

0491304

ARREST / NOTICE TO APPEAR

NH

958

OBTS Number		ARREST / NOTICE TO APPEAR										1 JUVENILE											
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias													
0502000		Lantana Police Department		6 1 4 17-002259																			
Charge Type: Check as many as apply		<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		None/not Applicable		Multiple Clearance Indicator													
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)																					
S 14TH ST W TRAMMELL ST LANTANA FL 3342		1222 S 14TH ST W TRAMMELL ST, LANTANA, FL 33462																					
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
09/12/2017		16:26		09/12/2017		16:36																	
Name (Last, First, Middle) LAPP, JAMES MASON																							
Alias: 																							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W - M		Date of Birth 03/12/1986		Height 6'01		Weight 160		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT									
Sears, Marks, Tatoos, Unique Physical Features (Location, Type, Description)										Martial Status S		Religion CHRISTIAN											
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		(561) 563-2828		Residence Type 1. City 3. Florida 2. County 4. Out of State											
4833 SPRINGFIELD ST, LAKE WORTH, FL 33463														1									
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		(561) 563-2828		Address Source		VERBAL									
4833 SPRINGFIELD ST, LAKE WORTH, FL 33463																							
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone				Occupation		Welder									
EAST COAST METAL, 635 GATOR DR STE A LANTANA FL																							
DL Number, State		HS Number		Place of Birth (City, State)				Citizenship		US													
L100453860920 / FL				BOISE, ID, United																			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth						Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>									
Co-Defendant Name (Last, First, Middle)														Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>									
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)												Residence Phone									
<input type="checkbox"/> Legal Custodian																							
Address (Street, Apt. Number)		(City)		(State)		(Zip)						Business Phone											
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		SEP 12 PM 8:24							
<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									
CO		Drug Activity N. NA D. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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. Substanc		U. Unknown Z. Other	
CHARGE		Charge Description DUI-DRIVING UNDER THE INFLUENCE														Statute Violation Number 316.193(1)		Violation of ORD #					
CHARGE		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond					
CHARGE		N		/		17-002259		1															
CHARGE		Charge Description														Statute Violation Number		Violation of ORD #					
CHARGE		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond					
CHARGE		/		/		/																	
INTAKE		Charge Description														Statute Violation Number		Violation of ORD #					
INTAKE		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond					
INTAKE		/		/		/																	
NOTICE TO APPEAR		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							
NOTICE TO APPEAR		Check which applies: <input type="checkbox"/> Released U.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health														PROPERTY - Received By		Released By		Released To			
NOTICE TO APPEAR		Transported By														Date Transported		Time Transported		Other			
NOTICE TO APPEAR		Signature of Defendant (or Juvenile and Parent/Custodian)														Date Signed		SCANNED					
ADMIN		HOLD for Other Agency		Signature of Arresting Officer										Name Verification (Printed Name/Initials)		SEP 14 2017							
ADMIN		<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print)		I.D. #								(PRINT)									
ADMIN		Intake Deputy		Pouch #		Transporting Officer		I.D. #		Agency						PAGE							
ADMIN						TUANG		839		LPD						1 OF 1							
ADMIN														Witness here if subject signed with an 'X'.									

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF September 20 17, AT 1626 AM / PM
SUBJECT: James Mason Lapp CASE NUMBER: 17-002259
AGENCY: Lantana Police Dept ARRESTING OFFICER: Ofc. Tuang #839

PERSONAL CONTACT

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

N/A - Vehicle was found crashed into a stop sign at the intersection of S 14th St/ W Trammell St.



OBSERVATION OF DRIVER:

Slurred Speech, Nodding

DRIVER'S STATEMENTS:

Driver stated he snorted heroin.

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm

CLOTHING: Green Shirt/ Khaki

MEDICAL / OTHER:

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 12th day of September 20 17 by _____

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

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 17-126115 PBSO ZONE 6-11

AGENCY CASE # 17-002259 CRASH CASE # 17-002259

TIME OF STOP/CRASH 1622 DATE 09/12/2017 DAY Monday

SUBJECT'S NAME James Mason Lapp RACE W SEX M

HGT 601 WGT 160 DOB 03/12/1986

LOCATION S 14th St/ W Trammell St, Lantana FL 33462

ARRESTING OFFICER'S NAME & ID Ofc. Tuang #839 AGENCY Lantana PD

DIVISION: Road Patrol NOTIFIED BY COMMO 1626

ARRIVAL AT FACILITY 1638

BREATH RESULTS ARREST TIME 1626

1. .000

2. .000

3. URINE

4.

TESTING OFFICER'S ID 2109 PBSO VIDEOTAPE # N/A

AK - 7044082

SUBJECT: James Mason Lapp CASE NUMBER: 17-002259

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:

Slurred Speech, Nodding.



WALK & TURN:

N/A

ONE LEG STAND:

N/A

FINGER TO NOSE:

N/A

ROMBERG / ALPHABET:

N/A

BREATH TEST RESULTS:

N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 12th day of September 2017 by _____

who is personally known to me and/or produced identification. Type of identification produced _____