

18CT11705

0499460

1297

ARREST / NOTICE TO APPEAR

ADMINISTRATIVE	OBTS Number	Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (H.T.A.'s only) 6 4 18-001545		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE
	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	If Weapon Seized Enter Type: None/not Applicable		Multiple Clearance Indicator 1				
	Location of Arrest (Including Name of Business) S DIXIE HWY/E OCEAN AVE						Location of Offense (Business Name, Address) 100 S DIXIE HWY/E OCEAN AVE, LANTANA, FL 33462				
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle TOWED					
06/30/2018	20:46	06/30/2018	20:56	06/30/2018	21:25						
Name (Last, First, Middle) CATRON, DENNIS LANCASTER											
Alias: _____											
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build			
W - White R - Black O - Oriental/Asian	W M	11/22/1956	5'07	200	BLUE	BLONDE	LIGHT	Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status M	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) 6883 FLORIDA DR, LAKE WORTH, FL 33462						Phone (561) 307-9909		Residence Type 1. City 3. Florida 2. Country 4. Out of State 2			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 6883 FLORIDA DR, LAKE WORTH, FL 33462						Phone (561) 307-9909		Address Source DL			
Business Address (Name, Street) (City) (State) (Zip) DSS DIVERS, 6883 FLORIDA DR						Phone (561) 307-9909		Occupation Owner			
D/L Number, State C365172564220 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) ROCKVILLE, MD,		Citizenship US			
Co-Defendant Name (Last, First, Middle)											
Co-Defendant Name (Last, First, Middle)											
Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian <input type="checkbox"/>											
Name (Last, First, Middle)											
Address (Street, Apt. Number) (City) (State) (Zip)											
Notified by (Name) Date Time											
Released To (Name) Relationship Date Time											
The above address was 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's Office (Phone 355-2526) informed of any change of address.											
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Description of Property											
Value of Property											
Drug Activity: S Sell, R Smuggle, 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/Opium Deriv, F Paraphernalia/Equipment, S Synthetic, U Unknown, Z Other											
Charge Description: DUI											
Statute Violation Number: 316.193(3)(C)1											
Violation of ORD #											
Drug Activity: N											
Amount / Unit: /											
Offense #: 18-001545											
Counts: 1											
Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N											
Warrant / Capias Number											
Bond											
Charge Description											
Statute Violation Number											
Violation of ORD #											
Drug Activity											
Drug Type											
Amount / Unit											
Offense #											
Counts											
Domestic Violence											
Warrant / Capias Number											
Bond											
Charge Description											
Statute Violation Number											
Violation of ORD #											
Drug Activity											
Drug Type											
Amount / Unit											
Offense #											
Counts											
Domestic Violence											
Warrant / Capias Number											
Bond											
Health / Apparent Physical Condition of Defendant: OK											
Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries											
Explain:											
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail											
PROPERTY - Received By											
Released By											
Released To											
Transported By											
Date Transported											
Time Transported											
Other											
INSTRUCTION NO. 1 - Mandatory appearance in court											
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.											
Location (Court, Room) 200 W Atlantic Ave, DELRAY BEACH											
Court Date and Time 07/23/2018 08:30:00											
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 COMTEMPT 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											
Signature of Arresting Officer											
Name Verification (Printed by Arrestee)											
Name of Arresting Officer (Print) CHURCH, RYAN											
ID # 877											
Name of Arresting Officer (Print) CHURCH											
ID # 877											
Agency LPD											
Intake Deputy D/S B. SHATARA #7623											
I.D. #											
Pouch #											
Transporting Officer CHURCH											
I.D. # 877											
Agency LPD											
Witness here if subject signed with an N.Y.											
JUN 30 PM 10:39											
PAGE 1 OF 1											

SCANNED JUL 06 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF June 20 18, AT 2026 AM / PM
SUBJECT: Dennis Catron CASE NUMBER: 18-001545
AGENCY: Lantana Police Dep ARRESTING OFFICER: R Church 877

PERSONAL CONTACT

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

I was responding to a report of a reckless driver in the area of South Dixie Highway and East Ocean Avenue. As I arrived on scene I observed a white in color Ford van bearing Florida tag number 455 PNQ which had crashed into a utility pole on the south west portion of the intersection. I observed a white male inside the driver compartment and he was the only subject inside the vehicle. The traffic crash case was turned over to OFC J Schorr.

OBSERVATION OF DRIVER:

I made contact with the white male, later identified as Dennis Catron (DOB 11/22/1956) where I could immediately smell the odor of and unknown alcoholic beverage emanating from his person. Dennis was attempting to start the car again and I instructed him to exit the vehicle and I secured his keys. I observed Dennis having trouble standing on his own

DRIVER'S STATEMENTS:

I asked Dennis if he had been drinking and he stated he had consumed 4 to 5 drinks earlier in the day

ODORS:

odor of and unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: cooperative

CLOTHING:

MEDICAL / OTHER:

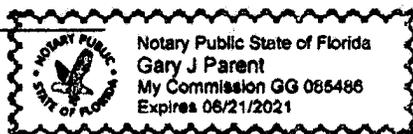
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of June 20 18 by OFC R Church

(Print name of Arresting / Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced OFC R Church)

Notary Public, Clerk of Court, Officer (F.S.S 1 17.10)



SCANNED
JUL 06 2018

SUBJECT: Dennis Catron CASE NUMBER: _____

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS :

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

Other Observations:

Vertical Gaze Nystagmus was detected in both eyes

WALK & TURN:

Dennis did not maintain balance during instructions, missed heel to toe on all steps (greater than one half inch), executed an improper turn, took an incorrect amount of steps, did not look down at his feet, and did not count aloud.

ONE LEG STAND:

Dennis swayed while balancing, put his foot down multiple times before being instructed to do so, and hopped.

FINGER TO NOSE :

N/A

ROMBERG / ALPHABET :

N/A

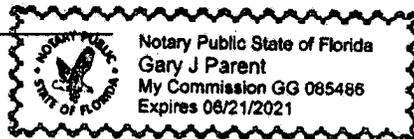
BREATH TEST RESULTS :

STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 30 day of June 2018 by OFC R Church
who is personally known to me and/or produced identification. Type of identification produced OFC R Church

Notary Public, Clerk of Court, Officer F.S.S. 117-10)



SCANNED
JUL 06 2018

WITNESS LIST

CASE NUMBER: 18001545

ARRESTING OFFICER R Church

ADDRESS 901 N 8th Street Lantana Florida 33462

PHONE NUMBERS (HOME) 561 540 5701 (WORK) _____

CAN TESTIFY TO: arrest and SFSE's

NAME: J Schorr

ADDRESS 901 N 8th Street Lantana Florida 33462

PHONE NUMBERS (HOME) 561 540 5701 (WORK) _____

CAN TESTIFY TO: crash

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) _____

CAN TESTIFY TO: _____

SCANNED

JUL 06 2018

SUBJECT: CATROU, DENNIS L. 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) Den 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.

SUSPECT'S SIGNATURE: (X) Den on Camera **SCANNED**

JUL 06 2018

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

SUBJECT: CATROU, DENNIS L 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: _____

SCANNED
JUL 06 2018

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

TESTING FACILITY TASK REPORT

AGENCY: LPD
 SUBJECT: CATRON, DENNIS L CASE NUMBER: 18-052057
 DATE: 06/30/18 VIDEO TAPE NUMBER: N/A
 BEGINNING TIME: 2127 ENDING TIME: 2130
 BREATH TESTS RESULTS: 1) ~~REF~~ TIME 2129 A.M./P.M. 2) N/A TIME --- A.M./P.M.
 3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.
 BREATH OPERATOR: G. PARRIS #4909
 MAINTENANCE TECHNICIAN: KACULAK #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, PROMINENT
 ATTITUDE: UPSET, REPEATED USE OF NOXIOUS, MOOD SWINGS
 CLOTHING: BLACK SHIRT, L/4, LEOPARD PRINT SLIPPERS, BLACK SANDALS
 MEDICAL CONDITIONS: NONE
 MEDICATIONS: NONE

REFUSED

OTHER: EYES GLASSY AND BLOODSHOT
 COMMENTS: ARRIVED AT CENTER A/0 BEGAN TIME 20 MINUTE
OBSERVATION PERIOD AT 2105 HRS.

A STATED NO I WILL NOT TAKE TEST
A/0 READ A/0
A KEPT TALKING OVER A/0 AND JUST KEPT SAYING
I REFUSE

REFUSED

A/0 READ RIGHTS
A AGAIN KEPT TALKING OVER A/0 STATING I KNOW
MY RIGHTS

SCANNED

JUL 06 2018

A/0 ATTEMPTED Q+A A REFUSED TO ANSWER
 WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018021764	Date: 07/01/20189
	Specialist Name/ID: howardt/7185

**SCANNED
JUL 06 2018**