

6485364

ARREST / NOTICE TO APPEAR

17CT3006

A	OBTS Number			6485364			ARREST / NOTICE TO APPEAR			17CT3006		
D	Agency ORI Number			Agency Name			1. Arrest 2. N.T.A.			3. Request for Warrant 4. Request for Capias		
M	0500800			West Palm Beach Police Department			9 1 4 2017-0003148			1 JUVENILE		
I	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type NOT APPLICABLE			Multiple Clearance Indicator					
N	Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)			1800 S DIXIE HWY, WEST PALM BEACH, FL 33401					
O	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
N	02/15/2017	11:00										
Name (Last, First, Middle) PATERSON, JACOB ARCHIE										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:		
Race	W - White	I - American Indian	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
	W	M		11/23/1985	5'10	180	BLUE	BROWN	FAIR	M		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status	Relationship	
S	Chirsto											
Local Address (Street, Apt. Number) 8 UNO LAGO DR, JUNO BEACH, FL 33408										Phone	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 8 UNO LAGO DR, JUNO BEACH, FL 33408										Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State 3	
Business Address (Name, Street)										Phone	Address Source FLORIDA DL	
										Occupation		
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship				
P362421854230 / FL						BALTIMORE, MD.		US				
Co-Defendant Name (Last, First, Middle)										Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)										Race	Sex	Date of Birth
J	Name (Last, First, Middle)										Residence Phone	
U												
V												
E												
N												
I												
L												
E												
Notified by: (Name)										Date	Time	JUVENILE DISPOSITION
										1. Handled/Processed within Department and Released	2. TOT JAC	
										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 355-2526) informed of any change of address.										School Attended		Grade
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property
												Value of Property
C	Drug Activity	S. Sell	R. Smuggle	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown	
O	N. N/A	B. Buy	D. Deliver	E. Use			C. Cocaine	M. Marijuana	O. Opium/Deriv.	Z. Other		
D	P. Possess	T. Traffic					A. Amphetamine	E. Heroin	S. Synthetic			
E	DUI PROPERTY DAMAGE										Statute Violation Number	Violation of ORD #
316.193(1)(3)(A)(1)												
C	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond	OR	
H	N		/	2017-0003148	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
A	Charge Description										Statute Violation Number	Violation of ORD #
R												
G	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond		
C	Charge Description										Statute Violation Number	Violation of ORD #
H												
A	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond		
R												
Health / Apparent Physical Condition of Defendant										Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:		
I												
N												
T												
A												
P												
P												
E												
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> PROPERTY - Received By <input type="checkbox"/> Released By <input type="checkbox"/> Released To												
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												
Transported By										Date Transported	Time Transported	
										Other		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) Criminal Justice CRIMINAL JUSTICE COMPLEX		
										Court Date and Time 03/16/2017 08:30:00 3228 GUN CLUB ROAD EEB 15 PM 2:40		
										Name Verification (Printed by Arrestee) (PRINT)		
										PAGE 1 OF 1		
										Witness here if subject signed with an "X".		
Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed		
HOLD for Other Agency										Signature of Arresting Officer		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Name of Arresting Officer (Print) VERLEY, ERIC I.D. # 01645		
<input type="checkbox"/> Being Detained										Transporting Officer VERLEY, ERIC I.D. # 1645 Agency WHA		
3d Cashio 2/16/2017												

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT

DUI PROBABLE CAUSE AFFIDAVIT

On the 15th Day of February at 1010 A.M. P.M.
Subject: Paterson, Jacob A Case Number: 20170003148
Agency: West Palm Beach Police Department Arresting Officer: E Evrley 1645

Personal Contact

Driving Pattern Actual physical control (physical evidence putting the driver behind the wheel)

Subject was involved in a motor vehicle accident where he re-ended another vehicle.

Observation of Driver

Upon my arrival I observed the Driver unsteady on his feet, holding a tree limb for stability. As I approached him I observed a strong odor of an alcoholic beverage emitting from his person. As he turned to talk to me I noticed glassy blood shot eyes, dropping jaw and flushed cheeks. Driver had slow deliberate speech.

Drivers Statements:

When asked, Driver stated he hadn't been drinking. I asked if what I was smelling was the alcohol from last night, he stated yes.

Odors:

A strong odor of an alcoholic beverage emitting from his person.

General Observations

Speech: Slow and deliberate

Attitude: cooperative, drowsy

Clothing: black t-shirt, jeans, brown boots

Medical Problems/Medications: none

Other:

SCANNED
FEB 16 2017

CG 1645

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Paterson, Jacob A

Case Number: 20170003148

Roadside Tasks

Horizontal Gaze Nystagmus

- Left Eye Does Not Follow Smoothly
- Left Eye Jerks at 45 Degree Angle or Less
- Distinct Jerking Left Eye at Maximum Deviation

- Right Eye Does Not Follow Smoothly
- Right Eye Jerks at 45 Degree Angle or Less
- Distinct Jerking Right Eye at Maximum Deviation

Both eyes did not tract smoothly. I noticed jerking on both eyes at 45 degree's and at maximum deviation.

Walk and Turn Task

After I demonstrated the exercise the driver began. Subject started with heel to toe but then opened his step as if walking. Stumbled at step three but kept going. continued walking for 11 steps not nine, then abruptly turned around with out pivoting, and continued walking back not heel to toe for 10 steps.

One Leg Stand

After I demonstrated the exercise the driver began. Driver lifted his left foot for three seconds then put it down. I told him to continue, which he did for another 9 seconds, but then he put his foot down and said "I can't".

Finger To Nose

Not performed.

Romberg Alphabet

I asked the driver if he knew his alphabet, and he stated yes. I asked him to recite it with out singing it. Driver did well until he hit "P", which is when he stopped with a blank stare. I asked him what came after "P", and he didn't know.

Breath Results from Instrument

1st Result

.275

2nd Result

.297

3rd Result

If Applicable

.301

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

02/15/17

(DATE)

Personally Known

Produced Identification

Notary Public

Ofc M Lemoine

Notary / Clerk of Courts / Officer (FSS: 117.10)

Signature of Arresting Officer

CCANNED
FEB 16 2017

SUBJECT: Pater son, Jacob A

CASE NUMBER: 2017 00 3148

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.

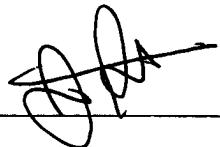
SUBJECT'S SIGNATURE: (X) _____

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) _____



SCANNED
16 2011

West Palm Beach Police Department
Breath Testing Facility Report



Defendant: Paterson, Jacob A Case #: 20170003148
Arresting Officer: E Evrley 1645 Date: 02-15-2017

Breath Test Results: .275 g/210L 1155 Time .297 g/210L 1158 Time
.301 g/210L 1201 Time _____ g/210L _____ Time

Note: Times are in Military Time

Breath Operator: E Evrley 1645
Maintenance Technician Ofc. R. Secord #1639

Testing Officer Observations:

Speech: Slow and deliberate
Attitude: cooperative
Clothing: black t-shirt, jeans, brown boots
Medical Conditions: none
Medications: none
Other:

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 11:30am

Comments:

E-Evrley 1645

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 02/15/2017

Date of Last Agency Inspection: 01/30/2017

Observation Period Began: 11:30

Subject's Name: JACOB A PATERSON

DOB: 11/23/1985 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	11:52
	Air Blank	0.000	11:53
	Control Test	0.081	11:53
	Air Blank	0.000	11:54
	Subject Sample #1	0.275	11:55
	Air Blank	0.000	11:56
	Air Blank	0.000	11:58
	Subject Sample #2	0.297	11:58
	Air Blank	0.000	11:59
	Air Blank	0.000	12:01
	Subject Sample #3	0.301	12:01
	Air Blank	0.000	12:02
	Control Test	0.078	12:02
	Air Blank	0.000	12:03
	Diagnostics Check	OK	12:03

Cylinder Lot: 152169
Exp: 10/30/2018

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who () is personally known to me or X produced Florida Driver License as identification, and who after being placed under oath, states:

I ERIC J EVRLEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

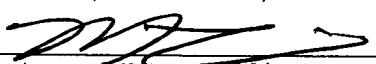
Breath Test Operator: Eric J Evrley

Date: 2-15-17



Signature

Sworn to (or affirmed) before me this 15 day of February, 2017



Signature of Notary Public-State of Florida


Michael Leman

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.