



TEQUESTA POLICE DEPARTMENT  
357 TEQUESTA DR. TEQUESTA FL, 33469

REPORT NUMBER  
TPD92ARR900888

# ARREST REPORT

Report Date / Time 11/05/2017 01:01 AM	Agency Case/Offense Number TPD17OFF000368	OCA Number	Original Agency Case Number	OBTS Number	Offender Based Transaction System	Jail Booking Number	Other Number TPD17CAD008314
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### LOCATION OF OCCURRENCE

County PALM BEACH	Address 285 S US HIGHWAY 1, TEQUESTA, FL 33469	Latitude	Longitude
Range of Occurrence Date/Time 11/05/2017 01:38 AM to 11/05/2017 01:38 AM			

### PERSON: SUSPECT

First Name DANIEL	Middle Name WILLIAM	Last Name BOWDEN	Suffix	Date of Birth 01/22/1985	Age 32	Race W	Sex M	Height 508	Weight 162	Hair BRO	Eyes BRO
Master Name Index Number	Place of Birth PISCATAWAY, NEW JERSEY	Nation USA	SSN	Driver's License or Other ID B350179850220		State FL	Class or Type				
Address 13269 156TH ST N		City JUPITER	County PALM BEACH	State FL	Zip Code 33478	Phone					

### CHARGES

Counts 1	Charge Number 316.193.1	Charge TRAFFIC OFFENSE	General Offense Code PRINCIPAL	<input type="checkbox"/> Hate Crime	<input type="checkbox"/> Domestic Violence	Bond Amount \$0.00
Charge Degree	Charge Level MISDEMEANOR					

### DUI ALCOHOL OR DRUGS

### PROBABLE CAUSE

See DUI Probable Cause Affidavit.

### LEO BOND

Bond Amount \$

### COURT APPEARANCE INFORMATION

Court (COUNTY) NORTH COUNTY COURTHOUSE	Court Phone (561) 624-6650	Court Date & Time 11/29/2017 10:30 AM
Court Address 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410		
Instructions		

### ARREST INFORMATION

Arrest Date / Time 11/05/2017 01:46 AM	Residency Within state	Injured None	Extent of Injury N/A	Resist Arrest No
Prior Arrests Yes	Arrest Jurisdiction Within jurisdiction	Alcohol Yes	Drugs No	

### ARREST LOCATION

County PALM BEACH	Address 285 S US. HWY 1, TEQUESTA VILLAGE, FL 33469
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### ARREST DELIVERED TO

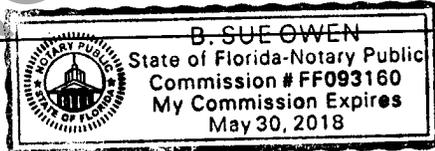
Jail / Booking Facility PALM BEACH COUNTY CORRECTIONS	Location 3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406	Phone (561) 688-4556
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### ARRESTING OFFICER

Officer Call Number 1210	Officer Name T. JARRELL	Officer Signature 
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Subscribed and sworn to (or affirmed) before me this 5th day of November, 2017 by T. Jarrell who is  personally known to me or has produced  as identification.

Signature \_\_\_\_\_ Notary Public  LEO  CO Commission No: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_



Cpl H. O'Neil  
7204

0468878

3254

NOV 5 AM 3:28

2017 NOV -5 AM  
PALM BEACH COUNTY CORRECTIONS

SCANNED  
NOV 07 2017

#38

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 05 DAY OF November 2017, AT 01:59 A.M./P.M.:

SUBJECT: Daniel Bowden CASE NUMBER: TPD17000368

AGENCY: Tequesta ARRESTING OFFICER: Ofc. T. Jarrell #1210

## PERSONAL CONTACT

### DRIVING PATTERN:

Sergeant K. Smolen ID#1145 observed a red 2015 Chevrolet Cruze, bearing FL Tag# K659GY, driving north in the 100 Block of S. US Hwy 1., within the Village of Tequesta. Sergeant Smolen advised the vehicle was swerving through multiple lanes of traffic. He affected a traffic stop which ended at 285 S. US Hwy 1.

### OBSERVATION OF DRIVER:

Bowden was sitting in the drivers seat of the vehicle with the keys in the ignition and the motor running. As I approached Bowden, I detected a strong odor of an unknown alcoholic beverage which grew stronger as he spoke. Bowden's eyes were bloodshot and unfocused. I asked Bowden to turn the vehicle off and remove the keys from the ignition. Bowden took the keys out of the ignition and threw them at the windshield. I had Bowden exit the vehicle at which point he placed his hands on the open drivers door for support. Bowden had an orbital sway while standing outside of the vehicle.

### DRIVER'S STATEMENTS:

Bowden stated he left Average Joes Pub, located in Jupiter, to drop his friends off in Tequesta. Bowden stated that he consumed 2 or 3 beers while at Average Joes Pub. Bowden would not disclose what type of beer.

### ODORS:

Strong odor of an unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Slurred and mumbled

ATTITUDE: Belligerent

CLOTHING: Black T-Shirt, Blue Jeans, Black Tennis shoes

MEDICAL/OTHER: None

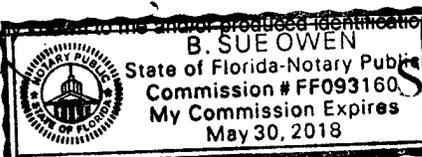
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature] 1210  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of November 2017 by Ofc Jarrell

Thomas Jarrell  
(Print name of arresting/investigative Officer) who is personally known to me and produced identification

[Signature]  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



Type of identification produced \_\_\_\_\_

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NOV 07 2017

SUBJECT: Daniel Bowden

CASE NUMBER: TPD17OFF000368

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS

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

CAN NOT DO, WHY? Refused

WALK AND TURN:

CAN NOT DO, WHY? Refused

ONE LEG STAND:

CAN NOT DO, WHY? Refused

FINGER TO NOSE:

CAN NOT DO, WHY? Refused

ROMBERG / ALPHABET:

CAN NOT DO, WHY? Refused

BREATH TEST RESULTS: Refused

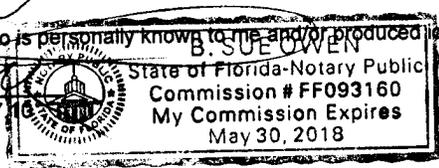
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature] 1216  
(Signature of Arresting/Investigative Officer)

The Foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of November 2017 by Officer Jarrell

[Signature]  
(Print name of arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced

Notary Public, Clerk of Court, Officer (F.S.S. 117)



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NOV 07 2017

# TESTING FACILITY TASK REPORT

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

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

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

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

BREATH TESTS RESULTS: **REFUSED** TIME \_\_\_\_\_ A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
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

SCANNED

NOV 07 2017

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? **REFUSED**

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? **REFUSED** 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? \_\_\_\_\_ **REFUSED**
- 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: \_\_\_\_\_

**SCANNED**  
NOV 07 2017

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) \_\_\_\_\_

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NOV 07 2017

Sunshine State

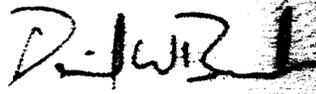
DRIVER LICENSE CLASS E

B350-179-85-022-0

DANIEL WILLIAM  
BOWDEN

13269 156TH ST N  
JUPITER, FL 33478-8518

DOB: 01-22-1985 SEX: M  
HT: 5-08 HGT: 5-08  
EYES: BRN HAIR: BRN



ORGAN DONOR

EXPIRES: 12-12-2010

MOTORCYCLE ALSO

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

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SCANNED  
NOV 07 2017

# WITNESS LIST

CASE NUMBER: TPD17OFF000368

ARRESTING OFFICER Ofc. T. Jarrell  
ADDRESS 357 Tequesta Dr., Tequesta, FL, 33469  
PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) 561-768-0500  
CAN TESTIFY TO: P.C.

NAME: Sgt. K. Smolen  
ADDRESS 357 Tequesta Dr., Tequesta, FL, 33469  
PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) 561-768-0500  
CAN TESTIFY TO: Driving pattern

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_  
CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_  
CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_  
CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_  
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PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_  
CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_  
CAN TESTIFY TO: \_\_\_\_\_

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

SCANNED  
NOV 07 2017