

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile													
	Agency ORI Number		Agency Name <b>Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>17-000605</b>																			
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator															
	Location of Arrest (Including Name of Business) <b>2800 block S. Ocean Blvd</b>				Location of Offense (Business Name, Address) <b>2800 block S. Ocean Blvd</b>																			
DEFENDANT	Date of Arrest <b>04/21/2017</b>		Time of Arrest <b>0309</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
	Name (Last, First, Middle) <b>Arndt, Hagen Horst</b>										Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>05/01/1967</b>		Height <b>510</b>		Weight <b>206</b>		Eye Color <b>Hazel</b>		Hair Color <b>bro</b>		Complexion <b>Light</b>		Build <b>Heavy</b>							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>Single</b>		Religion <b>NONE</b>		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.									
CO-DEF	Local Address (Street, Apt. Number) <b>2545 S. Ocean Blvd</b>										(City) <b>Palm Beach</b>		(State) <b>FL</b>		(Zip) <b>33480</b>		Phone <b>(561) 707-7676</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>					
	Permanent Address (Street, Apt. Number)										(City)		(State)		(Zip)		Phone <b>( )</b>		Address Source <b>FL DL</b>					
	Business Address (Name, Street)										(City)		(State)		(Zip)		Phone <b>( )</b>		Occupation <b>Chef</b>					
	D/L Number, State <b>A653328672010 FL</b>		Soc. Sec. Number <b>[REDACTED]</b>				INS Number				Place of Birth (City, State) <b>New York NY</b>				Citizenship <b>US</b>									
JUVENILE	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)		(Middle)		Residence Phone <b>( )</b>															
	Address (Street, Apt. Number)										(City)		(State)		(Zip)		Business Phone <b>( )</b>							
CHARGE	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															
CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		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/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
	Charge Description <b>D.U.I.</b>										Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193 (1)</b>				Violation of ORD #					
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>17-000605</b>		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 #					
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 #					
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>3228 Gun Club Rd., West Palm Beach, FL</b>																							
	Court Date and Time Month <b>May</b> Day <b>25</b> Year <b>2017</b> Time <b>8:30</b> <b>AM</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. <b>[Signature]</b>																							
	Signature of Defendant (or Juvenile and Parent /Custodian)										Date Signed													
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer <b>X [Signature]</b>				Name Verification (Printed by Arrestee)															
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) <b>Maccarone</b>				I.D. # <b>9214</b>				(PRINT)							
	Intake Deputy				I.D. #				Pouch #				Transporting Officer <b>Maccarone</b>				ID # <b>AS</b>				Agency <b>PBPD</b>			
	Witness here if subject signed with an "X"										PAGE <b>1</b> OF <b>1</b>													

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF April, 2017, AT 0337 ✓ AM PM

SUBJECT: Arndt, Hagen Horst CASE NUMBER: 17-000605

AGENCY: Palm Beach Police Department ARRESTING OFFICER: Maccarone

## PERSONAL CONTACT

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

**Traffic stop for broken left tail light.**

## OBSERVATION OF DRIVER:

**Slurred speech. Took long period of time to hand registration.**

## DRIVER'S STATEMENTS:

**Initially stated he last had one "beer" approximately one hour prior to driving. Later stated that he had one "beer" 20 minutes before driving. Stated he had only three beers.**

## ODORS:

**Unknown alcoholic beverage was emanating from his person.**

## GENERAL OBSERVATIONS

**SPEECH: Slurred**

**ATTITUDE: Unaware of what was happening**

**CLOTHING: T-shirt with jean shorts.**

**MEDICAL/OTHER: High blood pressure.**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

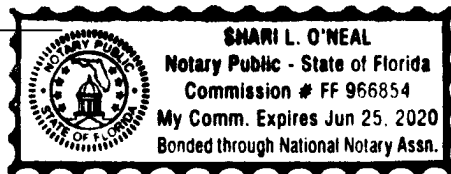
Maccarone

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of April, 2017 by \_\_\_\_\_

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

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



SCANNED  
APR 26 2017

SUBJECT: Arndt, Hagen Horst CASE NUMBER 17-000605

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

#### Other Observations:

Eyes glassy and bloodshot. Extreme swaying of body while speaking.

#### WALK & TURN

Could not keep balance during instruction stage. Used arms for balance. missed heel to toe on multiple steps. stepped off line multiple times. Improper turn.

#### ONE LEG STAND:

Used arms for balance, put foot down, swayed back and forth, slow counting (counted to 1015 in a 30 second time period.

#### FINGER TO NOSE:

Missed nose multiple times. Kept finger on nose (had to be instructed multiple times to return finger back down to his side) Did not keep head tilted back. Swayed.

#### ROMBERG ALPHABET:

Swayed back and forth. Did not keep head tilted back.

BREATH TEST RESULTS: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF PALM BEACH

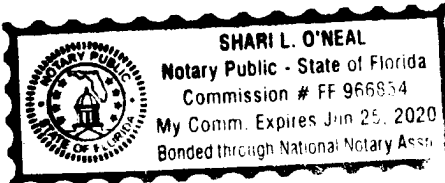
Maccarone

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of April 2017 by \_\_\_\_\_

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

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



SCANNED  
APR 26 2017

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST

I, Maccarone, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Police Department, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 21 day of April, 20 17, at 3:37 ☐ P.M. ☒ A.M.

DRIVER HAGEN HORST ARNOT  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

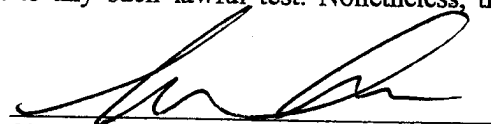
DL# A653-328-67-201-0, state of FL, was placed under lawful arrest for

the offense of DUI by MACCARONE and  
(Name of Arresting Officer)

issued Citation # 3733-XDV4

That on or about the 21 day of April, 20 17, at 0427 ☐ P.M. ☒ A.M.  
in Palm Beach County,

I requested that the driver submit to a ☒breath and/or ☐urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

  
Signature of Law Enforcement Officer or  
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before

me this 21 day of April, 20 17,

by \_\_\_\_\_,

who is personally known to me or who has produced

\_\_\_\_\_ as identification

Notary Public

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.