

| | | | | | |
|---|--------------------------------|--|---|--|---|
| OBTS Number | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | 2017 CT 2037 AM B | |
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06-17-033943 | |
| 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 | | Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No N/A | | Multiple Clearance Indicator 01 | |
| Location of Arrest (Including Name of Business) LOXAHATCHEE RIVER RD/ FOX RUN CIR, JUPITER, FL, 33458 | | Location of Offense (Business Name, Address) LOXAHATCHEE RIVER RD/ FOX RUN CIR, JUPITER, FL, 33458 | | | |
| Date of Arrest 2/1/2017 | Time of Arrest 02:26 | Booking Date | Booking Time | Jail Date | Jail Time |
| Name (Last, First, Middle) CARPENTER, CHRISTOPHER | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian W | Sex M | Date of Birth 7/12/94 | Height 6'1 | Weight 135 | Eye Color BRN |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | Marital Status SINGLE | Religion NONE | Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk | Complexion MED |
| Local Address (Street, Apt. Number) 1234 SW CHASE RD | | (City) PORT SAINT LUCIE, FL, 34953 | (State) FL | (Zip) 34953 | Phone (561) 427-5694 |
| Permanent Address (Street, Apt. Number) | | (City) | (State) | (Zip) | Residence Type: 1. City 2. County 3. Florida 4. Out of State 3 |
| Business Address (Name, Street) | | (City) | (State) | (Zip) | Address Source |
| D/L Number, State C615-102-94-252-0 | | Soc. Sec. Number | INS Number | Place of Birth (City, State) PHILADELPHIA, PA | Citizenship |
| 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 |
| Parent Legal Custodian Other: Name (Last) (First) (Middle) | | Residence Phone | | Business Phone | |
| Address (Street, Apt. Number) | | (City) | (State) | (Zip) | |
| 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 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | | | | |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | Value of Property | School Attended | Grade |
| 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. Synthetics U. Unknown Z. Other | | | | | |
| Charge Description DUI | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 316.193(1) | Violation of ORD # |
| Drug Activity N | Drug Type N | Amount / Unit | Offense # 17-033943 | Warrant / Capias Number | Bond |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 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"/> Y <input checked="" type="checkbox"/> N | 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"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | Violation of ORD # |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
| Location (Court, Room Number, Address) 3228 GUN CLUB RD, WEST PALM, FL, 33406 | | | | | |
| Court Date and Time Month 2 Day 23 Year 17 Time 8:30 AM <input checked="" type="checkbox"/> PM | | | | | |
| 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: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | | Signature of Arresting Officer X Name of Arresting Officer (Print) D/S G. LYNCH I.D. # 8568 | | Name Verification (Printed by Arrestee) FEB 1 AM 4:45 (PRINT) | |
| Intake Deputy Cpl. Hasdemian 4716 I.D. # | | Pouch # | Transporting Officer D/S G. LYNCH ID # | Agency PBSO | PAGE 1 OF 1 |

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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

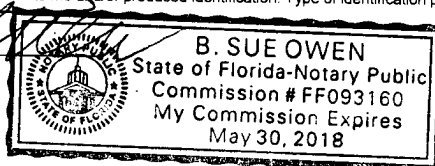
D/S G. LYNCH 8568

(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)



SUBJECT: CARPENTER, CHRISTOPHER

CASE NUMBER 17-033943

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> 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 STUMBLER, 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

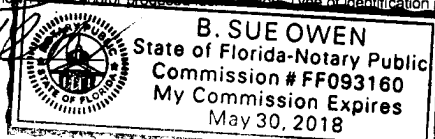
D/S G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

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

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

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



SUBJECT: Carpenter, Christopher Bret CASE NUMBER: 17-033943

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 #: | 17-03393 ⁴³ | 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: | | FIRST NAME: | | MIDDLE INITIAL: | RACE: | SEX: |
| Farron | | Eric | | T | M | M |
| DATE OF BIRTH: | (MM/DD/YYYY) | YOUR HEIGHT: | YOUR WEIGHT: | YOUR HAIR COLOR: | YOUR EYE COLOR: | |
| 04/07/1974 | | | | | | |
| YOUR HOME ADDRESS: | | <input type="checkbox"/> CHECK IF HOMELESS | | CITY: | STATE: | ZIP: |
| 6321 Fox Run Cir. | | | | Jupiter | FL | 33458 |
| YOUR WORK NAME & ADDRESS: | | <input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED | | CITY: | 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: |
| () | | (781) 801-3304 | | () | | |

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... |
| 1. Eric Farron | |
| 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 deep in the bushes of my neighbor's yard. Driver smelled of alcohol but seemed to be unharmed. | |

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 Farron*

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
DATE: 2/1/17 TIME: 01:15
SIGNATURE: *[Signature]* 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 INITIALING 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

☒ WITNESS ☐ VICTIM ☐ OTHER

| COMPLETE EVERYTHING BELOW - PRINT LEGIBLY | | | | | | | | | |
|--|--|--|---|--|---------------|------------------------------|-----------|--|--|
| LAST NAME: Brown | | | FIRST NAME: Charles | | | MIDDLE INITIAL: | RACE: W | SEX: M | |
| DATE OF BIRTH: (MM/DD/YYYY) June 6, 1954 | | YOUR HEIGHT: 6'1" | YOUR WEIGHT: 176 | YOUR HAIR COLOR: Brown | | YOUR EYE COLOR: Blue | | | |
| YOUR HOME ADDRESS: 6269 Fox Run Circle | | | <input type="checkbox"/> CHECK IF HOMELESS | | CITY: Jupiter | | STATE: FL | ZIP: 33455 | |
| YOUR WORK NAME & ADDRESS: Dya H - Wkly Hrs | | | <input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED | | CITY: Jupiter | | STATE: FL | ZIP: 33455 | |
| WORK PHONE: <input type="checkbox"/> CHECK IF NONE (888) 796-5045 | | CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 735-4649 | | HOME PHONE: <input type="checkbox"/> CHECK IF NONE (561) 746-3844 | | EMAIL: jhschool@jhschool.com | | <input type="checkbox"/> CHECK IF NONE | |

| | | |
|---|-----------------------------|---|
| 1 | YOUR NAME: Charles Brown | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER... |
|---|-----------------------------|---|

I heard a horn blowing and then heard a male voice as if he was in distress. I grabbed a flashlight and went out back to investigate. 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 - once but he was mistandry. Once the fire department arrived, he walked out to the sidewalk.

PAGE 1 OF 1

| | |
|---|---|
| <p style="text-align: center; font-weight: bold;">READ AND SIGN</p> <p>I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:</p> <p>YOUR SIGNATURE: <u>X Charles Brown</u></p> | <p><input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10</p> <p>SWORN TO AND SUBSCRIBED BEFORE ME TODAY:</p> <p>DATE: <u>2/1/17</u> TIME: <u>01:15</u></p> <p>SIGNATURE: <u>[Signature]</u> ID: <u>8568</u></p> |
|---|---|

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.

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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. Karlecki #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:
ATTITUDE: very polite, co-operative
CLOTHING: black shoes, black pants, black shirts
MEDICAL CONDITIONS: None
MEDICATIONS: None
OTHER: Δ allowed to go to bathroom upon arrival
2240A

COMMENTS: A/O Δ arrived at 0255 hrs
A/O observed 20 minutes
A/O requested breath test, Δ refused
A/O read I/C, Δ understood, agreed
No problem with Δ ST, Δ gave long strong
tech explained results. breaths
A/O read C/W, Δ understood rights
Δ refused Δ E A

SUBJECT: Carpenter, Christopher Bret CASE NUMBER: 17-033943

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

NAME: CARPENTER, CHRISTOPHER

JACKET #: 0484964

BOOK #: 2017003682

Page: 1 of 1

ALIAS NAMES:

OVER 8 NAMES: ☐

2017 CT 2037 AMIB

Wednesday, February 01, 2017

PALM BEACH CNTY SHERIFF'S OFFICE

5:02:28 AM

BOOKING CARD

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

PRISONER TYPE: LOCAL CHARGES

DOB: 07/12/1994

R/S: W/M

AGE: 22

HEIGHT: 6 ft 01 in

SSN: [REDACTED]

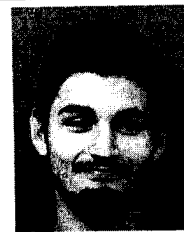
WEIGHT: 135

BKG.LOC: MDC INTAKE

BKG. ID #: 8657

HAIR COLOR: BRO

EYE COLOR: BRO

COUNTRY
OF ORIGIN: USA

ADDRESS: 1234 SW CHASE RD

CITY: PORT SAINT LUCIE

STATE: FL ZIP: 34953

ID #: 20170201016

POUCH: 317

SID #: NONE

AFIS:

ALIEN #:

U.S. MARSHAL #:

FBI #: NONE

OBTS #:

NCIC:

DOC #:

INCIDENT #: 17-033943

CASE #:

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

ARREST DATE: 02/01/2017

ARREST TIME: 2:26

BKG. DATE: 02/01/2017

BKG. TIME: 5:00

WARRANT #:

COURT DIVISION:

ARREST OFFICER: D/S G LYNCH

ARREST AGENCY: 01-PBSO

TRANS. OFFICER: DS G LYNCH

TRANS. AGENCY: 01-PBSO

STATE: FL ZIP: 33458

CURRENT BOND:

IN-CUSTODY: ☐OR
\$0.00

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
3OVER 3 ALERTS: ☐

KEEP SEPARATE FROM:

NONE

OVER 6 NAMES: ☐

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 ☐

2017 FEB -1 AM 8:24