OFFENSE: 2/1/17 00:45 |
| EVENT TYPE: DUI | DEPUTY: DIS G. Lynch | ID#: 8568 | |

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

| | | | | |
|--|---|--|---|--|
| LAST NAME: Fagan | FIRST NAME: Eric | MIDDLE INITIAL: T | RACE: M | SEX: |
| DATE OF BIRTH: 04/07/1974 | YOUR HEIGHT: 5'10" | YOUR WEIGHT: 180 | YOUR HAIR COLOR: Black | YOUR EYE COLOR: Blue |
| YOUR HOME ADDRESS: 6321 Fox Run Cr. | <input type="checkbox"/> CHECK IF HOMELESS | | CITY: Jupiter | STATE: FL |
| YOUR WORK NAME & ADDRESS: | <input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED | | CITY: Jupiter | STATE: FL |
| WORK PHONE: <input type="checkbox"/> CHECK IF NONE (1) | CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561-801-3304) | HOME PHONE: <input type="checkbox"/> CHECK IF NONE (1) | EMAIL: ericfagan123@gmail.com | <input type="checkbox"/> CHECK IF NONE |

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

| | | | |
|---|--|--|--|
| YOUR NAME: Eric Fagan | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER... | | |
| <p>I was in my bed and I heard a loud crash outside on the road behind my house. Went out on my balcony on the second floor and heard a loud radio followed by a car horn for about 2 minutes. Called 911 when I heard the crash. Arrived on the scene the same time as the medical team. Driver's car was down in the bushes of my neighbor's yard. Driver smelled of alcohol but seemed to be unharmed.</p> | | | |

PAGE **1** OF **1**

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: **X** *Eric Fagan*

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
DATE: **2/1/17** TIME: **01:15**
SIGNATURE: *Eric Fagan* ID: **8568**

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

 DO NOT WISH TO PROSECUTE (INITIAL)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE - SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS **VICTIM** **OTHER**



| | | | | | | | |
|-------------|-----------|-------|------|----------|-----------------------|--|--------------------|
| CASE #: | 17-033743 | ZONE: | 3-14 | SUSPECT: | Christopher Carpenter | DATE & TIME OF ORIGINAL EVENT/OFFENSE: | 2/1/17, 0045 15:37 |
| EVENT TYPE: | DUI | | | DEPUTY: | G. Lynch | ID#: | 8568 |

| | | | | | | | |
|---|---|----------------|--|------------------|--|--------------------|--|
| COMPLETE EVERYTHING BELOW - PRINT LEGIBLY | | | | | | | |
| LAST NAME: | First Name: | | Middle Initial: | | Race: | Sex: | |
| Brown | Dwight | | | | W | M | |
| DATE OF BIRTH: | (MM/DD/YYYY) | YOUR HEIGHT: | YOUR WEIGHT: | YOUR HAIR COLOR: | YOUR EYE COLOR: | | |
| Jan 6, 1954 | 6'0 | 170 | Brown | Blue | | | |
| YOUR HOME ADDRESS: | <input type="checkbox"/> CHECK IF HOMELESS | | CITY: | Jupiter | STATE: | FL | |
| 6209 Fox Run Circle | | | CITY: | Jupiter | STATE: | FL | |
| ZIP: | | | CITY: | Jupiter | STATE: | ZIP: | |
| YOUR WORK NAME & ADDRESS: | <input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED | | CITY: | Jupiter | STATE: | ZIP: | |
| Dwight - U.S. Army | | | CITY: | Jupiter | STATE: | ZIP: | |
| WORK PHONE: | <input type="checkbox"/> CHECK IF NONE | CELL PHONE: | <input type="checkbox"/> CHECK IF NONE | HOME PHONE: | <input type="checkbox"/> CHECK IF NONE | EMAIL: | <input type="checkbox"/> CHECK IF NONE |
| (561) 796-3842 | | (561) 738-4649 | | (561) 746-2828 | | ib5hco@comcast.net | |

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

| | | | |
|---------------|---|--|--|
| YOUR NAME: | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER... | | |
| Charles Brown | <p>I heard a car blowing and then I heard a male voice as if he was in distress. I grabbed a flashlight and went out back for investigation. I found a male talking on a phone next to a wrecked vehicle, then the man in the vehicle was talking. At that point he climbed out of the car - he got out he was hysterical once the fire department arrived he walked out to the sidewalk.</p> | | |

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X Charles Brown

| | | |
|--|--|-------------|
| <input type="checkbox"/> DEPUTY SHERIFF | <input type="checkbox"/> NOTARY PUBLIC | FSS: 117.10 |
| SWORN TO AND SUBSCRIBED BEFORE ME TODAY: | | |
| DATE: 2/1/17 | | TIME: 01:15 |
| SIGNATURE: <u>Charles Brown</u> | | ID: 8568 |

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

DO NOT WISH TO PROSECUTE (INITIAL _____)

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WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

TESTING FACILITY TASK REPORT

AGENCY: PB50

SUBJECT: Carpenter, Christopher Bret CASE NUMBER: 17-033943
DATE: 2/01/17 VIDEO TAPE NUMBER: DVD# 62067

BEGINNING TIME: 0315 ENDING TIME: 0328

BREATH TESTS RESULTS: 1) 210 TIME 0321 A.M./P.M. 2) 211 TIME 0325 A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: very polite, co-operative

CLOTHING: black shoes, black pants, black shirts

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: I allowed to go to bathroom upon arrival

22/10A

COMMENTS: S/IO & I arrived at 0255 hrs

S/IO observed 20 minutes

S/IO requested breath test, I refused

S/IO read I/C, I understood, agreed

No problem with IST, I gave long strong breaths
tech explained results.

S/IO read C/I, I understood rights

I refused D/E

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 DIS Lynch of the PBSO.

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) Read on Camera

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

ALIAS NAMES:

OVER 8 NAMES: PALM BEACH CNTY SHERIFF'S OFFICE
BOOKING CARD

Wednesday, February 01, 2017

5:02:28 AM

INCARCERATION DATE/TIME 02/01/2017 4:38

PRISONER TYPE: LOCAL CHARGES

DOB: 07/12/1994

R/S: W/M

BKG.LOC: MDC INTAKE

AGE: 22

HEIGHT: 6 ft 01 in

BKG. ID #: 8657

SSN: [REDACTED]

WEIGHT: 135

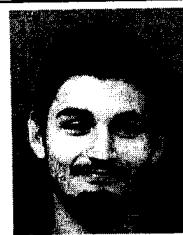
HAIR COLOR: BRO

EYE COLOR: BRO

ADDRESS: 1234 SW CHASE RD

CITY: PORT SAINT LUCIE

STATE: FL ZIP: 34953

COUNTRY
OF ORIGIN: USA

ID #: 20170201016

POUCH: 317

NCIC:

SID #: NONE

AFIS:

DOC #:

ALIEN #:

U.S. MARSHAL #:

INCIDENT #: 17-033943

FBI #: NONE

OBTS #:

CASE #:

ARREST ADDRESS: LOXAHATCHEE RIVER RD/FOX RUN CITY: JUPITER

STATE: FL ZIP: 33458

ARREST DATE: 02/01/2017

ARREST TIME: 2:26

OR

BKG. DATE: 02/01/2017

BKG. TIME: 5:00

CURRENT BOND:

WARRANT #:

COURT DIVISION: L

IN-CUSTODY:

ARREST OFFICER: D/S G LYNCH

ARREST AGENCY: 01-PBSO

\$0.00

TRANS. OFFICER: DS G LYNCH

TRANS. AGENCY: 01-PBSO

CASE TYPE: TRAFFIC MISDEMEANOR

NOTE: NO OPEN CASE IN SC--CAM#8657

STATUTE: CT: DESCRIPTION: CASE FLAG: OWN RECOG

VOFC: B TYPE: CUR. BOND:

316.193 1(MN) 1 DUI-UNLAW BLD ALCH - DUI ALCOHOL OR DRUGS

O.R.

\$0.00

HOLDS:

HOLD DATE/TIME:

HOLD BY:

HOLD DEPT.:

HOLD REM. DATE/TIME:

HOLD REM. BY:

HOLD REM. DEPT.:

1

2

3

ALERT DESCRIPTION:

ALERT NARRATIVE:

1 38

NO QUALIFYING CHARGES/NO CONVICTIONS

2

3

OVER 3 ALERTS:

KEEP SEPARATE FROM:

NONE

OVER 6 NAMES:

2017 FEB - 1 AM 8:42

ASSIGNED HOUSING:

NTA DATE/TIME:

NTA LOC:

NCIC INTAKE:

NCIC RELEASE:

F.P. ENTERED:

F.P. CLEAR:

PALMS REL.:

PHOTO ID:

CLASSIFICATION:

MED.CLEAR IN:

MED. CLEAR REL.:

RELEASE MOVE:

RELEASE DATE/TIME:

RELEASE INFORMATION:

COURT DATE/TIME:

COURT LOCATION:

CLERK WARRANTS STATE ATTY CENTRAL RCDs CLASS