

17CT 21108

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17156402					
	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 checked="" 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) Southern Blvd at Cleary Rd West Palm Beach FL 33413		Location of Offense (Business Name, Address) Southern Blvd at Cleary Rd West Palm Beach FL 33413			
DEFENDANT	Date of Arrest 11/27/2017	Time of Arrest 04:22	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle All Florida Towing				
	Name (Last, First, Middle) Serraj Hamza		Alias (Name, DOB, Soc. Sec. #, Etc.)								
CO-DEF	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 03/30/1992	Height 6'01	Weight 175	Eye Color Bro	Hair Color Bla	Complexion Med	Build Med		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Sing	Religion Arabic	Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
	Local Address (Street, Apt. Number) 10680 NW 56th Ct Coral Springs FL 33076		(City)	(State)	(Zip)	Phone	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				
JUVENILE	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Student				
	D/L Number, State S620320921100	Soc. Sec. Number	INS Number	Place of Birth (City, State) Morocco		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		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					
CHARGE	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							
	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 DUI	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #					
Drug Activity N	Drug Type N	Amount / Unit	Offense # 17156402	Warrant / Capias Number		Bond					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond NOV 27 AM 6:23					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996										
	Court Date and Time Month Dec Day 21 Year 2017 Time 08:30 AM <input checked="" type="checkbox"/> PM		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								
ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed 11/27/2017		Name Verification (Printed by Arrestee)						
	HOLD for other Agency Name:		Signature of Arresting Officer Inv. J. Schneider		Name of Arresting Officer (Print) Inv. J. Schneider		I.D. # 8501				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer Inv. J. Schneider		ID # 8501	Agency PBSO	Witness here if subject signed with an "X" 1				

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF November 20 17, AT 03:47 AM PM

SUBJECT: Serraj Hamza CASE NUMBER: 17156402

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)

Was operating a black Hyundai 4 door eastbound on Southern Blvd in lane 2. Traveling east of Cleary Road he rapidly drove past my marked patrol vehicle. Observing the vehicle go by me at a rapid rate I visually estimated the speed to be 90 miles per hour. I activated my in car Stalker DSR2x radar and heard an audio doppler tone in the high 80 mile per hour range. Looking to the display unit I found a true speed to be 88 miles per hour in a posted 50 mile per hour. I maneuvered behind the vehicle and activated my emergency lights to seize the vehicle and its occupant. The vehicle came to the right shoulder and stopped. I instructed the driver to remove the keys from the ignition however he accelerated eastbound and then again stopped at the right shoulder. During this time I observed the driver through his mirror with his hands near his face and then he took a large drink of water.

OBSERVATION OF DRIVER:

Walking to the drivers side of the vehicle I immediately smelled the profound odor of marijuana emanating from within the vehicle. While standing there I requested his license, registration, and insurance. He was able to provide his registration and insurance but not his license. Illuminating the interior and the driver with my flashlight I observed his eyes were red, bloodshot, and glossy. Due to these observations I requested he step from the vehicle.

DRIVER'S STATEMENTS:

I didnt do anything wrong. Your racist. I want to talk to my attorney. His request for an attorney was continuous and each time he was informed that he was not currently entitled to counsel for the duration of my investigation as I was not asking him questions.

ODORS:

Profound odor of marijuana coming from his vehicle and person. After removing him from the vehicle the odor was still profound from his person

GENERAL OBSERVATIONS

SPEECH: Accent

ATTITUDE: Semi cooperative

CLOTHING: White dress, white pants, white shoes

MEDICAL/OTHER: Stated none

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 27 day of November 20 17 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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
NOV 27 2017

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:

Lack of convergence was present in both eyes with neither moving to center. They initially moved inward but stopped short of convergence. I also noticed that while standing stationary he swayed approximately 2 inches front to back while stationary

HAND CORD. TASK

He stated he was unable to complete the walk and turn due to his traditional Morrocan Garb impairing his ability to walk properly therefore I sought an alternative task. Upon placing him in the instructional position he failed to maintain it as directed and swayed approximately 2 inches front to back while standing stationary. After explaining the task three times he stated he understood. Starting the task he counted to four while properly moving his hands. Upon reaching four he clapped three times but failed to move his hands back to the proper position. He then stated 5 without moving and began to move his hands and county back down towards one contrary to instruction.

ONE LEG STAND:

Upon placing him in the instructional position he failed to maintain it as directed and swayed approximately 2 inches front to back while standing stationary. After explaining the task numerous times and providing a visual example of approximately six inches he indicated his understanding. Starting the task he failed to keep his foot elevated for the duration of thirty seconds dropping it to the ground on at least three occasions.

FINGER TO NOSE:

Upon placing him in the instructional position he failed to maintain it as directed and swayed approximately 2 inches front to back while standing stationary. While explaining this task he became increasing argumentative at which time I issued his Taylor Warnings. After my third attempt of trying to explain the task I discontinued the field sobriety tasks due to his demeanor and failure to listen to my instructions.

ROMBERG ALPHABET:

Did not perform. See above

BREATH TEST RESULTS:

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 27 day of November 2017 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

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

 Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
NOV 27 2017

WITNESS LIST

CASE NUMBER: 17156402

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688-4001

CAN TESTIFY TO: Traffic Stop and DUI Investigation

NAME: D/S Fresneda #26698

ADDRESS: 3228 Gun Club RD West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688-3000

CAN TESTIFY TO: General observations and odors

NAME: D/S Hernandez #26676

ADDRESS 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688-3000

CAN TESTIFY TO: General observations and odors

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

NOV 27 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO/SCHNEIDER

SUBJECT: SERRAJ, HAMZA

CASE NUMBER: 17-156402

DATE: Nov 27, 2017

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0457

ENDING TIME: 0502

BREATH TESTS RESULTS: 1) R TIME 0501 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: RAMBLING, REPETITIVE, UPSET, CRYING,

CLOTHING: BLACK JACKET, WHITE DRESS, WHITE PANTS, TAN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF MARIJUANA COMING FROM CLOTHES/PERSON

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0435
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED HE UNDERSTOOD
AND AGAIN REFUSED TO TAKE BREATH TEST @ 0501
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
AND REFUSED QUESTIONING WITHOUT COUNSEL

SCANNED

NOV 27 2017

SUBJECT: Sereno, Herman CASE NUMBER: 17-15402

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 INV. Schneider of the 1st CD

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) [Signature]

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.

SCANNED
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SUSPECT'S SIGNATURE: (X) [Signature]

SUBJECT: Berry, Harold CASE NUMBER: 17 156402

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: INV Schneider # 8501

SCANNED
NOV 27 2017



Sunshine State

DRIVER LICENSE

MANZA
SERRA J
18000 NW 25TH CT
CORAL SPRINGS, FL 33076-0000
DOB: 03-28-1992 SEX: M
HT: 5-10-00 WT: 150 HAIR: BRN EYES: BRN
2

EXPIRES: 07-10-2014

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

SCANNED

NOV 27 2017