

ARREST NOTICE TO APPEAR Juvenile Referral Report				1. Arrest	3. Request for Warrant	1	Juvenile			
OBTS Number		Agency ORI Number		2. N.T.A.	4. Request for Capias	N				
ADMINISTRATION	FL0500700		RIVIERA BEACH POLICE DEPARTMENT		Agency Report Number 84- 17-05576					
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" 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 <input type="checkbox"/> 2		N/A	Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 1300 BLOCK N. CONGRESS AVE RIVIERA BEACH, FL 33404				Location of Offense (Business Name, Address) 1300 BLOCK N. CONGRESS AVE RIVIERA BEACH, FL 33404						
Date of Arrest 07/08/2017		Time of Arrest 0727	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 1300 BLOCK N. CONGRESS AVE.			
DEFENDANT	Name (Last, First, Middle) SHADMAN, DANIEL W.				Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White B - Black	Sex M	Date of Birth 11/05/1995	Height 5'8	Weight 170	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MED	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status SINGLE	Religion JEWISH	Indication of: Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 2053 VININGS CIR APT 516			(City) WELLINGTON	(State) (Zip) FL 33414	Phone (561) 371 - 1366	Residence Type 1. City 3. Florida 2. County 4. Out of State		2	
	Permanent Address (Street, Apt. Number) 2053 VININGS CIR APT 516			(City) WELLINGTON	(State) (Zip) FL 33414	Phone () -	Address Source DEFENDANT			
	Business Address (Street, Apt. Number)			(City)	(State) (Zip)	Phone () -	Occupation STUDENT			
	D/L Number, State S355-179-95-405-0 FL		Soc. Sec. Number	INS Number		Place of Birth AUSTIN, TX	Citizenship USA			
	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	
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)			Residence Phone					
	Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone		
	Notified by: (Name)				Date	Time	1. Handled/Processed within Dept. and Released	2. TOT HRS/CYF 3. Incarcerated		
	Released To: (Name)				Relationship	FCIC/NCIC	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 informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)							School Attended		Grade	
CODE	Recovery Information									
	0. N/A	1. Voluntary	2. Located Not Returned	3. Hospitalized	4. HRS Custody	5. Law Enforcement Custody	6. Returned to Parent	7. Deceased	8. Other	
Drug Activity N/A	S. Sell B. Buy P. Possess	R. Smuggle D. Deliver T. Traffic	K. Dispense/ Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Drug Type N/A	B. Barbiturate C. Cocaine A. Amphetamine	H. Hallucinogen M. Marijuana E. Heroin	P. Paraphernalia/ Equipment O. Opium/Deriv.	U. Unknown Z. Other S. Synthetic
CHARGE	Charge Description DRIVING UNDER THE INFLUENCE			Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193(1)		Violation of ORD #	
	Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 17-05576		Warrant/Capias Number			Bond	
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number			Violation of ORD #
	Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number			Bond	
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number			Violation of ORD #
	Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number			Bond	
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number			Violation of ORD #
	Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number			Bond	
NOTICE TO APPEAR	<input 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 reverse side.		Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL Court Date and Time Month 08 Day 09 Year 2017 Time 8:30 A.M.							
	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 _____										
ADMIN	HOLD for other Agency Name: _____			Signature of Arresting Officer X			Name Verification (Printed by Arrestee) (PRINT)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) J. BORUM			I.D. # 6331	PAGE 73		
	Intake Deputy D/S T. BURNSIDE #5406			Pouch #	Transporting Officer J. BORUM	I.D. # 6331	Agency RPD	Signed with an X		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8TH DAY OF JULY 2017, AT 0724
SUBJECT: SHADMAN, DANIEL W. CASE NUMBER# 17-05576
AGENCY: RIVIERA BEACH POLICE ARRESTING OFFICER J. BORUM #6331

PERSONAL CONTACT

ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENT PUTTING DEFT. BEHIND THE WHEEL OF THE VEHICLE

DRIVING PATTERN:

Shadman was traveling northbound in the 1300 block of N. Congress Ave. Shadman's vehicle came to rest partially on the sidewalk and the roadway at the intersection of N. Congress Ave. and West 13th street. The vehicle was facing northbound on the east side of the roadway.

OBSERVATION OF DRIVER:

Officer J. Harvey #6346 arrived on scene and observed Shadman asleep behind the steering wheel of the vehicle. The vehicle was running. Riviera Beach Fire Rescue arrived on scene to medically asses Shadman, therefore he was awoken and removed from the vehicle. I observed Shadman to be unbalanced on his feet while standing outside of the vehicle. I asked Shadman to step onto the sidewalk and he stumbled as he began to walk around the vehicle.

DRIVER'S STATEMENTS:

Shadman stated "No Comment" when asked what happened. Shadman stated "No comment" when asked to perform roadside sobriety field test.

ODORS: Strong odor of alcoholic beverage could be smelled coming from Shadman mouth.

GENERAL OBSERVATIONS

SPEECH: Slurred, Delayed, Non responsive.

ATTITUDE: Lethargic

CLOTHING: White T-Shirt; Khaki Shorts; Brown Tennis shoes.

MEDICAL PROBLEMS:

-

MEDICATIONS: _____

OTHER: _____

SUBJECT SHADMAN, DANIEL W.

CASE NUMBER 17-05576

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:

REFUSED

CAN NOT DO, WHY? _____

ONE LEG STAND;

REFUSED

CAN NOT DO WHY? _____

FINGER TO NOSE:

REFUSED

CAN NOT DO WHY? _____

ROMBERG/ALPHABET:

REFUSED

CAN NOT DO WHY? _____

BREATH TEST RESULTS: _____

STATE OF FLORIDA

COUNTY OF PALM BEACH

THE FOLLOWING WAS NOTARIZED OR SWORN BEFORE ME THIS

07/08/17

(DATE)

BY: SFC Boryan
Samantha Palmer
NOTARY/CLERK OF COURT OFFICER (F.S. 117.10)



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SIGNATURE OF ARRESTING OFFICER

PBSO #0128B REV. 09/93 WHITE STATE ATTY YELLOW DHSMV PINK CENTRAL RECORDS GOLD JAIL

SCANNED

JUL 13 2017

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WITNESS LIST

CASE NUMBER 17-05576

ARRESTING OFFICER: J. BORUM #6331

ADDRESS: 600 West Blue Heron Boulevard Riviera Beach, FL 33404

PHONE NUMBERS (HOME) _____ (WORK) 561-845-4123

CAN TESTIFY TO: _____

NAME: J. HARVEY #6346

ADDRESS: 600 West Blue Heron Blvd Riviera Beach, FL 33404

PHONE NUMBERS (HOME) _____ (WORK) 561-845-4123

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) _____

TESTING FACILITY TASK REPORT

AGENCY: RIVIERA BEACH PD

SUBJECT: SHADMAN, DANIEL

CASE NUMBER: 17-099961

DATE: 07/08/2017

VIDEO DVD NUMBER: 62949

BEGINNING TIME: 0810

ENDING TIME: 0814

BREATH TESTS RESULTS: 1) R TIME 0813 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: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: UPSET, CALM, QUIET, COOPERATIVE,

CLOTHING: WHITE TSHIRT, KHAKI SHORTS, LIGHT BROWN SHOES

MEDICAL CONDITIONS: ASTHMA

MEDICATIONS: ABITROL

OTHER:

EYES GLASSY AND BLOODSHOT,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0745
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C @ 0812, SUBJECT STATED HE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST
A/O READ RIGHTS @ 0813, SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
A/O ATTEMPTED Q&A, SUBJECT REFUSED QUESTIONING.

SCANNED
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SUBJECT: Shannon L. Ladd

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 OTC, Inc., Ladd of the Riverton, WY.

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

JUL 13 2017

SUSPECT'S SIGNATURE: (X) Read on Camera

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Shadmon, Daniel 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? _____ 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? _____

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: OTC. HOLLOWAY 16331

SCANNED
JUL 13 2017