

0480902

ARREST NOTICE TO APPEAR
Juvenile Referral Report

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

3746
Juvenile N

OBTS Number	Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number (N.T.A.'s only) 78- 16-004660	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 100 Portofino Cir, Palm Beach Gardens, 33418			Location of Offense (Business Name, Address) 100 Portofino Cir, Palm Beach Gardens 33418			
Date of Arrest 09/07/16	Time of Arrest 2139	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Kauff's Towing

Name (Last, First, Middle) Foley-Ross, Daniel P						Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W	Sex M	Date of Birth 06/06/70	Height 5'09	Weight 160	Eye Color Brown	Hair Color Brown	Complexion flush	Build medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none				Marital Status married	Religion Catholic	Indication of: Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 34000 Portofino Cir #114			(City) PBG	(State) FL	(Zip) 33418	Phone (631) 204-7116	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number) Same as Local Address			(City)	(State)	(Zip)	Phone () Same	Address Source	
Business Address (Name, Street) unemployed			(City)	(State)	(Zip)	Phone ()	Occupation alcoholic	
D/L Number, State 824615978 NY		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) New Castle, PA	Citizenship US	

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	Name (Last) ()		(First) ()	(Middle) ()	Residence Phone ()			
Address (Street, Apt. Number) ()			(City) ()	(State) ()	(Zip) ()	Business Phone ()		
Notified by: (Name) ()				Date OR	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 defendant and / or 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.
 Yes, by: (Name) No: (Reason)

School Attended: _____ Grade: _____

Property Crime? Yes 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 DUI crash with property damage		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(c)(1)		Violation of ORD #		Warrant / Capias Number		
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense #		Warrant / Capias Number		Bond OR			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond SEP 8 AM 12:35			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			

Location (Court, Room Number, Address)
North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33418

Court Date and Time
Month **10** Day **12** Year **16** Time **10:00** 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 Name:	Signature of Arresting Officer Melinda Hanton 305	Name Verification (Printed by Arrestee) (PRINT)
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) Melinda Hanton #305
Intake Deriv	ID #	Print #

w6/8030

Melinda Hanton 305 PRG/PJ

SCANNED
SEP 08 2016

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7th DAY OF September 20 16, AT 2039 AM PM

SUBJECT: Foley-Ross, Daniel P CASE NUMBER: 16-004660

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Melinda Hanton #305

PERSONAL CONTACT

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

On 9/7/16 at approximately 8:39 p.m. I was dispatched to 100 Portofino Circle, in reference to a crash. Upon arrival I met with Officer Ray #415 who lives inside the residential community where the crash occurred. Officer Ray advised that the white BMW backed up into the black Honda. The driver of the BMW, Daniel Foley Ross, was still seated inside the vehicle with the car running. The female driver of the Honda, Heidi Hyman, was standing outside. I spoke with Foley Ross who advised me that the gate wouldn't open and he backed up to move and "she hit me". I stated that he was backing up when the crash occurred and he said yes but she hit him. Hyman stated that the gate wasn't working and he pulled all the way up to the gate so she

OBSERVATION OF DRIVER:

was trying to use her code to let him in when he reversed and accelerated quickly hitting the front of her car. I spoke with Mark Maundrell, who stated he heard horns honking and came outside to see the white BMW back into the black Honda. Hyman stated that her back was sore but she refused medical treatment. While speaking with Foley Ross I could smell a strong odor of an unknown alcoholic beverage coming from his breath as he spoke, his speech was slurred, his eyes were glassy and a little red. He was having mood swings and he was difficulty performing simple tasks like finding his registration and insurance card.

DRIVER'S STATEMENTS:

During the crash investigation Foley Ross started to leave the scene. Officer Ray also advised me that he tried to leave once before. I detained Foley Ross to prevent him from leaving. I then removed the handcuffs and changed hats and read Foley Ross his Miranda Rights. Foley Ross said he drank a long time ago.

ODORS:

strong odor of an unknown alcoholic beverage coming from his breath as he spoke

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: mood swings, lethargic, belligerent

CLOTHING: shorts, inside out tshirt, socks and slippers

MEDICAL/OTHER: anxiety, takes Xanax and another medication

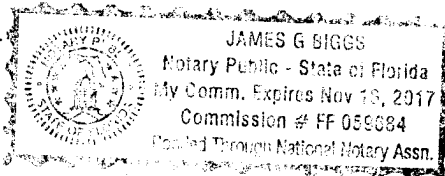
STATE OF FLORIDA
COUNTY OF PALM BEACH

Melinda Hanton 305
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of September 20 16 by Off. Hanton 305

(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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SEP 09 2016

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

HGN- was swaying, stumbled during the task, kept moving head, was not following the light, had approximate angle of onset of 35 degrees, did have Vertical Gaze Nystagmus.
 WAT- attempted task, was giving instructions for the stance and he was unable to hold the stance then started walking twice before told to. Due to his level of impairment, I discontinued the tasks.

ONE LEG STAND:

did not have him perform

FINGER TO NOSE:

did not have him perform

ROMBERG/ALPHABET:

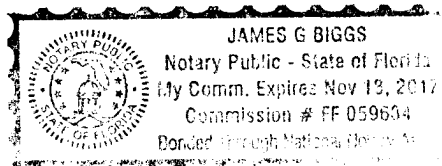
did not have him perform

BREATH TEST RESULTS: refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
 (Signature of Arresting/Investigative Officer)
 The foregoing instrument was notarized or sworn before me this 7th day of September, 2016 by Ofe Hanton 305
 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
SEP 09 2016

RESTING OFFICER: Melinda Hanton #305

DRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

ONE NUMBERS (HOME): _____ (WORK) 5617994445

N TESTIFY TO: observations, driving, arrest

ME: Officer Matt Ray

DRESS: 10500 N Military Trail, PBG 33410

ONE NUMBERS (HOME) _____ (WORK) 5617994445

N TESTIFY TO: on scene, backup, saw drivers exiting vehicles

ME: Heidi Hyman

DRESS 34000 PORTOFINO CIR APT 110

ONE NUMBERS (HOME) 5612469366 (WORK) _____

N TESTIFY TO: victim in crash, saw defendant driving

ME: Mark Maundrell

DRESS 36000 Portofino Cir. #110

ONE NUMBERS (HOME) 5134606572 (WORK) _____

N TESTIFY TO: witness to crash.

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK) _____

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK) _____

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK) _____

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK) _____

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK) _____

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK) _____

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK) _____

N TESTIFY TO: _____

SCANNED

SEP 09 2016

TESTING FACILITY TASK REPORT

AGENCY: PBG-HANTON

SUBJECT: FOLEY, DANIEL P

CASE NUMBER: 16-124341

DATE: Sep 7, 2016

VIDEO DVD NUMBER: 61350

BEGINNING TIME: 2231

ENDING TIME: 2233

BREATH TESTS RESULTS: 1) REF TIME 2233 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSHED MOUTH

ATTITUDE: UPSET, UNCOOPERATIVE

CLOTHING: PINK SHIRT, PLAID STYLE SHORTS W/URINE STAIN

MEDICAL CONDITIONS: DID NOT COOPERATE

MEDICATIONS: DID NOT COOPERATE

OTHER:

EYES GLASSY, RED
UNSTEADY ON FEET, UNABLE TO WALK STRAIGHT

COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2210 HOURS
SUBJECT WOULD NOT ANSWER ANY OF THE BOOKING QUESTIONS
SUBJECT KEPT SAYING HE WANTED HIS LAWYER
SUBJECT WAS ASKED FOR BREATH TEST, SUBJECT KEPT REPEATING HE WANTED HIS LAWYER
IMPLIED CONSENT WAS READ TO SUBJECT, HE SAID HE UNDERSTOOD
REFUSAL WAS CALLED
MIRANDA WAS READ ON SCENE, NOT AT BAT

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SEP 09 2016

SUBJECT: Foley-Ross, Daniel P CASE NUMBER: 16-004660

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 ofc. Hanton 305 of the Palms Beach Gardens PD

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) Reed 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.

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SUSPECT'S SIGNATURE: (X) Reed on Camera on Scene

SUBJECT: Kolby Ross, Daniel P. CASE NUMBER: 16-004660

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? _____

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? _____

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SEP 09 2016

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: Off. M. Harker 305