

0484429

PC1769

P#3116

ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		1 JUVENILE					
				2. N.T.A.		4. Request for Capias							
A	OBTS Number					Agency Report Number (N.T.A.'s only)		1					
D	Agency ORI Number	Jupiter Police Department				5 + 4 17-000189		JUVENILE					
M	Charge Type:	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				B. Weapon Seized							
I	Location of Arrest (Including Name of Business)					Enter Type: NONE		Multiple Clearance Indicator					
N	1111 LOVE ST JUPITER FL 33477				Location of Offense (Business Name, Address)				1111 LOVE ST, JUPITER, FL 33477				
T	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Booking Time	Jail Date	Jail Time	Location of Vehicle					
O	01/12/2017	23:32	/										
N	Name (Last, First, Middle) WALTON, JAMES PATRICK												
Alias: ✓													
D	Race	W - White	I - American Indian	S - Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion			
E	B - Black	O - Oriental Asian	W	M	04/22/1967	5'11	220	BLUE	BROWN	FAIR			
F	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												
E	Marital Status	M	Religion		OTHER		Indication of Alcohol Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				
N	Local Address (Street, Apt. Number) 9905 SE MAHOGANY WAY, TEQUESTA, FL 33469				(City) ✓		(Zip)		Phone (361) 827-5962				
D	Permanent Address (Street, Apt. Number) 9905 SE MAHOGANY WAY, TEQUESTA, FL 33469				(City)		(Zip)		Phone (361) 827-5962				
A	Business Address (Name, Street) SOUTH WEST SCREENS,				(City)		(Zip)		Phone				
N	DL Number, State		Soc. Sec. Number		ISS Number		Place of Birth (City, State)		Occupation President				
T	W435455671420 / FL		✓				CLEVELAND, OH,		Citizenship US				
C	Co-Defendant Name (Last, First, Middle)												
O	Race	Sex	Date of Birth				<input type="checkbox"/> 1. Arrested		<input type="checkbox"/> 3. Felony				
D	Co-Defendant Name (Last, First, Middle)												
E	Race	Sex	Date of Birth				<input type="checkbox"/> 2. At Large		<input type="checkbox"/> 4. Misdemeanor				
F	Name (Last, First, Middle) ✓												
J	<input type="checkbox"/> Parent	<input type="checkbox"/> Other	Name (Last, First, Middle)								Residence Phone		
U	<input type="checkbox"/> Legal Custodian												
V	Address (Street, Apt. Number) ✓												
E	(City)	(State)		(Zip)		Business Phone							
N	Notified by: (Name) ✓												
I	Date Time JUVENILE DISPOSITION												
L	Released To: (Name) Relationship Date Time 1. Handled Processed within Department and Released 2. TOT JAC 3. Incarcerated												
E	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.												
C	School Attended Grade												
O	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property												
D	Drug Activity S. Sell R. Smuggle K. Disperses M. Manufacture Z. Other												
N	Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia U. Unknown												
A	N. N.A.	B. Buy	D. Deliver	E. Use	Produce	Cultivate	M. Marijuana	E. Heroin	O. Opium Deriv.	Z. Other			
R	E. Amphetamine										S. Synthetic		
A	Charge Description DUI - DRIVING WHILE UNDER INFLUENCE										Statute Violation Number 316.193(I)	Violation of ORD =	
R	Drug Activity	Drug Type	Amount / Unit	Offense =	Counts	Domestic Violence	Warrant	Capias Number			Bond		
G	N	/	17-000189	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N								
C	Charge Description										Statute Violation Number	Violation of ORD =	
H	Drug Activity	Drug Type	Amount / Unit	Offense =	Counts	Domestic Violence	Warrant	Capias Number			Bond		
A	/				<input type="checkbox"/> Y <input type="checkbox"/> N								
R	Charge Description										Statute Violation Number	Violation of ORD =	
G	Drug Activity	Drug Type	Amount / Unit	Offense =	Counts	Domestic Violence	Warrant	Capias Number			Bond		
C	/				<input type="checkbox"/> Y <input type="checkbox"/> N								
H	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		
A	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail										Explan: JAN 13 2017		
K	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By		
E	Released By												
Date Transported Time Transported Other													
INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on page 2.										Location (Court, Room) North County PALM BEACH GARD			
Court Date and Time 02/15/2017 08:30:00										Date Signed JAN 13 2017			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED. I FURTHER AGREE TO PAY THE FINE SUBSTANTIALLY. 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 CUSTODY OUT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										No Photo Available			
Signature of Defendant (or Juvenile and Parent Custodian) ✓													
HOLD for Other Agency										Signature of Arresting Officer ✓			
Signature of Arresting Officer ✓										Name Verification (Printed by Arrestee)			
Name of Arresting Officer (Print) FANDREY, CHRISTOPHER										ID # 1182			
Name of Arresting Officer (Print) Fandrey										Agency JPO			
Date Dept. 1/12/2017 Pouch # 340										ID # 340			
Witness here if subject signed with an "X"										PAGE 1 OF 1			

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF January 2017 , AT 2332hrs A.M./P.M.:

SUBJECT: James P. Walton

CASE NUMBER: 17-000189

AGENCY: Jupiter Police Department

ARRESTING OFFICER: Ofc. Fandrey #340

PERSONAL CONTACT

DRIVING PATTERN: Upon arrival James P Walton was seated in the driver seat with the vehicle running, seat belt on, and the vehicle in park.

OBSERVATION OF DRIVER: James P. Walton was the driver and sole occupant of the vehicle. Walton was sweating. He had bloodshot and glassy eyes. When exiting his vehicle, he could not maintain his balance and was swaying. He swayed back and forth while standing still. He stumbled while walking and could not walk straight.

DRIVER'S STATEMENTS: On scene Walton stated that he had drank two beers with dinner earlier in the night. Walton was asked on a scale of 1-10 with 1 being completely sober and 10 being completely drunk where he thought he was. Walton said a two. Walton was also asked if he felt that he was sober enough to drive and he stated yes. I asked Walton if he would submit to SFSTs to which he replied he would. After the walk and turn Walton stated he wanted to stop. Walton was read his Taylor Warnings and said he did not want to continue.

ODORS: Walton had an odor of an unknown alcoholic beverage coming from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred, slow to answer routine questions

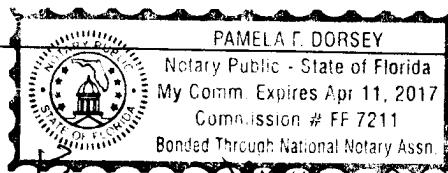
ATTITUDE: Cooperative, Calm, Unsure of where he was going.

CLOTHING: Green shirt, Green and White shorts, Tan shoes

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH
Ch. 20

(Signature of Arresting/Investigating Officer)



The foregoing instrument was sworn to or affirmed and subscribed before me this

day of

January 2017 by

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

Ofc. Fandrey known

SUBJECT: James P. Walton

CASE NUMBER: 17-000189

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input checked="" type="checkbox"/> LT EYE - LACK OF SMOOTH PURSUIT	<input type="checkbox"/> RT EYE- LACK OF SMOOTH PURSUIT
<input checked="" type="checkbox"/> LT EYE - DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION	<input type="checkbox"/> RT EYE - DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
<input checked="" type="checkbox"/> LT EYE - ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input type="checkbox"/> RT EYE - ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

CAN NOT DO, WHY?

WALK AND TURN: He could not maintain the position during the demonstration and instruction. He was asked if he understood the instructions and he stated yes. Walton missed heel to toe multiple times. He utilized his arms to balance. Completed incorrect amount of steps. Did not turn around and complete steps back. After being asked if he understood the instructions he stated yes.

CAN NOT DO, WHY?

ONE LEG STAND: Refused

CAN NOT DO, WHY?

FINGER TO NOSE: Refused

CAN NOT DO, WHY?

RHOMBERG/ALPHABET: Refused

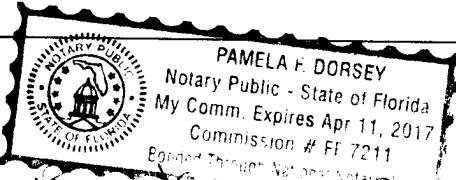
CAN NOT DO, WHY?

BREATH TEST RESULTS: Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigating Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this



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

WITNESS LIST

CASE NUMBER: 17-000189

ARRESTING OFFICER: Ofc. Fandrey #340
ADDRESS: 210 Military Trail, Jupiter, FL 33458

PHONE NUMBERS(HOME) (WORK) 561-746-6201

CAN TESTIFY TO: PC

NAME: Ofc. Pope #316

ADDRESS: 210 Military Trail, Jupiter, FL 33458

PHONE NUMBERS(HOME) (WORK) 561-746-6201

CAN TESTIFY TO: On scene

NAME: Officer Elizabeth Raleigh #308

ADDRESS: 210 Military Trail, Jupiter, FL 33458

PHONE NUMBERS(HOME) (WORK) 561-746-6201

CAN TESTIFY TO: On scene

NAME:

ADDRESS:

PHONE NUMBERS(HOME)

CAN TESTIFY TO:

(WORK)

TESTING FACILITY TASK REPORT

AGENCY: SPO

SUBJECT: W. H. H. S. m.

CASE NUMBER: 17-02-53

DATE: 12-17

VIDEO TAPE NUMBER: 6047-1

BEGINNING TIME: 0039

ENDING TIME: 0042

BREATH TESTS RESULTS: 1) R TIME 0040 A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: P. D. C. S.

MAINTENANCE TECHNICIAN: J. K. L. K.

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slow

ATTITUDE: Relaxed

CLOTHING: Green shirt (green driving Choker St.)

MEDICAL CONDITIONS: No

MEDICATIONS: No

OTHER: Delta Eye, 10 mg. Rec.

COMMENTS: Also, Client Discreased No Discreased

No required Breath. D. S. was on also

and in this case he D. D.

refused also remain D. D.

refused can D. D.

SUBJECT: James WaltonCASE NUMBER: 17-000189

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: CG Fink #70

SUBJECT: *James L. Hart*

CASE NUMBER: *17-600189*

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 OFC. Flansbury of the SPD

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) James L. Hart

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) James L. Hart