

050-1114
~~0477469~~

18023132

3401

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 18-019375
Charge Type Check on entry <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
Location of Arrest (Including Name of Business) 250 CONGRESS PARK DR, DELRAY BEACH, FL 33445		Location of Offense (Business Name, Address) 250 CONGRESS PARK DR, DELRAY BEACH, FL 33445
Date of Arrest 12/30/2018	Time of Arrest 21:36	Booking Date 12/30/2018
Booking Time 21:46	Jail Date 12/30/2018	Jail Time 23:30
Location of Vehicle TOWED		

Name (Last, First, Middle) JOHNSON, DANIEL SCOTT		Alias:	
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 06/29/1994	Height 6'00
Weight 153	Eye Color Brown	Hair Color Brown	Complexion Light
Build Small	Marital Status	Religion Other	Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Local Address (Street, Apt. Number) 16828 STRASBOURG LN, DELRAY BEACH, FL 33446	(City) Delray Beach	(State) FL	(Zip) 33446
Permanent Address (Street, Apt. Number) 16828 STRASBOURG LN, DELRAY BEACH, FL 33446	(City) Delray Beach	(State) FL	(Zip) 33446
Business Address (Name, Street) 16828 STRASBOURG LN, DELRAY BEACH, FL 33446	(City) Delray Beach	(State) FL	(Zip) 33446
D/L Number, State JS25177942290 / FL	Soc Sec Number	INS Number	Place of Birth (City, State) Brookston, FL
Citizenship			Occupation

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	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 Department and Released 2 TOT JAC 3 Incorporated	
Released To (Name)	Relationship	Date	Time	

The above address was provided by defendant and/or 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.

Yes, by _____ No

Drug Activity N N/A P Possess S Sell B Buy T Traffic R Seizure 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 Synthetic U Unknown Z Other	School Attended	Grade
Property Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property	

Charge Description DRIVING WHILE UNDER INFLUENCE	State Violation Number 316.193(1)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit
Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond CR	
Charge Description	State Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	
Charge Description	State Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	

Health / Apparent Physical Condition of Defendant	Any knowledge of the following Explosives <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Madman <input type="checkbox"/> Deformation <input type="checkbox"/> Injure
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input checked="" type="checkbox"/> South County Mental Health	PROPERTY - Received By
Transported By	Date Transported
	Time Transported
	Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	No Photo Available
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	Court Date and Time 01/28/2019 08:30:00	
Signature of Defendant (or Juvenile and Parent/Custodian)	Date Signed	

HOLD for Other Agency	Signature of Arresting Officer SKINNER, SHAWN C	Name Verification (Printed by Arrestee) SKINNER, SHAWN C
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Fleeing <input type="checkbox"/> Other	LD # 1104	(PRINT)
Notable Deputy DS Collins 7622	Transporting Officer SKINNER	Agency DBPD
	LD # 1104	Agency DBPD
		Witness here if subject signed with an "X"

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF December 2018, AT 21:30 AM **(PM)**
SUBJECT: Johnson, Daniel CASE NUMBER: 18-019375
AGENCY: DELRAY BEACH ARRESTING OFFICER: Skinner

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
I responded to 250 Congress Park Dr in reference to a traffic stop conducted by Sgt. Pacheco. Upon arrival I observed the Defendant, Johnson, Daniel, sitting inside of his blue BMW (FL license plate # EJNX59). Sgt. Pacheco observed Johnson driving eastbound on W Atlantic Ave in the 3900-blk going approximately 75 mph in a 45 mph zone. Sgt. Pacheco continued to follow Johnson which he then makes a right onto Congress Ave going south, without yielding to oncoming traffic. Post Miranda Johnson stated that he was traveling home from his parents house. Johnson stated that he had one drink while he was at his parent's home.

OBSERVATION OF DRIVER:

The defendant appeared to be impaired, had very red and glassy eyes, very slow dexterity, slow blinking, had slurred speech, and I could smell the odor of an unknown alcoholic beverage coming from his breath. The defendant had a distinct sway as he stood still. The defendant did not understand simple instructions during the road sides. The defendant had trouble keeping his balance during the road sides.

DRIVER'S STATEMENTS:

The defendant stated that he had only one drink before he got on the road to drive. The defendant repeatedly stated on scene that he was not intoxicated. The defendant could not specify at what time he had his last drink. The defendant stated he felt "okay" to drive.

ODORS:

DEFENDANT HAD THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HIS BREATH.

GENERAL OBSERVATIONS

SPEECH: SLOW, SLURRED, MUMBLED

ATTITUDE: ARGUMENTATIVE, TALKATIVE

CLOTHING: GRAY COLLAR T-SHIRT, KHAKI SHORTS, BLACK SHOES.

MEDICAL PROBLEMS:

NONE

MEDICATIONS: NONE

OTHER:

BREATH TESTING REQUEST IS VIDEO RECORDED. IN-CAR CAMERA OPERATIONAL.

SUBJECT: Johnson, Daniel CASE NUMBER: 18-019375

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION
- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? _____

WALK AND TURN:

The defendant stated that he understood all of my instructions. The defendant did not walk heel to toe at all during the 9 steps up, and could not stay on the straight line. The defendant also did not keep his arms at his side.

CAN NOT DO, WHY? _____

ONE LEG STAND:

The defendant stated that he understood my instructions. The defendant had a distinct sway while standing still. The defendant tried to pick his feet up and started to shake uncontrollably and almost fell when he did this action. The defendant then started counting with his toes being pointed towards the ground. The defendant started to stumble again and started to do small hops to keep his balance.

CAN NOT DO, WHY? _____

FINGER TO NOSE:

The defendant stated that he understood my instructions. The defendant had a distinct sway while standing still. The defendant raised his arms and started the task without me giving him the instruction to do so. The defendant did not wait for me to give him instructions on which hand to bring to his nose. The defendant started to count while doing the task even though I did not give him instructions to do so.

CAN NOT DO, WHY? _____

ROMBERG/ALPHABET:

N/A

CAN NOT DO, WHY? _____

BREATH TEST RESULTS: .154/.153

STATE OF FLORIDA
COUNTY OF PALM BEACH
THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS 12/30/18 (DATE)

BY. _____

 1107

NOTARY/CLERK OF COURT OFFICER (F.S. 117.10)

SIGNATURE OF ARRESTING OFFICER

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: 80-006029 Software: 8100.27
Date of Test: 12/30/2018

Date of Last Agency Inspection: 12/14/2018

Observation Period Began: 21:29

Subject's Name: DANIEL SCOTT JOHNSON

DOB: 06/29/1994 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	21:53
	Air Blank	0.000	21:54
	Control Test	0.081	21:54
	Air Blank	0.000	21:54
	Subject Sample #1	0.154	21:55
	Air Blank	0.000	21:56
	Air Blank	0.000	21:58
	Subject Sample #2	0.153	21:59
	Air Blank	0.000	21:59
	Control Test	0.080	22:00
	Air Blank	0.000	22:00
	Diagnostics Check	OK	22:00

Cylinder Lot: 13518080A5
Exp: 08/05/2020

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: 12/30/18

Sworn to (or affirmed) before me this 30th day of December 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.



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 18-161328 PBSO ZONE C-11

AGENCY CASE # 18-019375 CRASH CASE # _____

TIME OF STOP/CRASH 20:34 DATE 12/30/18 DAY Sunday

SUBJECT'S NAME Johnson, Daniel RACE W SEX M

HGT 6'0" WGT 153 DOB 06/29/1994

LOCATION 250 Congress Park Dr, Delray Beach FL 33445

ARRESTING OFFICER'S NAME & ID SKinner 1104 AGENCY PBPD

DIVISION: Road Patrol

NOTIFIED BY COMMO NO

ARRIVAL AT FACILITY 21:29

ARREST TIME 21:06

BREATH RESULTS:

1. .154
2. .153
3. /
4. /

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED

SUBJECT: _____ CASE NUMBER: _____

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? _____

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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: _____ CASE NUMBER: _____

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 _____ of the _____

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) _____

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) _____

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: _____

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 18-019375

ARRESTING OFFICER: Skinner

ADDRESS: 300 WEST ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI investigation., Wheel Witness

NAME: Sgt. Pacheco

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI investigation. Wheel Witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

NOT A CERTIFIED COPY

SCANNED
03/1/2018



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: 2018042896	Date: 12/31/2018
	Specialist Name/ID: AM/31562