

0031190

1709

11984

1263

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile													
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17094508</b>																			
Charge Type: Check as many as apply:		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>											
Location of Arrest (Including Name of Business) <b>Military Trail at W Bexley Park Drive</b>		Location of Offense (Business Name, Address) <b>Military Trail at Bexley Park Dr</b>		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator																	
Date of Arrest <b>06/25/2017</b>		Time of Arrest <b>01:00</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
Name (Last, First, Middle) <b>Temple Christopher S</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>12/30/1952</b>		Height <b>6'</b>		Weight <b>240</b>		Eye Color <b>Bro</b>		Hair Color <b>Gray</b>		Complexion <b>Med</b>		Build <b>Med</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status <b>Divorced</b>		Religion <b>Aethiest</b>		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>6376 Hamilton Ct</b>				(City) <b>Boynton Beach FL 33437</b>				(State) <b>FL</b>				(Zip) <b>33437</b>											
Permanent Address (Street, Apt. Number)				(City)				(State)				(Zip)											
Business Address (Name, Street)				(City)				(State)				(Zip)											
D/L Number, State <b>T-514-117-52-470-0</b>				Soc. Sec. Number				INS Number				Place of Birth (City, State) <b>Bethesda MD</b>				Citizenship <b>US</b>							
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							
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				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				Residence Phone ( )							
Released To: (Name)				Relationship				Date				Time				Business Phone ( )							
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.												School Attended				Grade							
<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			
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 <b>DUI</b>				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193(1)</b>				Violation of ORD #											
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>17094508</b>		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) <b>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996</b>												Court Date and Time Month <b>July</b> Day <b>20</b> Year <b>2017</b> Time <b>08:30</b> 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												06/25/2017											
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed											
HOLD for other Agency Name:				Signature of Arresting Officer <b>X</b>				Name Verification (Printed by Arrestee) <b>JUN 25 AM 2:56</b>				PAGE											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) <b>Inv. J. Schneider</b>				ID # <b>8501</b>				Witness here if subject signed with an "X"											
Intake Deputy <b>SPANN 8101</b>				ID # <b>8101</b>				Pouch #				Transporting Officer <b>Inv. J. Schneider</b>				ID # <b>8501</b>							
Agency <b>PBSO</b>				Witness here if subject signed with an "X"				1				OF 1											

JUN 30 2017

2017 JUN 25 AM 5:42

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF June 20 17, AT 00:36 ☒ AM ☐ PM  
SUBJECT: Temple Christopher S CASE NUMBER: 17094508  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

## PERSONAL CONTACT

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

I observed a silver vehicle traveling north on Military Trail at a high rate of speed. I estimated the vehicle speed to be 90 miles per hour in a posted 45 mile per hour zone. The audio doppler tone of my radar matched the sound representing the same speed and upon review of the display unit I found a true speed of 89 miles per hour. I executed a U-Turn and began to advance towards the vehicle. Also while advancing towards the vehicle I switched my radar to same direction mode and began to once again monitor the vehicles speed. The vehicle did not slow down rather sped up to 92 miles per hour in a posted 45 mile per hour zone. After a short duration of time I came behind the silver car bearing Florida Tag "TEMPCOM". The vehicle came back registered to a silver 2003 Acura 4 Door with the owner as Christopher Temple. Activating my emergency lights the vehicle came to rest at Bexley Park Drive and Military Trail. I requested the driver shut off the vehicle numerous times and even observed his window rolled down but the driver failed to follow my directions.

## OBSERVATION OF DRIVER:

Approaching the drivers side of the vehicle I observed the sole occupant to be a white male wearing a teal shirt and khaki shorts. He presented me with his vehicle documentation and Florida Driver's License identifying him as Christopher Temple. Speaking with Temple I found he had difficulty in following directions, providing answers and initially failed to look towards me while speaking. Further speaking with him I noticed a slur to his words and as he began to look towards me and speak I smelled the odor of a unknown alcoholic beverage coming from his breath. I also inquired about a wrist band attached to his left wrist and he stated it came from culture club but denied consuming alcohol while there.

## DRIVER'S STATEMENTS:

I had a glass of wine with dinner. Dont do this.

## ODORS:

Odor of a unknown alcoholic beverage coming from his breath and person.

## GENERAL OBSERVATIONS

SPEECH: Lethargic and at times slurred

ATTITUDE: Compliant

CLOTHING: Teal shirt, light khaki shorts, tennis shoes

MEDICAL/OTHER: Injuries to both legs.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

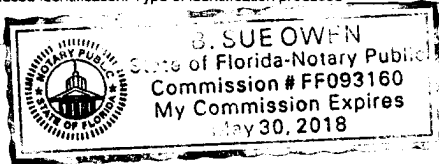
Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of June 20 17 by Inv. J. Schneider

(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)



SCANNED  
JUN 30 2017

SUBJECT: Temple

Christopher

CASE NUMBER 17094508

### 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:

Temple had to be reminded several times not to anticipate the stimulus. He failed to keep his head still while moving the stimulus. He also swayed while standing stationary.

#### HAND COORDINATION:

Temple was allowed to lean against his vehicle due to his medical problems. Starting the task he moved his hands forward properly to the count of four, failed to memorize the position of his hands, failed to clap, failed to return his hands to the memorized position, but counted back five through eight.

#### ONE LEG STAND:

Unable to complete due to medical conditions.

#### FINGER TO NOSE:

Temple was allowed to lean against his vehicle due to his medical problems. Starting the task the first time he failed to tilt his head back and close his eyes but raised his right finger to his nose. Re explaining the task he stated once again he understood the instructions but upon starting failed to close his eyes as instructed. Reminding him I was able to start the commands. The first left he touched his left cheek. The first right he touched the pad of his finger to the tip of his nose. The second left he touched the pad of his finger to the tip of his nose. The second right he touched the pad of his finger to the tip of his nose. The third left and right he touched the pad of his finger to the tip of his nose.

#### ROMBERG ALPHABET:

Starting the alphabet he was unable to complete it and even restarted in a attempt to do so. He ultimately failed to complete it.

BREATH TEST RESULTS: 1) Refused 2) Refused 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

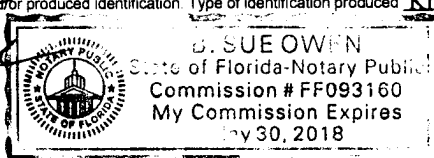
Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

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(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)



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JUN 30 2017

# WITNESS LIST

CASE NUMBER: 17094508

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688-3960

CAN TESTIFY TO: DUI Investigation and stop

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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JUN 30 2017

# TESTING FACILITY TASK REPORT

AGENCY: PBSD  
SUBJECT: Temple, Christopher S CASE NUMBER: 17-094508  
DATE: 06/25/17 VIDEO TAPE NUMBER: DVD # 62856  
BEGINNING TIME: 0152 ENDING TIME: 0202  
BREATH TESTS RESULTS: 1) REFUSED TIME 0153 A.M./P.M. 2)            TIME            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: mushmouthed

ATTITUDE: Co-operative

CLOTHING: brown shoes, tan shorts, green shirt

MEDICAL CONDITIONS: Surgery right shoulder, left knee replaced

MEDICATIONS: high blood pressure, lesepaprol, morphine sulfate

OTHER: metaphophol heart rhythm 2x day

swelled in front due to shoulder surgery

COMMENTS: A/O & A arrived at 0130 hrs

A/O observed 20 minutes

A/O requested breath test, A refused

A/O read I/C, A understood, still refused

A/O read c/w, A understood rights

A answered Q & A (2)

A admitted drinking wine at dinner and seabreeze (1) at Coulton Club.

SCANNED

JUN 30 2017

SUBJECT: Temple, Christopher S CASE NUMBER: 17-094508

## 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 Inv. Schneider 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.

SCANNED

JUN 30 2017

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Temple, Christopher S. CASE NUMBER: 17-094508

## 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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Military Trl

DIRECTION OF TRAVEL? N WHERE DID YOU START? Cinton / Military

WHAT TIME DID YOU START? 11k WHAT TIME IS IT NOW? 11k

WHAT IS TODAY'S DATE? 6/21 WHAT DAY OF THE WEEK IS IT? Thursday No Saturday Sunday now

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

WHEN DID YOU LAST EAT? 4 hours ago WHAT DID YOU EAT? Italian

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? w/ friend @ culture club

HOW MUCH DO YOU WEIGH? 280 HAVE YOU BEEN DRINKING? Yes WHAT? wine @ dinner (D. Seabra @ Culture)

HOW MUCH? 3 WHERE? Culture Club WITH WHOM? w/ friend

WHEN DID YOU HAVE YOUR FIRST DRINK? hours ago AND YOUR LAST DRINK? same

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Glass

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? NA

WHAT? NA WHERE? NA WHEN? NA

WHAT LINE OF WORK ARE YOU IN? Retired WHEN DID YOU LAST WORK? NA

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? leg injury WHAT? RT Shoulder

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NA

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes - fell down @ Bar

WERE YOU IN AN ACCIDENT TODAY? NO no injury

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NA

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NA WHY? NA

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Cigitation morphine Scatite WHEN? Scatter

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

SCANNED

JUN 30 2017

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? NO

INTERVIEWER:

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL