

999

2018 CT 12708

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplemental Assigned
1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies
Juvenile

OBTS Number	Agency ORI Number FLD, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 018-118-00432311		
Charge Type: Check as many as apply.	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		
Location of Arrest (Including Name of Business) RCA BLVD / ALT AIA			Location of Offense (Business Name, Address) RCA BLVD				
Date of Arrest 07.18.18	Time of Arrest 2:03A	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KALIFF'S TOWING	
Name (Last, First, Middle) MELLEN, DONALD Stewart			Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 1.0.0.3.54	Height 240	Weight 170	Eye Color HAZEL	
Hair Color GRAY			Complexion FLESHED	Build HEAVY	Boars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		
Local Address (Street, Apt. Number) 1705 Liffleton Ct			City WINTER SPRINGS FL	State FL	Zip 32728	Phone (407) 319-7836	
Permanent Address (Street, Apt. Number)			City	State	Zip	Phone	
Business Address (Name, Street)			City	State	Zip	Phone	
D/L Number, State M450197513631		Sex	MIS Number		Place of Birth (City, State) SACRAMENTO, CA	Citizenship US	
Co-Defendant (Last, First, Middle)			Race	Sex	Date of Birth	1. Arrested 2. At Large	
Co-Defendant (Last, First, Middle)			Race	Sex	Date of Birth	1. Arrested 2. At Large	
Parent / Legal Custodian / Other			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 Dept. and Released. 2. TOT NRS/DYS 3. Incarcerated		
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 355-2828) informed of any change of address.					School Attended / Grade		
Property Crimes? <input type="checkbox"/> Yes <input type="checkbox"/> No			Description of Property		Value of Property		
Drug Activity		B. Sell / Buy / Traffic		K. Dispense / Distribute		M. Manufacture / Produce / Cultivate	
R. Possess		S. Struggle / Disturb		T. Use		Z. Other	
Drug Type		N. N/A		A. Amphetamine		B. Barbiturate	
C. Cocaine		E. Heroin		H. Hallucinogen		M. Marijuana	
O. Other		P. Paraphernalia / Equipment		S. Synthetic		U. Unknown	
Charge Description DUI		Counts 1	Domestic Violence Y / N	Statute Violation Number 31.41.69.3		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond	
Charge Description		Counts	Domestic Violence Y / N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond	
Charge Description		Counts	Domestic Violence Y / N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond	
Charge Description		Counts	Domestic Violence Y / N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond	
Location (Court, Room Number, Address) North County Courthouse, 3188 OPA BLVD			Court Date and Time 8 Day 22 Year 2108 Time 10:00 (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		
HOLD for other agency			Signature of Arresting Officer DOWLING 308		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) DOWLING		(PRINT)		
Initiate Deputy			Transmitting Officer DOWLING 308		Agency PBC		
Please see here if subject signed with an "X"						PAGE OF	

SUBJECT: Mellen, Donald S CASE NUMBER: 18-004323

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:

WALK & TURN:

Subject struggled to understand instructions
Subject was unable to keep feet together or
in heel to toe position
Subject stepped off the line on several occasions

ONE LEG STAND:

Subject stopped while making turn

Subject struggled to understand instructions
or count in the manner instructed.

Subject counted to 'one thousand eight' and stumbled
off the line.

FINGER TO NOSE:

Subject performed task.

ROMBERG/ALPHABET:

Subject says alphabet at first attempt
Then went "H, I, L M N O P"

BREATH TEST RESULTS:

.217 , .219

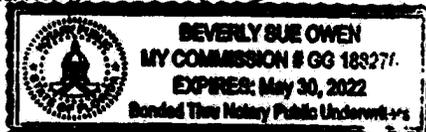
STATE OF FLORIDA
COUNTY OF PALM BEACH

D. Dowling 308
(Signature of Arresting/Investigative Officer)

The foregoing instrument was witnessed or sworn before me this 16th day of July, 2018 by officer Dowling

who is personally known to me and/or produced identification. Type of identification produced _____

[Signature]
Notary Public, State of Florida, Officer (P.S.S. 117.10)



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF July 20 18 AT AM PM

SUBJECT: Mellen, Donald Stewart CASE NUMBER: 18-004323

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: DOWLING # 308
PERSONAL CONTACT

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

Subject was southbound on ALT A1A with no headlights or taillights

OBSERVATION OF DRIVER:

Strong odor of unknown alcoholic beverage
Subject had red, watery eyes

DRIVER'S STATEMENTS:

Subject stated he was drunk at the yard house and had 3-4-5 Beers

ODORS:

Strong odor of ~~an~~ unknown alcoholic beverage
GENERAL OBSERVATIONS

SPEECH: Slow + deliberate

ATTITUDE: Co-operative, talkative, apologetic

CLOTHING: Normal - blue shirt, grey pants, Black shoes

MEDICAL/OTHER:

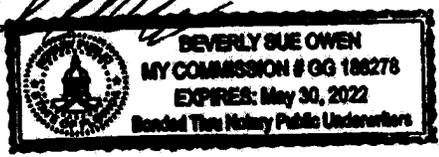
STATE OF FLORIDA
COUNTY OF PALM BEACH

D. Dowling # 308
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of July 2018 at otc Dowling

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

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



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

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) _____

SUBJECT: _____ CASE NUMBER: 4

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? YES I WAS

WHERE WERE YOU GOING? going to Marshall House

WHAT STREET OR HIGHWAY WERE YOU ON? Van Ness St

DIRECTION OF TRAVEL? S WHERE DID YOU START? Van's House

WHAT TIME DID YOU START? 6:30 am WHAT TIME IS IT NOW? 6:00

WHAT IS TODAY'S DATE? 11/11 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Polk Co., Polk, Ia.

WHEN DID YOU LAST EAT? Lunch WHAT DID YOU EAT? meat

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? nothing

HOW MUCH DO YOU WEIGH? 210 HAVE YOU BEEN DRINKING? drinking WHAT? beer

HOW MUCH? 5.4.5 WHERE? Van's House WITH WHOM? myself

WHEN DID YOU HAVE YOUR FIRST DRINK? 4:30 pm AND YOUR LAST DRINK? 6:30 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? beer

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? no

WHAT? no WHERE? no WHEN? no

WHAT LINE OF WORK ARE YOU IN? no WHEN DID YOU LAST WORK? 11/11

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? no

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? no

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? no

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? no WHY? no

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? antibiotics WHEN? 11/11

DO YOU HAVE:

- EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? no

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? no

INTERVIEWER: Downer # 308

WITNESS LIST

CASE NUMBER: 18-004323

ARRESTING OFFICER: DOWLING #308

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): (561) 572-1027 (WORK) 561-799-4445

CAN TESTIFY TO: Traffic Stop, Roadside task, Arrest

NAME: Officer Redding #466

ADDRESS: 10500 N. Military Tr, PBG FL 33410

PHONE NUMBERS (HOME) _____ (WORK) (561) 799 4445

CAN TESTIFY TO: Roadside Task, Vehicle Tow

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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"/>	(xii) 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: 2018024000	Date: 19Jul18
	Specialist Name/ID: R Ehrenberg/6104