

0491304

NH

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AD M I N I S T R A T I O N		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
OBTS Number		Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 4 17-002259					
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		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator 1							
Location of Arrest (Including Name of Business) S 14TH ST/W TRAMMELL ST LANTANA FL 3342		Location of Offense (Business Name, Address) 1222 S 14TH ST/W TRAMMELL ST, LANTANA, FL 33462									
Date of Arrest 09/12/2017		Time of Arrest 16:26		Booking Date 09/12/2017		Booking Time 16:36		Jail Date		Jail Time	
Name (Last, First, Middle) LAPP, JAMES MASON		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White R - Black O - Oriental/Asian W		Sex M		Date of Birth 03/12/1986		Height 6'01		Weight 160		Eye Color BROWN	
Hair Color BROWN		Complexion LIGHT		Build Medium							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion CHRISTIAN		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Residence Type 1. City 2. County 3. Florida 4. Out of State 1		Address Source VERBAL	
Local Address (Street, Apt. Number) 4833 SPRINGFIELD ST, LAKE WORTH, FL 33463		(City) LAKE WORTH		(State) FL		(Zip) 33463		Phone (561) 563-2828			
Permanent Address (Street, Apt. Number) 4833 SPRINGFIELD ST, LAKE WORTH, FL 33463		(City) LAKE WORTH		(State) FL		(Zip) 33463		Phone (561) 563-2828			
Business Address (Name, Street) EAST COAST METAL, 635 GATOR DR STE A LANTANA FL		(City) LANTANA		(State) FL		(Zip) 33462		Phone (561) 563-2828		Occupation Welder	
D/L Number, State L100453860920 / FL		FNS Number		Place of Birth (City, State) BOISE, ID, United		Citizenship US					
Co-Defendant Name (Last, First, Middle) [REDACTED]		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) [REDACTED]		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		Name (Last, First, Middle)		Residence Phone							
Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]		Business Phone			
Notified by: (Name) [REDACTED]		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
Released To: (Name) [REDACTED]		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. <input type="checkbox"/> Yes, by: [REDACTED] <input type="checkbox"/> No: [REDACTED]		School Attended SEP 12 PM 8:24		Grade [REDACTED]							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property [REDACTED]		Value of Property [REDACTED]							
Drug Activity N. N/A S. Sell P. Possess R. Smuggle D. Deliver T. Traffic K. Disperse/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.		Paraphernalia/Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description DUI-DRIVING UNDER THE INFLUENCE		Statute Violation Number 316.193(1)		Violation of ORD #							
Drug Activity N		Drug Type /		Amount / Unit /		Offense # 17-002259		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
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							
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"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To					
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) 200 W Atlantic Ave, DELRAY BEACH		Court Date and Time 10/16/2017 08:30:00							
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.		Signature of Defendant (or Juvenile and Parent/Custodian) [REDACTED]		Date Signed SEP 14 2017							
HOLD for Other Agency		Signature of Arresting Officer [REDACTED]		Name Verification (Print Name) [REDACTED]							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) TUANG, NGIN S.		I.D. # 839							
Intake Deputy [REDACTED]		Transporting Officer TUANG		I.D. # 839		Agency LPD				PAGE 1 OF 1	
Witness here if subject signed with an "X"											

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

ARREST TIME 1626

BREATH RESULTS

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 20 17 by _____

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

Notary Public, Clerk of Court, Officer F.S.S. 117-10)