

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capas

Juvenile

ADMINISTRATIVE	OBTS Number			Agency ORI Number Agency Name						Agency Report Number (N.T.A.'s only)			
				Palm Beach Police Department						17-000605			
DEFENDANT	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) 2800 block S. Ocean Blvd						Location of Offense (Business Name, Address) 2800 block S. Ocean Blvd						
	Date of Arrest 04/21/2017		Time of Arrest 0309		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) Arndt, Hagen Horst												
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W	Date of Birth 05/01/1967	Height 510	Weight 206	Eye Color Hazel	Hair Color bro	Complexion Light	Build Heavy			
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)						Marital Status Single	Religion NONE	Indication of: Alcohol Influence Drug Influence				
	Local Address (Street, Apt. Number) 2545 S. Ocean Blvd		(City) Palm Beach	(State) FL	(Zip) 33480	Phone (561) 707-7676	Residence Type: 1. City 2. County 3. Florida 4. Out of State						
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ()	Address Source FL DL						
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation Chef						
	D/L Number, State A653328672010 FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) New York NY		Citizenship US				
CO-DEF	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					
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 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							
CODE	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 D.U.I.				Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193 (1)			Violation of ORD #			
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-000605		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 #			
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 #			
NOTICE TO APPEAR	Location (Court, Room Number, Address) 3228 Gun Club Rd., West Palm Beach, Fl												
	Court Date and Time Month May Day 25 Year 2017 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 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													
ADMIN	HOLD for other Agency Name:			Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Printed by Arrestee)						
							(PRINT)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) Maccarone SC			I.D. # 9214			
	Intake Deputy			I.D. #	Pouch #	Transporting Officer Maccarone	ID #	Agency PBPD	Witness here if subject signed with an -X"			PAGE 1 OF 1	

DISTRIBUTION: WHITE - COURT COPY

PBSO #148 REV. 8/97

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF April 20 17, 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

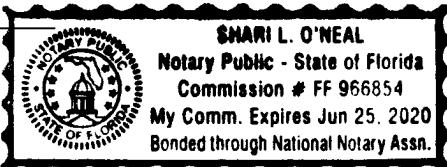
Maccarone

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of April 20 17 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. § 117.10)



SCANNED
APR 26 2017

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.

INGER 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

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 FIRST NAME HORST MIDDLE OR MAIDEN NAME ARNDT LAST NAME

(Type or Print) DL# A653-328-67-201-0, state of FL, was placed under lawful arrest for

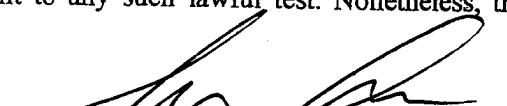
the offense of DUI by Maccarone and

issued Citation # 3733-XDV 4 (Name of Arresting Officer)

That on or about the 21 day of April, 20 17, at 0427 P.M. A.M.

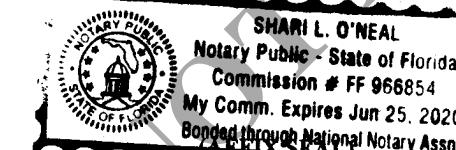
in Palm Beach County,

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

SCANNED APR 26 2017 S. O'Neal

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.