

US02011801859

ARREST NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

OBTS Number		Agency ORI Number FLO 5 0 0 3 0 0		Agency Name BOYNTON BEACH POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 3 4 - 1 8 - 0 5 / 1 8 4 2 () ()	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type	
Location of Arrest (Including Block of Business) 109 SE 4th AVE BOYNTON BEACH, FL 33435		Location of Offense (Business Name, Address) 400 S. SEAGRASS BLVD. BOYNTON BEACH, FL					
Date of Arrest 1.0.02.12	Time of Arrest 1.4.23	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) ENICH, CHRISTOPHER III.				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	American Indian O - Oriental/Asian	Sex M	Date of Birth 04.03.78	Height 6'00	Weight 120	Eye Color Blue	Hair Color Br
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status N/A	Religion N/A	Indication of: Alcohol Influence Drug Influence		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone () ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 29 W. Woodbriar Rd. BOYNTON BEACH, FL		Phone () ()		Address Source FL DL			
Business Address (Name, Street) (City) (State) (Zip)		Phone () ()		Occupation CONSTRUCTION			
D/L Number, State E520113781230		INS Number		Place of Birth (City, State) ALABAMA		Citizenship US	
Co-Defendant (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 (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	
<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 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incorporated		Date OCT 07 2012	
Released To: (Name)		Relationship		Date OCT 07 2012		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 355-2526) 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
Charge Description DUI		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.1193		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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) South County Courthouse • 200 W. Atlantic Avenue, Delray Beach, FL 33444							
Court Date and Time Month NOVEMBER Day 5TH Year 2012 Time 8:30 AM 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		Signature of Arresting Officer X [Signature] 896		Name Verification (Printed by Arrestee) [Signature] Enich			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) KIMBALL 896 I.D. #		Agency KIMBALL 896		PAGE 1 OF 1	
Intake Dept		Transporting Officer I.D. #		Witness here if subject signed with an "X"			

SUBJECT: ENICH, CHRISTOPHER

CASE NUMBER: 18-051242

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:

WALK & TURN:

UNABLE

ONE LEG STAND: TRIED COULD NOT MAINTAIN

FINGER TO NOSE:

N/A

ROMBERG/ALPHABET:

N/A

BREATH TEST RESULTS:

250, 259

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 8th day of October, 2018 by Officer Kimball

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.1)



COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8th DAY OF OCTOBER 2018 AT 1352 AM PM

SUBJECT: CHRISTOPHER ENICH CASE NUMBER: 18-051842

AGENCY: BOYTON BEACH POLICE DEPT ARRESTING OFFICER: KIMBALL DCL

PERSONAL CONTACT

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

ASSISTED IN TRAFFIC STOP AND SAW CHRISTOPHER ENICH AS THE SOLE OCCUPANT OF THE VEHICLE.

OBSERVATION OF DRIVER: BLURRED EYES, UNABLE TO MAINTAIN BALANCE.

DRIVER'S STATEMENTS: I HAD TWO BEERS

ODORS: SMELL OF AN ALCOHOL BEVERAGE

GENERAL OBSERVATIONS

SPEECH: SLOTTED

ATTITUDE: NICE

CLOTHING: WORK GEAR

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of OCTOBER 2018 by of Kimball

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

[Signature]
Notary Public, Clerk of Court, Officer (F.S. 117.10)
BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters



NOT A CERTIFIED COPY



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/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: 2018033650	Date: 10/8/2018
	Specialist Name/ID: J. Beck/9007