

0496249/443

1801003945

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 18045848</b>	
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
	Location of Arrest (Including Name of Business) <b>Wellington Regional Medical Center Wellington FL 33414</b>		Location of Offense (Business Name, Address) <b>8000 Block Southern Blvd</b>		<b>West Palm Beach FL 33413</b>		Multiple Clearance Indicator	
	Date of Arrest <b>03/04/2018</b>	Time of Arrest <b>00:40</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>See Accident Report</b>	
	Name (Last, First, Middle) <b>Kemmerer Dillon J</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race <b>W - White 1 - American Indian</b>	Sex <b>M</b>	Date of Birth <b>01/26/1993</b>	Height <b>5'11</b>	Weight <b>204</b>	Eye Color <b>Bro</b>	Hair Color <b>Bla</b>	Complexion <b>Med</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Sing</b>	Religion <b>Uk</b>	Indication of Alcohol Influence 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>165 Jay Street</b>		(City) <b>Johnson City NY 13790</b>	(State)	(Zip)	Phone <b>(607) 624-0345</b>	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>	
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>Verbal</b>	

DEFENDANT	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>Ind. Contractor</b>	
	D/L Number, State <b>391198547, NY</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>New York, NY</b>	
	Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: <input type="checkbox"/>		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone
	Business Phone		Notified by: (Name)		Date	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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade			
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			

CO-DEF	Drug Activity		S. Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown	
	N. N/A		B. Buy	D. Deliver	E. Use				N. N/A	C. Cocaine	M. Marijuana	S. Synthetics	
	P. Possess		T. Traffic							A. Amphetamine	E. Heroin	O. Opium/ Deriv.	Z. Other
	Charge Description <b>DUI - INJURY TO PERSON/PROPERTY</b>		Counts <b>4</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(3C1)</b>		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense # <b>18045848</b>	Warrant / Capias Number		Bond						
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond						
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond						
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						

CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
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	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		

NOTICE TO APPEAR	Location (Court Room Number, Address) <b>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996</b>		Court Date and Time <b>Month March Day 29 Year 2018 Time 08:30 AM X</b>		
	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		Date Signed <b>03/04/2018</b>		
	Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed		
	HOLD for other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)
	Name:		Name of Arresting Officer (Print) <b>Inv. J. Schneider</b>		(PRINT)
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		I.D. # <b>8501</b>		PAGE
	Intake Report <b>SPANN 8/01</b> I.D. #		Pouch #		Transferring Officer <b>Inv. J. Schneider</b> ID # <b>8501</b> Agency <b>PBSOC</b>
	Witness Name (If applicable) signed with an "X"		1 OF 1		
	DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s only)		MAR 04 2018		

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>				1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	Juvenile <input type="checkbox"/>	<input checked="" type="checkbox"/> <b>N</b>
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>		18045848		
Charge Type: Check as many as apply					Special Notes				
<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance					
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other					
Defendant Name (Last, First, Middle) <b>KREMMERER DILLON</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/26/1993</b>		
Charge <b>DRIVING UNDER THE INFLUENCE 316.193(3)(C)(1)</b>					Charge				
Victim Name (Last, First, Middle)					Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source			
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation			
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...									
<input checked="" type="checkbox"/> committed the below acts in my presence.					<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.				
<input type="checkbox"/> confessed to admitting to the below facts.					<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.				
On the <b>03</b> day of <b>March</b> 20 <b>18</b> at <b>2327</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On 03/03/2018 I was assisting on a vehicle crash on Southern Blvd, when I heard another vehicle crash occur. After the crash I saw a blue Chevrolet truck crossing several lanes of traffic, hit the guard rail on the south side of the road, then hit another vehicle. The blue truck came to a final stop in the middle of the road. I ran over to check for injuries on both vehicles. Inside the blue truck I observed the defendant, Dillon Kemmerer, in the drivers seat of the vehicle and was the only occupant in the vehicle. It should be noted that as I ran to the blue truck no subjects exited the vehicle at any time. As Dillon exited the vehicle he was unsteady on his feet. I assisted Dillon to the median for his safety. Upon asking Dillon if he was injured, he advised me that he wasn't injured, and I smelled the odor of an unknown alcoholic beverage on his breath. Dillon also had glossy red eyes, slow dexterity, and his speech was slurred. While standing on the median Dillon was unable to stand without swaying. Dillon spontaneously uttered that the deputy's vehicle pulled out in-front of him out of nowhere.

The foregoing instrument was sworn to and affirmed before me this <b>03</b> day of <b>March</b> 20 <b>18</b> , by:	
<b>D/S J.JSCHNEIDER 8501</b>	<b>D/S C. SMITH 28998</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
	Page <b>2</b> of <b>2</b>

MAR 04 2018

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4 DAY OF March 2018, AT 23:27  AM  PM  
SUBJECT: Kemmerer Dillon J CASE NUMBER: 18045848

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

## PERSONAL CONTACT

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

Kemmerer was operating a motor vehicle eastbound on Southern Blvd in the number two lane. While eastbound a emergency vehicle stopped in the roadway and activated its emergency lights due to a motor vehicle collision. Kemmerer failed to slow or vacate the lane resulting in a collision with a PBSO Ford Interceptor. During collision the Interceptor was rotated east resulting in a secondary collision with a PBSO Crown Victoria. The secondary collision resulted in a injury to Deputy Sheriff Collin Cambell # 7844 who was seated in the passenger seat of the Crown Victoria. Kemmerer's vehicle continued south east into the travel lanes to his right where he struck a Jeep Wrangler before coming to rest. Kemmerer's vehicle continued east for approximately 40-50 yards where it came to rest in lane three of eastbound traffic.

### OBSERVATION OF DRIVER:

Red, bloodshot, watery eyes with flush cheeks and droopy eyelids. Coming in close proximity I smelled the odor of a unknown alcoholic beverage was coming from his person. While speaking with him I observed the smell of a unknown alcoholic beverage coming from his breath. While standing stationary he swayed front to back and had slow lethargic speech. As he walked he suffered from gait ataxia and appeared unsteady with slow small steps.

### DRIVER'S STATEMENTS:

I was driving on US 1 when the cop just stopped right in front of me. Im under the influence of Vyvance (stimulant) which impairs my judgment.

### ODORS:

Distinct odor of a unknown alcoholic beverage coming from his breath and person

## GENERAL OBSERVATIONS

SPEECH: Slurred, slow, low

ATTITUDE: Initially cooperative but turning uncooperative once I started the SFST's.

CLOTHING: Blue/White checkered shirt, blue jeans, brown cowboy boots.

MEDICAL/OTHER: Depression. Prescribed Vyvance (stimulant) for ADHD.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. J. Schneider

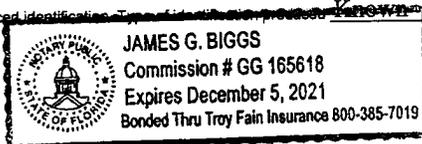
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of March 2018 by Inv. J. Schneider

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

James Biggs (#7607)

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



SCANNED  
MAR 04 2018