

18MM702 NR 0499491 3021



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
1937 BANANA GROVE ROAD  
MOORE HAVEN, FL.

REPORT NUMBER  
ARR005127

**ARREST REPORT**

Report Date / Time 07/01/2018 10:38 PM	Agency Case/Offense Number FWSA18OFF006038	DOA Number	Originating Agency Case Number	FBTS Number	Offense Based Transfer Case Number	Jail Booking Number	Other Number FWLR18CAD010116
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**LOCATION OF OCCURRENCE**

County PALM BEACH	Address OCEAN DR FWC, JUPITER, FL 33477
Range of Occurrence Date/Time 07/01/2018 07:38 PM to 07/01/2018 07:38 PM	Latitude N 26 56.6490
	Longitude W 80 4.3392

**PERSON: SUSPECT**

First Name CHRISTOPHER	Middle Name SCHOU	Last Name NIELSEN	Suffix	Date of Birth 09/09/1982	Age 35	Race W	Sex M	Height 6'00"	Weight 202	Hair BLN	Eyes BLU
Master Name Index Number	Place of Birth PAIRFAX, VA	SSN	Driver's License or Other ID N425117823290	State FL	Class or Type						
Address 2929 E COMMUNITY DRIVE			City JUPITER	County	State FL	Zip Code 33458	Phone				

**CHARGES**

Counts 1	Charge Number 327.35.1	Charge AB
Charge Degree	Charge Level	General Offense Code
<b>BREATH ALCOHOL LEVEL OF .08 OR GREATER</b>		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Domestic Violence            Bond Amount \$0.00

**PROBABLE CAUSE**

On Sunday, July 1, 2018 at approximately 1930 hours, I, Officer James Brodbeck of the Florida Fish and Wildlife Conservation Commission, was on vessel patrol offshore of Jupiter Inlet, Palm Beach County. I observed CHRISTOPHER S. NIELSEN operating a vessel, identified as FL 6988 RL. The vessel did not have registration numbers displayed on the port side of the vessel as required by law. I initiated a vessel stop to address the violation.

Upon contacting the operator, I observed a bottle of "Corona" beer at the helm. I detected a strong odor of an alcoholic beverage emitting from his breath. I asked NIELSEN for the vessel registration four times before he was able to provide it. NIELSEN was slurring his speech during the entire vessel stop. I asked NIELSEN if I could check his eyes to determine possible impairment. NIELSEN agreed.

During Horizontal Gaze Nystagmus, NIELSEN displayed a lack of smooth pursuit in both eyes, distinct and sustained nystagmus in both eyes, and an onset of nystagmus prior to 45 degrees in both eyes. NIELSEN also showed vertical nystagmus.

Based on my observations, I asked NIELSEN if he would submit to Standardized Seated Field Sobriety Tasks. NIELSEN agreed to perform the tasks.

During Finger to Nose, Instruction Stage, NIELSEN was unable to follow instructions by not remaining in the demonstrated position. During the Performance Stage, NIELSEN opened his eyes repeatedly during the task. On the first left, NIELSEN made contact with the side of his finger and did not bring his hand down as instructed. On the first right, NIELSEN searched, made contact with the pad of his finger, and did not bring his hand down as instructed. On the second left, NIELSEN hesitated and did not bring his hand down as instructed. On the second right, NIELSEN searched, and did not bring his hand down as instructed. On the third right, NIELSEN searched, made contact with the side of his finger, and did not bring his hand down as instructed. On the third left, NIELSEN searched, made contact with the side of his finger, and did not bring his hand down as instructed.

During Palm Pat, NIELSEN did not count as instructed (counted from 1 to 23, then forgot what number he was on), had multiple chopped pats, and did not make contact with the hands multiple times.

During Hand Coordination, Instruction Stage, NIELSEN was unable to follow instructions by not remaining in the demonstrated position. During the Performance Stage, NIELSEN counted from 1 to 7, then placed his hands in his lap. NIELSEN did not perform Task 2 or Task 3.

At 2002 hours, I placed NIELSEN under arrest for BUI, and transported him to the Palm Beach County Jail. At the jail, NIELSEN provided breath samples of 0.188 and 0.189 BrAC.

**LEO BOND**

Bond Amount \$	None <input type="checkbox"/>	Pro <input type="checkbox"/>	ROR <input type="checkbox"/>	Cash <input type="checkbox"/>	Any <input type="checkbox"/>	Pre Trial <input type="checkbox"/>	Qualify <input type="checkbox"/>
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**COURT APPEARANCE INFORMATION**

Court PALM BEACH COUNTY COURT	Court Phone (561) 355-2996	Court Date & Time 7/2/2018 9:51 AM
Court Address 205 NORTH DIXIE HIGHWAY, WEST PALM BEACH, FLORIDA 33401		
Instructions		

**ARREST INFORMATION**

Arrest Date / Time 07/01/2018 08:02 PM	Residency Within state	Injured None	Extent of Injury N/A	Resist Arrest No
Prior Arrests No	Arrest Jurisdiction Within state	Alcohol Yes	Drugs Unknown	

**ARREST LOCATION**

County PALM BEACH	Address JUPITER, FL
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**ARREST DELIVERED TO**

Jail / Booking Facility PALM BEACH COUNTY CORRECTIONS	Location 673 FAIRGROUNDS ROAD, WEST PALM BEACH, FLORIDA 33411-3333	Phone (561) 688-4800
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DS Collins 7/6/18

SCANNED  
JUL 06 2018 JUL 2 AM 12:44

Report Date / Time 07/01/2018 10:38 PM	Agency Case/Offense Number FWSA18OFF006038	OCA Number	Arresting Agency Case Number	CBTS Number	Officer Based Transaction System	Jail Booking Number	Other Number FWLR18CAD010116
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**ARRESTING OFFICER**

Officer Call Number W8421	Officer Name BRODBECK, JAMES J	Officer Signature <i>James J Brodbeck</i> N157
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Subscribed and sworn to (or affirmed) before me this 1st day of July A.D. 2018 by ofc Brod who is break personally known to me or has produced \_\_\_\_\_ as identification.

Signature: *[Signature]* Notary Public LEC CO Commission No: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

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JUL 06 2018

# Field Sobriety Task Performance Report

Subject Name CHRISTOPHER S. NELSEN Start time 1943

**PRE-TASK QUESTIONS** (select) Y N Notes:

Do you have any physical defects or disabilities?  Y  N ESMA

Do you have any defects with your eyes?  Y  N

Are you sick or injured?  Y  N

Are you under the care of a doctor or dentist?  Y  N

Are you taking any medication or drugs?  Y  N

**GENERAL INSTRUCTIONS:**  
Please sit straight at the front edge of your seat. Put your arms down at your sides. Place your feet shoulder-width apart so you are comfortable and stable. Are you stable? (Response) Do not move your feet until the tasks are over. Stay in this position and do not do anything else until I tell you to do so. Do you understand? (Response)

**HORIZONTAL GAZE NYSTAGMUS**  
Have the subject remove their eyeglasses, if worn.  
Are you wearing contact lenses?  Yes  No  
I am going to check your eyes. Hold your head still and follow the stimulus with your eyes only. Do you understand? (Response)  
Elevate the stimulus about 12-15" from the subject's nose. Check for equal pupil size, resting nystagmus and equal tracking.

Clues	Left	Right
Lack of smooth pursuit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Distinct & sustained nystagmus at max. deviation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Onset of nystagmus prior to 45-degrees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Total Clues</b>	<u>6</u>	
Vertical nystagmus: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evaluation Criteria: 4 or more	

**FINGER TO NOSE**

- Make a fist with both hands, extend your index fingers and turn your palms forward. Remain in this position while I explain the task. (Demonstrate) Do you understand? (Response) Yes
- When I say begin, tilt your head back to about a 45° angle and close your eyes. (Demonstrate) Yes
- When I tell you to, touch the tip of your nose with the tip of your index finger and immediately return it to your side. (Demonstrate and explain the fingertip, pad and side of fingers and demonstrate touching tip of the nose) Yes
- When I say right, you must touch your right index finger to your nose; when I say left, you must touch your left index finger to your nose. Do you understand? (Response) Yes
- Begin. (After head tilt...) Left...Right...Left...Right...Right...Left (After performance...) Open your eyes and straighten your head.

Unable to follow instructions	<input checked="" type="checkbox"/>	Did not close eyes	<input type="checkbox"/>	Wrong hand	<input type="checkbox"/>	Wrong hand						
Started at wrong time	<input type="checkbox"/>	Opened eyes during task	<input checked="" type="checkbox"/>	Hesitated	<input type="checkbox"/>	Hesitated						
		Moved head during task (1"+)	<input type="checkbox"/>	Not fingertip	<input checked="" type="checkbox"/>	Not fingertip						
				Did not bring down	<input checked="" type="checkbox"/>	Did not bring down						
<b>Total Clues</b>											<u>13</u>	
Evaluation Criteria: 3 or more clues												

**PALM PAT**

- Place your hands palm to palm with one hand up and one hand down, like this. (Demonstrate) Remain in this position while I explain the task. Do you understand? (Response) Yes
- When I tell you to begin, turn the top hand over and count out loud "one," then turn the hand back over and count out loud "two," counting only when the hands make contact, like this. (Demonstrate at least two sets)
- Repeat this, speed up as you go, and do not stop until told. Make sure to keep your hands and fingers parallel during each pat, like this. (Demonstrate) Yes
- Do you understand? (Response) Begin. (if necessary, tell to speed up) Yes

Instruction Stage	
Unable to follow instructions	<input type="checkbox"/>
Started at wrong time	<input type="checkbox"/>
Performance Stage	
Did not count as instructed	<input checked="" type="checkbox"/>
Rolled hands	<input type="checkbox"/>
Double pat	<input type="checkbox"/>
Chopped pat	<input checked="" type="checkbox"/>
Other improper pat (document)	<input checked="" type="checkbox"/>
Did not increase speed	<input type="checkbox"/>
Rotated hands	<input type="checkbox"/>
Stopped before told	<input type="checkbox"/>
<b>Total Clues</b>	<u>3</u>
<b>Evaluation Criteria:</b>	<u>2 or more clues</u>

**HAND COORDINATION**

- Make fists with both hands, place your left fist at the center of your chest and your right fist against your left fist, like this. (Demonstrate)
- Remain in this position while I explain the tasks. Do you understand? (Response) Yes
- When I say begin, you must perform four tasks.
- The first task is to count out loud from one to four while you move your fists in a step-like fashion, making contact between your fists at each step. (Demonstrate while counting out loud 1, 2, 3, 4)
- The second task is to memorize the position of your fists after you have counted to four, clap your hands three times and return your fists to the memorized position. (Demonstrate)
- The third task is to move your fists in a step-like fashion in reverse order; counting out loud from five to eight and returning your left fist to your chest. (Demonstrate while counting out loud 5, 6, 7, 8)
- The fourth task is to open your hands with palms down and place them in your lap. (Demonstrate)
- Do you understand? (Response) Begin. Yes

Instruction Stage	
Unable to follow instructions	<input checked="" type="checkbox"/>
Started at wrong time	<input type="checkbox"/>
Performance Stage	
<b>Task 1 - Forward Steps</b>	
Improper count	<input checked="" type="checkbox"/>
Improper touch	<input checked="" type="checkbox"/>
Did not perform	<input type="checkbox"/>
<b>Task 2 - Hand Clapping</b>	
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Improper return	<input type="checkbox"/>
Did not perform	<input checked="" type="checkbox"/>
<b>Task 3 - Return Steps</b>	
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Did not return left fist to chest	<input type="checkbox"/>
Did not perform	<input checked="" type="checkbox"/>
<b>Task 4 - End Position</b>	
Improper position	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
<b>Total Clues</b>	<u>9</u>
<b>Evaluation Criteria:</b>	<u>3 or more clues</u>

SCANNED

# TESTING FACILITY TASK REPORT

AGENCY: \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ VIDEO TAPE NUMBER: \_\_\_\_\_

BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

BREATH TESTS RESULTS: 1) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: \_\_\_\_\_

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

TESTING OFFICER'S OBSERVATIONS

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

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

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

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

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

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

COMMENTS: \_\_\_\_\_

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SCANNED  
JUL 06 2018



**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
DIVISION OF LAW ENFORCEMENT  
OPERATOR APPRAISAL & INTERVIEW**



DEFENDANT'S NAME: NIELSEN, Christopher Schou CASE NO. FWSA18OFF006038

1. You have the right to remain silent.
2. Anything you say can and will be used against you in a court of law.
3. You have the right to talk to a lawyer and have him present with you while you are being questioned.
4. If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.
5. If you consent to answer questions now, without a lawyer present, you will still have the right to stop answering at anytime.

1. Do you understand each of these rights?  YES  NO
2. With these rights in mind, do you wish to talk to us now?  YES  NO *dB 7/1/18*

Defendant's Signature: *[Signature]*

Were you operating a vehicle/vessel? <u>YES</u>		Where were you going? <u>JUPITER INLET</u>
Was the vehicle/vessel in good condition? If No, <u>YES</u>		What is wrong with it?
What road/waterway were you on? <u>JUPITER INLET / ICW</u>		Where were you coming from? <u>ICW</u>
What time did you leave there? <u>4:00 PM</u>		Without looking at a watch or clock, what time is it now? <u>MIDNIGHT (CLOSE)</u> Actual Time: <u>10:00 PM</u>
What is today's date? <u>7/1</u> Actual Date: <u>7/1</u>		What day of the week is it? <u>SUNDAY</u> Actual Day: <u>SUNDAY</u>
When did you last eat? <u>LUNCHTIME</u>	What did you eat? <u>CHICKEN WINGS</u>	Where did you last eat? <u>DUFFY'S</u>
What have you been drinking? <u>BEER</u>	How much have you been drinking? <u>2 BEERS PTAL</u>	Where have you been drinking? <u>DUFFY'S / BOAT</u>
Who were you drinking with and were they drinking? <u>FAMILY, FRIENDS / YES</u>		What time did you start drinking? <u>2:00 PM</u>
What time did you stop drinking? <u>5:00 PM</u>	Do you feel the effects of alcohol (or drugs)? <u>NO</u>	Do you feel that you are impaired? <u>NO</u>
Were you involved in an accident today? <u>NO</u>	When did you last sleep? <u>LAST NIGHT</u>	How much sleep did you get? <u>8 hours</u>
Are you currently under the care of a doctor or dentist? For what? <u>NO</u>		
Have you used any type of drugs recently, prescription, non-prescription or otherwise? <u>NO</u>		
If so, what kind of drug did you take? What was your last dose and when? <u>N/A</u>		
Do you think you should have been operating a vehicle/vessel? <u>NO</u>		If yes, Why? <u>—</u>

*[Signature]*  
Interviewing Officer's Signature

JAMES BRADBECK  
Interviewing Officer's Name (Printed)



**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
DIVISION OF LAW ENFORCEMENT**



FLORIDA BUI/DUI  
IMPLIED CONSENT WARNING

DEFENDANT'S NAME: Nielsen, Christopher Schou CASE NO.: FWSA18OFF006038

**READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING**

You are under arrest for operating a vessel or vehicle while under the influence of alcoholic beverages or chemical or controlled substance.

- I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content. Will you submit to a **BREATH** test?
- 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. Will you submit to a **URINE** test?
- 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. Will you submit to a **BLOOD** test?

**IF THE SUBJECT REFUSES TO SUBMIT TO TESTING, READ ONE OF THE FOLLOWING:**

I am JAMES BRODBECK of the FWC  
(Officer's Name) (Agency)

**VESSEL**

If you fail to submit to the test I have requested of you, it will result in a civil penalty of \$500.00. Additionally, if you refuse to submit to the test I have requested of you and have previously been fined for 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.

Will you submit to the test?  YES  NO

**VEHICLE**

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 privileges have been previously suspended for 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.

Will you submit to the test?  YES  NO

7/2/18 2158  
DATE TIME

JAMES BRODBECK [Signature]  
OFFICER'S NAME (PRINTED) DEFENDANT'S SIGNATURE

[Signature]  
OFFICER'S SIGNATURE



# Incident Summary Report

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
1937 BANANA GROVE ROAD  
MOORE HAVEN, FL.

Report Date / Time <b>7/4/2018 6:19:12 PM</b>	Report Number <b>ISR051781 (01)</b>	Report Case/Cad Number <b>FWSA18OFF006038 / F WLR18CAD010116</b>	Reporting Officer Rank / ID <b>OFFICER / WN957</b>	Reporting Officer Name <b>BRODBECK, JAMES J</b>
Originating Agency ORI <b>FL0508000</b>	Reported to Agency Date <b>7/1/2018 7:38:40 PM</b>	Occur Date Range <b>07/01/2018 19:38:40 -</b>	Jurisdiction <b>State Waters</b>	Status: Clearance:
Offense Description <b>S1B BUI - BOAT</b>				

## LOCATION(S)

County <b>PALM BEACH</b>	Location Type <b>INCIDENT LOCATION</b>	Location Description <b>INLET JUPITER</b>						
Street Number	Street <b>OCEAN DR</b>	Apt/Lot/Bldg <b>FWC</b>	City <b>JUPITER</b>	State <b>FL</b>	Zip Code <b>33477</b>	Phone Number	Ext.	

## Person: DEFENDANT

First Name <b>CHRISTOPHER</b>	Middle Name <b>SCHOU</b>	Last Name <b>NIELSEN</b>	Suffix	Race <b>WHITE</b>	Sex <b>MALE</b>	Height <b>6'00"</b>	Weight <b>202</b>	Hair <b>BLONDE</b>	Eyes <b>BLUE</b>
MNI #	SSN	Date of Birth <b>09/09/1982</b>	Age <b>35</b>	Place of Birth	Drivers License or other ID <b>N425117823290</b>	State <b>FL</b>	ID Type <b>E</b>		

### Addresses

• RESIDENCE / 2929 E COMMUNITY DRIVE, JUPITER, FL 33458 /

## Charge: STATE STATUTE

Counts <b>1</b>	Charge <b>327.35(1)(c)</b>	Arrest Offense Code Description <b>DUI-UNLAW BLD ALCH</b>
Charge Degree <b>FIRST DEGREE</b>	Charge Level <b>MISDEMEANOR</b>	General Offense
Charge Description <b>OPERATING A VESSEL WITH AN UNLAWFUL BREATH ALCOHOL LEVEL OF .08 OR HIGHER</b>		
UCR Code / UCR Description		

SHARON R. BOCK, CLERK  
2018 JUL 16 AM 10:25  
PALM BEACH COUNTY, FL  
CRIMINAL

## Vessel: USED IN CRIME

Year <b>2017</b>	Make <b>AVALON BOATS INC</b>	Type <b>PONTOON BOAT</b>	Color <b>BLACK</b>	Hull Material <b>ALUMINUM</b>
Vessel Name	State <b>FL</b>	Registration Number <b>FL6988RL</b>	Tag Expiration <b>09/09/2018</b>	Vessel HIN <b>DVN80335H617</b>
Vessel Doc Number	Owner Type <b>PERSON</b>	Vessel Value (\$)	Length <b>27</b>	Fuel Type <b>GAS</b>
	Propulsion <b>Propeller</b>	Number of Engines / Type <b>1 / OUTBOARD</b>	Total HP <b>200</b>	
Vessel Owner <b>CHRISTOPHER SCHOU NIELSEN (DEFENDANT)</b>	Vessel Released To Person	Vessel Released By Officer		

Report Date / Time 7/4/2018 6:19:12 PM	Report Number ISR051781 (01)	Report Case/Cad Number FWSA18OFF006038 / F WLR18CAD010116	Reporting Officer Rank / ID OFFICER / WN957	Reporting Officer Name BRODBECK, JAMES J
Originating Agency ORI FL0508000	Reported to Agency Date 7/1/2018 7:38:40 PM	Occur Date Range 07/01/2018 19:38:40 -	Jurisdiction State Waters	Status: Clearance:
Offense Description S1B BUI - BOAT				

**Narrative: INITIAL**

Narrative Date/Time 7/4/2018 6:27:26 PM		Narrative Synopsis		
Reporting Officer BRODBECK, JAMES J		Officer Rank OFFICER	Officer ID No WN957	Officer Org/Unit FWSAISO RE
Officer Signature <i>J Brodbeck</i>		Officer Agency FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION		

I. **WHAT:** Driving/Boating Under the Influence of Alcohol

II. **WHEN:** 7/1/2018 at 1930 hours

III. **WHERE:** Jupiter, Palm Beach County

IV. **WHO:** Christopher S. Nielsen

V. **Other information Relating to DUI/BUI**

FL 6988 RL 2017 AVALON BOATS INC 27 FT PONTOON BOAT, BLACK

VI. **DETAILS OF DUI/BUI**

A. Phase 1 - Initial Observation of vehicle/vessel in operation

On Sunday, July 1, 2018 at approximately 1930 hours, I, Officer James Brodbeck of the Florida Fish and Wildlife Conservation Commission, was on vessel patrol offshore of Jupiter Inlet, Palm Beach County. I observed CHRISTOPHER S. NIELSEN operating a vessel, identified as FL 6988 RL. The vessel did not have registration numbers displayed on the port side of the vessel as required by law. I initiated a vessel stop to address the violation.

B. Phase 2 - Personal Contact with driver/operator of vehicle/vessel

Upon contacting the operator, I observed a bottle of "Corona" beer at the helm. I detected a strong odor of an alcoholic beverage emitting from his breath. I asked NIELSEN for the vessel registration

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Offense Description S1B BUI - BOAT				

four times before he was able to provide it. NIELSEN was slurring his speech during the entire vessel stop. I asked NIELSEN if I could check his eyes to determine possible impairment. NIELSEN agreed.

C. Phase 3- Pre-arrest screening and Observations of Driver/Operator

During Horizontal Gaze Nystagmus, NIELSEN displayed a lack of smooth pursuit in both eyes, distinct and sustained nystagmus in both eyes, and an onset of nystagmus prior to 45 degrees in both eyes. NIELSEN also showed vertical nystagmus.

Based on my observations, I asked NIELSEN if he would submit to Standardized Seated Field Sobriety Tasks. NIELSEN agreed to perform the tasks.

During Finger to Nose, Instruction Stage, NIELSEN was unable to follow instructions by not remaining in the demonstrated position. During the Performance Stage, NIELSEN opened his eyes repeatedly during the task. On the first left, NIELSEN made contact with the side of his finger and did not bring his hand down as instructed. On the first right, NIELSEN searched, made contact with the pad of his finger, and did not bring his hand down as instructed. On the second left, NIELSEN hesitated and did not bring his hand down as instructed. On the second right, NIELSEN hesitated, searched, and did not bring his hand down as instructed. On the third right, NIELSEN searched, made contact with the side of his finger, and did not bring his hand down as instructed. On the third left, NIELSEN searched, made contact with the side of his finger, and did not bring his hand down as instructed.

During Palm Pat, NIELSEN did not count as instructed (counted from 1 to 23, then forgot what number he was on), had multiple chopped pats, and did not make contact with the hands multiple times.

During Hand Coordination, Instruction Stage, NIELSEN was unable to follow instructions by not remaining in the demonstrated position. During the Performance Stage, NIELSEN counted from 1 to 7, then placed his hands in his lap. NIELSEN did not perform Task 2 or Task 3.

D. Arrest of Driver/Operator

At 2002 hours, I placed NIELSEN under arrest for BUI 327.35(1)(C) STATE STATUTE MISDEMEANOR FIRST DEGREE DUI-UNLAW BLD ALCH OPERATING A VESSEL WITH AN UNLAWFUL BREATH ALCOHOL LEVEL OF .08 OR HIGHER , and transported him to the Palm

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Offense Description S1B BUI - BOAT				

Beach County Jail. At the jail, NIELSEN provided breath samples of 0.188 and 0.189 BrAC.

E. Disposition of Driver and vehicle/vessel

The vessel was brought to its mooring located near the US 1 Bridge inside Jupiter Inlet.

Sup #	Officer Name	Officer Rank	Involvement On Report	Reporting Role	ID #	Org/Unit	Officer Agency
01	BRODBECK, JAMES J	OFFICER		REPORTING OFFICER	WN957	FWSAISO REGION AIGLADES	FLORIDA FISH AND WILDLIFE CONSERVATIO N COMMISSION

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the narratives associated with this report:

**Officer: Reporting Officer (Supplement01)**

Officer Name <b>BRODBECK, JAMES J</b>	Office Rank <b>OFFICER</b>	Officer ID No <b>WN957</b>	Sworn and subscribed before me, the undersigned authority This the _____ day of _____, _____ DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER
Officer Agency <b>FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION</b>			
Officer Signature 			

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006239 Software: 8100.27  
Date of Test: 07/01/2018

Date of Last Agency Inspection: 06/22/2018  
Observation Period Began: 21:32  
Subject's Name: CHRISTOPHER S NIELSEN

DOB: 09/09/1982 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check OK		21:59
Air Blank	0.000	21:59
Control Test	0.080	22:00
Air Blank	0.000	22:00
Subject Sample #1	0.188	22:01
Air Blank	0.000	22:02
Air Blank	0.000	22:03
Subject Sample #2	0.189	22:04
Air Blank	0.000	22:05
Control Test	0.079	22:05
Air Blank	0.000	22:05
Diagnostics Check OK		22:05

Cylinder Lot: 05218080A3  
Exp: 05/05/2020

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 07/01/18  
Signature

Sworn to (or affirmed) before me this 01 day of July, 2018  
[Signature] 1957 ofc J. Bronbeck  
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

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# Field Sobriety Task Performance Report

Subject Name CHRISTOPHER S. NELSON Start time 1943

**PRE-TASK QUESTIONS** (select) Y N Notes: BLIND

Do you have any physical defects or disabilities?  Y  N

Do you have any defects with your eyes?  Y  N

Are you sick or injured?  Y  N

Are you under the care of a doctor or dentist?  Y  N

Are you taking any medication or drugs?  Y  N

**GENERAL INSTRUCTIONS:**  
Please sit straight at the front edge of your seat. Put your arms down at your sides. Place your feet shoulder-width apart so you are comfortable and stable. Are you stable? (Response) Do not move your feet until the tasks are over. Stay in this position and do not do anything else until I tell you to do so. Do you understand? (Response)

**HORIZONTAL GAZE NYSTAGMUS**  
Have the subject remove their eyeglasses, if worn.  
Are you wearing contact lenses?  Yes  No  
I am going to check your eyes. Hold your head still and follow the stimulus with your eyes only. Do you understand? (Response)  
Elevate the stimulus about 12-15" from the subject's nose. Check for equal pupil size, resting nystagmus and equal tracking.

Clues	Left	Right
Lack of smooth pursuit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Distinct & sustained nystagmus at max. deviation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Onset of nystagmus prior to 45-degrees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Total Clues</b>	<b>4 or more clues</b>	
Vertical nystagmus: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Evaluation Criteria:</b> <u>4 or more clues</u>	

**FINGER TO NOSE**

- Make a fist with both hands, extend your index fingers and turn your palms forward. Remain in this position while I explain the task. (Demonstrate) Do you understand? (Response) Yes
- When I say begin, tilt your head back to about a 45° angle and close your eyes. (Demonstrate) Yes
- When I tell you to, touch the tip of your nose with the tip of your index finger and immediately return it to your side. (Demonstrate and explain the fingertip, pad and side of fingers and demonstrate touching tip of the nose) Yes
- When I say right, you must touch your right index finger to your nose; when I say left, you must touch your left index finger to your nose. Do you understand? (Response) Yes
- Begin. (After head tilt...) Left...Right...Left...Right...Right...Left (After performance...) Open your eyes and straighten your head.

Instruction Stage	Performance Stage		Left	Right	Left	Right	Right	Left	
Unable to follow instructions	<input checked="" type="checkbox"/> Did not close eyes	<input type="checkbox"/> Wrong hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrong hand
	<input type="checkbox"/> Did not tilt head	<input type="checkbox"/> Wrong finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrong finger
Started at wrong time	<input type="checkbox"/> Opened eyes during task	<input checked="" type="checkbox"/> Hesitated	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hesitated
	REPEATEDLY OPENED EYES	Moved head during task (1"+)	<input type="checkbox"/> Not fingertip	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Missed nose		<input type="checkbox"/> Missed nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missed nose
<input checked="" type="checkbox"/> Did not bring down		<input checked="" type="checkbox"/> Did not bring down	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Did not bring down
<b>Total Clues</b>								<b>9</b>	
								<b>Evaluation Criteria: 9 or more clues</b>	

**PALM PAT**

- Place your hands palm to palm with one hand up and one hand down, like this. (Demonstrate) Remain in this position while I explain the task. Do you understand? (Response) Yes
- When I tell you to begin, turn the top hand over and count out loud "one," then turn the hand back over and count out loud "two," counting only when the hands make contact, like this. (Demonstrate at least two sets)
- Repeat this, speed up as you go, and do not stop until told. Make sure to keep your hands and fingers parallel during each pat, like this. (Demonstrate) Yes
- Do you understand? (Response) Yes Begin. (If necessary, tell to speed up)

Instruction Stage	Performance Stage
Unable to follow instructions	<input type="checkbox"/>
Started at wrong time	<input type="checkbox"/>
<b>Performance Stage</b>	<input checked="" type="checkbox"/> Did not count as instructed
	<input type="checkbox"/> Rolled hands
	<input type="checkbox"/> Double pat
	<input checked="" type="checkbox"/> Chopped pat
	<input checked="" type="checkbox"/> Other improper pat (document) <u>did not make contact</u>
	<input type="checkbox"/> Did not increase speed
	<input type="checkbox"/> Rotated hands
Stopped before told	<input type="checkbox"/>
<b>Total Clues</b>	<b>3</b>
<b>Evaluation Criteria: 2 or more clues</b>	
<u>HANDS DID NOT MAKE CONTACT</u>	

**HAND COORDINATION**

- Make fists with both hands, place your left fist at the center of your chest and your right fist against your left fist, like this. (Demonstrate)
- Remain in this position while I explain the tasks. Do you understand? (Response) Yes
- When I say begin, you must perform four tasks.
- The first task is to count out loud from one to four while you move your fists in a step-like fashion, making contact between your fists at each step. (Demonstrate while counting out loud 1, 2, 3, 4)
- The second task is to memorize the position of your fists after you have counted to four, clap your hands three times and return your fists to the memorized position. (Demonstrate)
- The third task is to move your fists in a step-like fashion in reverse order; counting out loud from five to eight and returning your left fist to your chest. (Demonstrate while counting out loud 5, 6, 7, 8)
- The fourth task is to open your hands with palms down and place them in your lap. (Demonstrate)
- Do you understand? (Response) Yes Begin.

Instruction Stage	
Unable to follow instructions	<input checked="" type="checkbox"/>
Started at wrong time	<input type="checkbox"/>
<b>Performance Stage</b>	
<b>Task 1 - Forward Steps</b>	
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
<b>Task 2 - Hand Clapping</b>	
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Improper return	<input type="checkbox"/>
Did not perform	<input checked="" type="checkbox"/>
<b>Task 3 - Return Steps</b>	
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Did not return left fist to chest	<input type="checkbox"/>
Did not perform	<input checked="" type="checkbox"/>
<b>Task 4 - End Position</b>	
Improper position	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
<b>Total Clues</b>	<b>3</b>
<b>Evaluation Criteria: 3 or more clues</b>	

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# Field Sobriety Task Performance Report Subject Name

<p><b>WALK AND TURN</b></p> <ul style="list-style-type: none"> <li>● Place your left foot on the line with your right foot in front of the left foot, with the heel of the right foot touching the toe of the left. <i>(Demonstrate)</i></li> <li>● Place your arms at your sides. Maintain this position until I have completed the instructions. Do not start to walk until I tell you to do so. Do you understand? <i>(Response)</i></li> <li>● When I tell you to begin, take nine heel-to-toe steps, turn and take nine heel-to-toe steps back. <i>(Demonstrate 3 heel-to-toe steps)</i></li> <li>● When you turn, keep the front foot on the line and turn by taking a series of small steps with the other foot, like this. <i>(Demonstrate)</i></li> <li>● While you are walking, keep your arms at your sides, watch your feet at all times and count your steps out loud. Once you start walking, do not stop until you have completed the task. Do you understand? <i>(Response)</i></li> <li>● Begin.</li> </ul>		<p><b>Instruction Stage</b></p> <p>Loses balance during instructions <input type="checkbox"/></p> <p>Starts before told <input type="checkbox"/></p> <p><b>Performance Stage</b></p> <p>Stops while walking <input type="checkbox"/></p> <p>Does not touch heel-to-toe (1/2"+) <input type="checkbox"/></p> <p>Steps off line <input type="checkbox"/></p> <p>Uses arms to balance (6"+) <input type="checkbox"/></p> <p>Improper turn <input type="checkbox"/></p> <p>Wrong number of steps <input type="checkbox"/></p> <p><b>Total Clues</b></p> <p>Cannot perform task (explain) <input type="checkbox"/></p>
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<p><b>ONE LEG STAND</b></p> <ul style="list-style-type: none"> <li>● Stand with your feet together and your arms at your sides, like this. <i>(Demonstrate)</i></li> <li>● Do not start until I tell you to. Do you understand? <i>(Response)</i></li> <li>● When I tell you to start, raise one leg, either leg, approximately six inches off the ground, keeping your raised foot parallel to the ground. <i>(Demonstrate)</i></li> <li>● You must keep both legs straight, arms at your sides. While holding that position, count out loud in the following manner: one thousand and one, one thousand and two, one thousand and three, and so on until told to stop.</li> <li>● Keep your arms at your sides at all times and keep watching the raised foot. Do you understand? <i>(Response)</i></li> <li>● Begin. <i>(30 seconds)</i></li> </ul>	<p><b>Evaluation Criteria: 2 or more clues</b></p> <p><b>Clues</b></p> <p>Sways while balancing <input type="checkbox"/></p> <p>Uses arms to balance (6"+) <input type="checkbox"/></p> <p>Hopping <input type="checkbox"/></p> <p>Puts foot down <input type="checkbox"/></p> <p><b>Total Clues</b></p> <p>Cannot perform task (explain) <input type="checkbox"/></p> <p><b>Evaluation Criteria: 2 or more clues</b></p>
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**Phase I: Vessel in Motion** – Document initial observations to describe vessel maneuvers or operator/occupant behaviors that may be associated with alcohol/drug influence prior to the stop. If no Phase I observations are made, describe initial contact.

<p><b>Phase II: Personal Contact</b> – Document observations made during face-to-face contact with the operator.</p>					
<p><b>Operator Actions</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Cannot find registration/wallet</li> <li><input type="checkbox"/> Tries to conceal something</li> <li><input type="checkbox"/> Produces wrong documents</li> <li><input type="checkbox"/> Fumbles items</li> <li><input checked="" type="checkbox"/> Excessive movement</li> <li><input checked="" type="checkbox"/> Forgets to respond to request</li> <li><input type="checkbox"/> Incorrect answers</li> <li><input type="checkbox"/> Problem using fingertips</li> <li><input type="checkbox"/> Avoids eye contact</li> <li><input type="checkbox"/> Ignores questions</li> <li><input type="checkbox"/> Lights cigarette or eats/chews</li> <li><input type="checkbox"/> Angry/abusive language</li> <li><input checked="" type="checkbox"/> Admits to drinking</li> <li><input type="checkbox"/> Difficulty with safety equip.</li> <li><input type="checkbox"/> Unusual statements</li> </ul>	<p><b>Breath</b></p> <p>Alcoholic beverage:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Strong</li> <li><input type="checkbox"/> Moderate</li> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Marijuana</li> <li><input type="checkbox"/> Breath mint/cover odor</li> </ul> <p><b>Face</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pale</li> <li><input type="checkbox"/> Flushed</li> <li><input type="checkbox"/> Sweating</li> <li><input type="checkbox"/> Sunburned</li> <li><input checked="" type="checkbox"/> Normal</li> </ul>	<p><b>Eyes</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bloodshot</li> <li><input checked="" type="checkbox"/> Watery</li> <li><input checked="" type="checkbox"/> Glassy</li> <li><input type="checkbox"/> Dilated pupils</li> <li><input type="checkbox"/> Constricted pupils</li> <li><input type="checkbox"/> Droopy eyelids</li> <li><input type="checkbox"/> Normal</li> </ul> <p><b>Unusual Actions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hiccoughing</li> <li><input type="checkbox"/> Belching</li> <li><input type="checkbox"/> Vomiting</li> <li><input type="checkbox"/> Gagging/dry heaves</li> <li><input type="checkbox"/> Fighting</li> <li><input type="checkbox"/> Laughing</li> <li><input type="checkbox"/> Crying</li> </ul>	<p><b>Attitude</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Jovial</li> <li><input checked="" type="checkbox"/> Talkative</li> <li><input checked="" type="checkbox"/> Cooperative</li> <li><input type="checkbox"/> Indifferent</li> <li><input type="checkbox"/> Sleepy</li> <li><input type="checkbox"/> Profanity</li> <li><input type="checkbox"/> Combative</li> <li><input type="checkbox"/> Belligerent</li> <li><input type="checkbox"/> Insulting</li> </ul> <p><b>Clothing</b> <i>(describe)</i></p>	<p><b>Balance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Falling</li> <li><input type="checkbox"/> Supports against object</li> <li><input type="checkbox"/> Staggering</li> <li><input type="checkbox"/> Wide stance</li> <li><input type="checkbox"/> Swaying</li> <li><input checked="" type="checkbox"/> Sits down</li> <li><input checked="" type="checkbox"/> Unsteady</li> <li><input type="checkbox"/> Needs assistance</li> </ul> <p>Notes:</p>	

**Phase III – Pre-Arrest Screening** – Document any other observations made during field sobriety evaluation to describe finding of probable cause to place subject under arrest for operating while impaired.

Officer: <u>JAMES BRODBECK</u>	Agency: <u>FWC</u>	Case #: <u>FWSA180FF006038</u>
Date: <u>7/1/18</u>	Location: <u>JUPITER INLET</u>	
Subject Name: <u>CHRISTOPHER NIELSEN</u>	D/O/B: <u>9/9/82</u>	Gender: <u></u>
Height: <u>6'0"</u>	Weight: <u>202</u>	Eyes: <u>BLU</u>
Hair: <u></u>	Time of arrest: _____ hours	
Evidentiary breath test results: _____ and _____ completed @ _____ hrs.		REFUSED <input type="checkbox"/>

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006239 Software: 8100.27  
Date of Test: 07/01/2018

Date of Last Agency Inspection: 06/22/2018

Observation Period Began: 21:32

Subject's Name: CHRISTOPHER S NIELSEN

DOB: 09/09/1982 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check OK		21:59
Air Blank	0.000	21:59
Control Test	0.080	22:00
Air Blank	0.000	22:00
Subject Sample #1	0.188	22:01
Air Blank	0.000	22:02
Air Blank	0.000	22:03
Subject Sample #2	0.189	22:04
Air Blank	0.000	22:05
Control Test	0.079	22:05
Air Blank	0.000	22:05
Diagnostics Check OK		22:05

Cylinder Lot: 05218080A3  
Exp: 05/05/2020

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_

Signature

Date: 07/01/18

Sworn to (or affirmed) before me this 01 day of July, 2018

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SCANNED  
JUL 06 2018