

0480277

06/54

1484

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

N

|                                                    |                                                                                                                                                                                                                                                                                                                                           |  |                                                                               |                     |                                                                                       |  |                                                                            |  |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|
| ADMINISTRATIVE                                     | OBTS Number                                                                                                                                                                                                                                                                                                                               |  | Agency ORI Number<br>FLO 5 0 0 0 0 0                                          |                     | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE                                     |  | Agency Report Number (N.T.A.'s only)<br>0 6 - 1 1 6 - 0 0 4 0 4 8          |  |
|                                                    | Charge Type:<br>Check as many as apply.<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                        |  | If Weapon Seized                                                              |                     | Multiple Clearance Indicator                                                          |  | Enter Type                                                                 |  |
|                                                    | Location of Arrest (including Name of Business)<br>W INDIANTOWN RD / MARSALA CT, JUPITER, FL                                                                                                                                                                                                                                              |  |                                                                               |                     | Location of Offense (Business Name, Address)<br>W INDIANTOWN RD / MARSALA CT, JUPITER |  |                                                                            |  |
|                                                    | Date of Arrest<br>08 16 16                                                                                                                                                                                                                                                                                                                |  | Time of Arrest<br>04 11                                                       |                     | Booking Date                                                                          |  | Booking Time                                                               |  |
| DEFENDANT                                          | Name (Last, First, Middle)<br>GOLDSTEIN, ERIC, DAVID                                                                                                                                                                                                                                                                                      |  |                                                                               |                     | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                  |  |                                                                            |  |
|                                                    | Race<br>W - White<br>I - American Indian<br>B - Black<br>O - Oriental/Asian                                                                                                                                                                                                                                                               |  | Sex<br>W M                                                                    |                     | Date of Birth<br>07 13 79                                                             |  | Height<br>5'09                                                             |  |
|                                                    | Weight<br>182                                                                                                                                                                                                                                                                                                                             |  | Eye Color<br>HAZ                                                              |                     | Hair Color<br>BRD                                                                     |  | Complexion<br>KAR                                                          |  |
|                                                    | Build<br>MED                                                                                                                                                                                                                                                                                                                              |  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) |                     | Marital Status<br>S                                                                   |  | Religion<br>Unknown                                                        |  |
| CO-DEF                                             | Local Address (Street, Apt. Number)<br>11763 154th RD N                                                                                                                                                                                                                                                                                   |  |                                                                               |                     | (City)<br>JUPITER                                                                     |  | (State)<br>FL                                                              |  |
|                                                    | Permanent Address (Street, Apt. Number)<br>11763 154th RD N                                                                                                                                                                                                                                                                               |  |                                                                               |                     | (City)<br>JUPITER                                                                     |  | (State)<br>FL                                                              |  |
|                                                    | Business Address (Name, Street)                                                                                                                                                                                                                                                                                                           |  |                                                                               |                     | (City)                                                                                |  | (State)                                                                    |  |
|                                                    | D/L Number, State<br>6432-204-79-253-0                                                                                                                                                                                                                                                                                                    |  |                                                                               |                     | Soc. Sec. Number                                                                      |  | INS Number                                                                 |  |
| JUVENILE                                           | Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                                                        |  |                                                                               |                     | Race                                                                                  |  | Sex                                                                        |  |
|                                                    | Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                                                        |  |                                                                               |                     | Race                                                                                  |  | Sex                                                                        |  |
|                                                    | Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                      |  |                                                                               |                     | Name (Last)                                                                           |  | (First)                                                                    |  |
|                                                    | Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                             |  |                                                                               |                     | (City)                                                                                |  | (State)                                                                    |  |
| CHARGE                                             | Notified by: (Name)                                                                                                                                                                                                                                                                                                                       |  |                                                                               |                     | Date                                                                                  |  | Time                                                                       |  |
|                                                    | Released To: (Name)                                                                                                                                                                                                                                                                                                                       |  |                                                                               |                     | Relationship                                                                          |  | Date                                                                       |  |
|                                                    | 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 355-2520) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason) |  |                                                                               |                     | School Attended                                                                       |  | Grade                                                                      |  |
|                                                    | Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                               |  |                                                                               |                     | Description of Property                                                               |  | Value of Property                                                          |  |
| CHARGE                                             | Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                                     |  |                                                                               |                     | S. Sell<br>T. Traffic                                                                 |  | R. Smuggle<br>D. Deliver<br>E. Use                                         |  |
|                                                    | K. Dispense/<br>Distribute                                                                                                                                                                                                                                                                                                                |  |                                                                               |                     | M. Manufacture/<br>Produce/<br>Cultivate                                              |  | Z. Other                                                                   |  |
|                                                    | Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                                                                                                                                                                     |  |                                                                               |                     | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                             |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                         |  |
|                                                    | P. Paraphernalia/<br>Equipment<br>S. Synthetic                                                                                                                                                                                                                                                                                            |  |                                                                               |                     | U. Unknown<br>Z. Other                                                                |  |                                                                            |  |
| CHARGE                                             | Charge Description<br>DWI                                                                                                                                                                                                                                                                                                                 |  |                                                                               |                     | Counts<br>1                                                                           |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |  |
|                                                    | Statute Violation Number<br>3 1 6 1 9 3                                                                                                                                                                                                                                                                                                   |  |                                                                               |                     | Violation of ORD #                                                                    |  |                                                                            |  |
|                                                    | Drug Activity<br>N                                                                                                                                                                                                                                                                                                                        |  |                                                                               |                     | Drug Type<br>N                                                                        |  | Amount / Unit<br>N/A                                                       |  |
|                                                    | Offense #<br>16-004048                                                                                                                                                                                                                                                                                                                    |  |                                                                               |                     | Warrant / Capias Number<br>N/A                                                        |  | Bond<br>OK                                                                 |  |
| CHARGE                                             | Charge Description                                                                                                                                                                                                                                                                                                                        |  |                                                                               |                     | Counts                                                                                |  | Domestic Violence<br><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                                             | Charge Description                                                                                                                                                                                                                                                                                                                        |  |                                                                               |                     | Counts                                                                                |  | Domestic Violence<br><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                                             | Charge Description                                                                                                                                                                                                                                                                                                                        |  |                                                                               |                     | Counts                                                                                |  | Domestic Violence<br><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                                                                       |  |
| NOTICE TO APPEAR                                   | Location (Court, Room Number, Address)<br>NORTH COUNTY COURTHOUSE, 3188 PGA BLVD, PB6, FL 33410                                                                                                                                                                                                                                           |  |                                                                               |                     | Court Date and Time<br>Month 09 Day 21 Year 2016 Time 8:30 AM                         |  |                                                                            |  |
|                                                    | 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                                                        |  |                                                                            |  |
| ADMIN                                              | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                                                                                                                                                                                                                                   |  |                                                                               |                     | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other            |  |                                                                            |  |
|                                                    | Name of Arresting Officer (Print)<br>M. SALVEMINI                                                                                                                                                                                                                                                                                         |  |                                                                               |                     | I.D. #<br>335                                                                         |  |                                                                            |  |
|                                                    | Intake Deputy<br>W. B. S. B.                                                                                                                                                                                                                                                                                                              |  |                                                                               |                     | I.D. #<br>Pouch #                                                                     |  |                                                                            |  |
|                                                    | Transporting Officer<br>SALVEMINI                                                                                                                                                                                                                                                                                                         |  |                                                                               |                     | I.D. #<br>335                                                                         |  |                                                                            |  |
| Name Verification (Printed by Arrestee)<br>SCANNED |                                                                                                                                                                                                                                                                                                                                           |  |                                                                               | Date<br>AUG 17 2016 |                                                                                       |  |                                                                            |  |
| Witness here if subject signed with an "X"         |                                                                                                                                                                                                                                                                                                                                           |  |                                                                               | PAGE<br>1 OF 1      |                                                                                       |  |                                                                            |  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF August 20 16, AT 4:11 <sup>✓</sup>AM PM

SUBJECT: Eric Goldstein CASE NUMBER: 16-004048

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: M. Salvemini #335

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
Goldstein failed to stop for the red light at W Indiantown Rd at Delaware Blvd. The vehicle was in the middle lane and westbound on W Indiantown Rd. The vehicle repeatedly drifted from the center lane to the outside lane from W Indiantown Rd/Delaware Blvd to W Indiantown Rd/Island Way. The vehicle switched lanes into the far outside lane of W Indiantown Rd at Interstate 95 N. This lane is specifically for the north bound entrance ramp to Interstate 95 from W Indiantown Rd. There are several painted indicators and signs reflecting this specific lane. The vehicle swerved back onto W Indiantown Rd, almost striking another vehicle. At this point, the vehicle crossed over clearly marked white horizontal lanes indicating an improper lane change if crossed.

## OBSERVATION OF DRIVER:

Goldstein had droopy, red, and glassy eyes. His eyes would shut periodically as if he was falling asleep. His speech was extremely slurred and very difficult to understand. His face was red and flushed. He was unsteady on his feet and swayed back and forth. He kept his hand on his vehicle for balancing. He repeated statements several times and asked the same questions over and over again. After I asked for his driver's license, he handed me a blue Chase credit card.

## DRIVER'S STATEMENTS:

He stated he drank 3 captain and coke drinks (rum). He stated he drank 1 drink at Jupiter Lanes and then 2 or 3 more at the Cigar Lounge. He said he was driving home to Jupiter Farms, so it is unknown why he was in the north bound entrance lane to Interstate 95. He repeated several times that he has never been arrested before. He refused to perform roadside tasks and was informed his Taylor Warnings, in which he understood.

## ODORS:

Odor of an unknown alcoholic beverage coming from his person, which became stronger as he spoke to me. The odor was still present in the backseat of my patrol vehicle, even after he was removed.

## GENERAL OBSERVATIONS

SPEECH: Slurred and difficult to understand

ATTITUDE: Mood swings (cooperative, happy, cursing, upset, argumentative)

CLOTHING: Brown shirt, tan shorts, blue flip flops

MEDICAL/OTHER: None

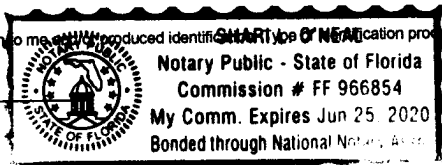
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of August 20 16 by M. Salvemini #335

(Print name of Arresting/Investigative Officer), who is personally known to me, who produced identification and a valid commission produced

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



Personally Known

SCANNED

Aug 17 2016

SUBJECT: Eric Goldstein

CASE NUMBER 16-004048

**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:**

Could not put both of his feet together. After explaining to put both his feet together, he refused to perform roadside tasks.

**WALK & TURN**

Refused

**ONE LEG STAND:**

Refused

**FINGER TO NOSE:**

Refused

**ROMBERG ALPHABET:**

Refused

BREATH TEST RESULTS: .197

1.89

SCANNED  
AUG 17 2016

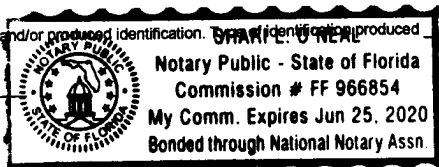
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of August, 2016 by M. Salvemini #335

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

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



Personally Known

# WITNESS LIST

CASE NUMBER: 16-004048

ARRESTING OFFICER: M. Salvemini #335

ADDRESS: 210 Military Trail, Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: PC

NAME: G. Kitchens #381

ADDRESS: 210 Military Trail, Jupiter, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: PC

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

SCANNED

AUG 17 2016