



0488797

2-3140

|  |  |  |  |   |  |   |  |                               |  |
|--|--|--|--|---|--|---|--|-------------------------------|--|
| OBTS Number  |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report    |  | 1. Arrest<br>2. N.T.A.                                    |  | 3. Request for Warrant<br>4. Request for Capias |  | Juvenile                      |  |
| Agency ORI Number<br>FLO 5 0 1 8 0 0   |  | Agency Name<br>JUPITER INLET COLONY P.D.                 |  | Agency Report Number (N.T.A.'s only)<br>5 6 1 1 7 1 3 3 5 |  |   |  |                               |  |
| Charge Type:<br>Check as many as apply:<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                             |  | Weapon Seized / Type<br>1. Yes<br>2. No                  |  | Multiple Clearance Indicator                              |  | 0 2   |  |                               |  |
| Location of Arrest (Including Name of Business)<br>50 COLONY RD  |  | Location of Offense (Business Name, Address)<br>OCEAN DR |  |   |  |   |  |                               |  |
| Date of arrest<br>0 6 1 2 1 7  |  | Time of Arrest<br>1 0 4 5                                |  | Booking Date<br>06/12/17                                  |  | Booking Time                                    |  | Jail Date                     |  |
|  |  |  |  |   |  |   |  | Jail Time                     |  |
|  |  |  |  |   |  |   |  | Location of Vehicle<br>DRIVER |  |
| Name (Last, First, Middle)<br>JOHN SCOTT SWENLEY, JOHN SCOTT (B2)  |  |  |  |   |  |   |  |                               |  |
| Alias (Name, DOB, Soc. Sec. #, Etc.)   |  |  |  |   |  |   |  |                               |  |
| Race<br>W - White<br>B - Black   |  | I - American Indian<br>O - Oriental/Asian                |  | Sex<br>W M  |  | Date of Birth<br>0 3 1 3 6 0                    |  | Height<br>6'                  |  |
|  |  |  |  |   |  | Weight<br>195                                   |  | Eye Color<br>BRN              |  |
|  |  |  |  |   |  |   |  | Hair Color<br>GRAY BRN        |  |
|  |  |  |  |   |  |   |  | Complexion<br>MED             |  |
|  |  |  |  |   |  |   |  | Build<br>MED                  |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>NONE  |  |  |  |   |  |   |  |                               |  |
| Marital Status<br>MARRIED  |  |  |  |   |  |   |  |                               |  |
| Religion<br>NONE   |  |  |  |   |  |   |  |                               |  |
| Indication of:<br>Alcohol Influence<br>Drug Influence<br>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>  |  |  |  |   |  |   |  |                               |  |
| Local Address (Street, Apt. Number)<br>31 OCEAN DR   |  | (City)<br>JUPITER  |  | (State)<br>FL   |  | (Zip)<br>33469                                  |  | Phone<br>(561) 741-0427       |  |
| Permanent Address (Street, Apt. Number)  |  | (City)   |  | (State)   |  | (Zip)   |  | Address Source<br>FL DO       |  |
| Business Address (Name, Street)  |  | (City)   |  | (State)   |  | (Zip)   |  | Occupation<br>Pilot           |  |
| D/L Number, State  |  | Soc. Sec. Number<br>UNK.                                 |  | INS Number  |  | Place of Birth (City, State)<br>UNK CITY, NY    |  | Citizenship<br>U.S.           |  |
| Co-Defendant Name (Last, First, Middle)<br>N/A   |  |  |  |   |  |   |  |                               |  |
| Race Sex Date of Birth   |  |  |  |   |  |   |  |                               |  |
| 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"/>  |  |  |  |   |  |   |  |                               |  |
| Co-Defendant Name (Last, First, Middle)  |  |  |  |   |  |   |  |                               |  |
| Race Sex Date of Birth   |  |  |  |   |  |   |  |                               |  |
| 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 <input type="checkbox"/> Other: <input type="checkbox"/>   |  |  |  |   |  |   |  |                               |  |
| Name (Last) (First) (Middle)   |  |  |  |   |  |   |  |                               |  |
| Address (Street, Apt. Number) 3000 (City) (State) (Zip)  |  |  |  |   |  |   |  |                               |  |
| Residence Phone  |  |  |  |   |  |   |  |                               |  |
| Business Phone   |  |  |  |   |  |   |  |                               |  |
| Notified by: (Name) Date Time  |  |  |  |   |  |   |  |                               |  |
| Juvenile Disposition<br>1. Handled/Processed within Dept. and Released.<br>2. TOT HRS/DYS<br>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.<br><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   |  |  |  |   |  |   |  |                               |  |
| CODE   |  |  |  |   |  |   |  |                               |  |
| 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. Synthetic U. Unknown Z. Other  |  |  |  |   |  |   |  |                               |  |
| Charge Description<br>LEAVING SCENE OF CRASH W/ INJURIES   |  |  |  |   |  |   |  |                               |  |
| Counts 2 <input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD  |  |  |  |   |  |   |  |                               |  |
| Statute Violation Number 3-1610.27, 1129   |  |  |  |   |  |   |  |                               |  |
| Violation of ORD #   |  |  |  |   |  |   |  |                               |  |
| Drug Activity Drug Type Amount / Unit Offense # 17-1335  |  |  |  |   |  |   |  |                               |  |
| Warrant / Capias Number Bond   |  |  |  |   |  |   |  |                               |  |
| Charge Description Counts <input type="checkbox"/> FSS <input type="checkbox"/> ORD  |  |  |  |   |  |   |  |                               |  |
| Statute Violation Number   |  |  |  |   |  |   |  |                               |  |
| Violation of ORD #   |  |  |  |   |  |   |  |                               |  |
| Drug Activity Drug Type Amount / Unit Offense #  |  |  |  |   |  |   |  |                               |  |
| Warrant / Capias Number Bond   |  |  |  |   |  |   |  |                               |  |
| Charge Description Counts <input type="checkbox"/> FSS <input type="checkbox"/> ORD  |  |  |  |   |  |   |  |                               |  |
| Statute Violation Number   |  |  |  |   |  |   |  |                               |  |
| Violation of ORD #   |  |  |  |   |  |   |  |                               |  |
| Drug Activity Drug Type Amount / Unit Offense #  |  |  |  |   |  |   |  |                               |  |
| Warrant / Capias Number Bond   |  |  |  |   |  |   |  |                               |  |
| Charge Description Counts <input type="checkbox"/> FSS <input type="checkbox"/> ORD  |  |  |  |   |  |   |  |                               |  |
| Statute Violation Number   |  |  |  |   |  |   |  |                               |  |
| Violation of ORD #   |  |  |  |   |  |   |  |                               |  |
| Drug Activity Drug Type Amount / Unit Offense #  |  |  |  |   |  |   |  |                               |  |
| Warrant / Capias Number Bond   |  |  |  |   |  |   |  |                               |  |
| NOTICE TO APPEAR   |  |  |  |   |  |   |  |                               |  |
| <input type="checkbox"/> Instruction No. 1<br><input type="checkbox"/> Mandatory Appearance in Court<br><input type="checkbox"/> Instruction No. 2<br>You need not appear in Court but must comply with instructions on Reverse Side.  |  |  |  |   |  |   |  |                               |  |
| Location (Court, Room Number, Address)   |  |  |  |   |  |   |  |                               |  |
| Court Date and Time  |  |  |  |   |  |   |  |                               |  |
| Month Day Year Time A.M. P.M.  |  |  |  |   |  |   |  |                               |  |
| 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)   |  |  |  |   |  |   |  |                               |  |
| Date Signed  |  |  |  |   |  |   |  |                               |  |
| HOLD for other Agency Name:  |  |  |  |   |  |   |  |                               |  |
| Signature of Arresting Officer X   |  |  |  |   |  |   |  |                               |  |
| Name Verification (Printed by Arrestee) JUN 13 2017  |  |  |  |   |  |   |  |                               |  |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other:   |  |  |  |   |  |   |  |                               |  |
| Name of Arresting Officer (Print) I.D. #   |  |  |  |   |  |   |  |                               |  |
| BRIAN FIDLER 106   |  |  |  |   |  |   |  |                               |  |
| D/S T. BURNSIDE #5406  |  |  |  |   |  |   |  |                               |  |
| Transferring Officer I.D. # Agency   |  |  |  |   |  |   |  |                               |  |
| B. FIDLER 106 JFCPO  |  |  |  |   |  |   |  |                               |  |
| Witness here if subject signed with an "X".  |  |  |  |   |  |   |  |                               |  |
| PAGE 1 OF 3  |  |  |  |   |  |   |  |                               |  |

|   |  |   |  |  |  |  |  |                         |  |
|---|--|---|--|--|--|--|--|-------------------------|--|
| OBTS Number   |  | PROBABLE CAUSE AFFIDAVIT  |  | 1. Arrest<br>2. N.T.A.   |  | 3. Request for Warrant<br>4. Request for Capias                            |  | Juvenile                |  |
| Agency ORI Number<br>FL 0501800   |  | Agency Name<br>JUPITER INLET COLONY P.D.  |  | Agency Report Number<br>561171335  |  |  |  |                         |  |
| Charge Type:<br>Check as many as apply.   |  | <input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |  | <input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Special Notes:          |  |
| Name (Last, First, Middle)<br>SWEENEY, JOHN SCOTT   |  | Alias   |  | Race<br>W  |  | Sex<br>M   |  | Date of Birth<br>031360 |  |
| Charge Description<br>CRASH INVOLVING INJURIES / LEAVING SCENE  |  | Charge Description  |  |  |  |  |  |                         |  |
| Charge Description  |  | Charge Description  |  |  |  |  |  |                         |  |
| Victim's Name (Last, First, Middle)<br>HIMMEL, KASEY  |  | Race<br>W   |  | Sex<br>M   |  | Date of Birth<br>091596  |  |                         |  |
| Local Address (Street, Apt. Number)<br>239 FAIRWAY E TEQUESTA   |  | (City)<br>TEQUESTA  |  | (State)<br>FL  |  | (Zip)<br>33469   |  | Phone<br>(561) 779-7377 |  |
| Business Address (Name, Street)   |  | (City)  |  | (State)  |  | (Zip)  |  | Address Source<br>FL DL |  |
|   |  |   |  |  |  |  |  | Occupation              |  |
| The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.<br>The Person taken into custody ...<br><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____<br><input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts.<br><input checked="" type="checkbox"/> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.<br>On the <u>6</u> day of <u>JUN</u> <u>2017</u> at <u>9:38</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.) |  |   |  |  |  |  |  |                         |  |
| A VEHICLE CRASH OCCURRED ON OCEAN DR IN JUPITER INLET COLONY, PALM BEACH COUNTY, FLORIDA. VICTIM WAS OPERATING A BLACK, 2013, MERCEDES COOPER. VICTIM WAS TRAVELING NORTHBOUND ON OCEAN DR. ALSO IN THE VEHICLE WAS W/F TIFFANY MCCONNELL WHO WAS IN THE FRONT PASSENGER SEAT. WHEN THE VICTIM ENTERED A CURVE IN THE ROAD TO GO WEST, HE OBSERVED A BLACK CADILLIC SUV WAS ON HIS SIDE OF THE ROAD AND CRASHED INTO THE LEFT FRONT OF THE VEHICLE. THE AIR BAGS HAD DEPLOYED. VICTIM SHORTLY EXITED THE VEHICLE AND OBSERVED THAT THE DRIVER OF THE CADILLIC WAS WALKING WEST AWAY FROM THE SCENE. VICTIM GAVE CHASE AND WAS CONFRONTED BY THE DRIVER OF VEHICLE THAT HIT HIM. THE DRIVER TOLD HIM TO "STAY AWAY" AND "BACK OFF". AT THIS TIME VICTIM ENDED THE CHASE. BOTH MCCONNELL AND VICTIM WERE TRANSPORTED TO JUPITER MEDICAL CENTER FOR TREATMENT.                   |  |   |  |  |  |  |  |                         |  |
| I LEARNED THAT FIRE MEDIC JASON FAWCETT HAD ENTERED THE CADILLIC, TO CHECK FOR OTHER INJURED PERSON(S), WHILE IN THE VEHICLE HE FOUND A FL DL ISSUED TO DEF. JOHN SCOTT SWEENEY (DOB 3/13/60, #5500477600930) ON THE CENTER CONSOLE. UPON EXITING THE VEHICLE VICTIM ADVISED THAT HE LOOKED AT THE DL AND POSITIVELY IDENTIFIED THE PERSON WHO WAS DRIVING THE CADILLIC AND FLED. AT NO TIME WAS FAWCETT ACTING ON THE BEHALF OF A LAW ENFORCEMENT OFFICER. I CONTACTED BOTH FAWCETT AND HIMMEL WHO VERIFIED THE INFORMATION.   |  |   |  |  |  |  |  |                         |  |
| VICTIM HIMMEL SUFFERED INJURIES TO HIS LEFT HAND, LEFT ARM AND RIGHT SHOULDER. VICTIM MCCONNELL SUFFERED INJURIES TO BOTH UPPER LEGS (CON'T)  |  |   |  |  |  |  |  |                         |  |
| SWORN AND SUBSCRIBED BEFORE ME<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <br/>           NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S 117.10)<br/> <u>6/12/2017</u> <u>1005 HRS</u><br/>           DATE         </div> <div style="width: 45%;"> <br/>           SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br/> <u>CFC. BRAD FIDELL</u><br/>           NAME OF OFFICER (PLEASE PRINT)<br/> <u>06/07/17</u><br/>           DATE         </div> </div>  |  |   |  |  |  |  |  |                         |  |
|   |  |   |  |  |  |  |  | PAGE<br>1 OF 2          |  |

|  |  | PROBABLE CAUSE AFFIDAVIT |   | 1. Arrest<br>2. N.T.A. |  | 3. Request for Warrant<br>4. Request for Capias |  | Juvenile             |                |
|--|--|--------------------------|---|------------------------|--|---|--|----------------------|----------------|
| ADMIN.   | OBTS Number  |                          |   | Agency ORI Number      |  | Agency Name                                     |  | Agency Report Number |                |
|  | FLO 5 0 1 8 0 0  |                          | JUPITER INLET COLONY P.D.   |                        | 5 6  |   | 1 1 7 1 3 3 5  |                      |                |
| DEF.   | Charge Type:<br>Check as many as apply.  |                          | <input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony   |                        | <input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor   |   | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                      | Special Notes: |
|  | Name (Last, First, Middle)   |                          | Alias   |                        | Race   |   | Sex  |                      | Date of Birth  |
| CHARGES  | Charge Description   |                          | Charge Description  |                        | Charge Description   |   | Charge Description   |                      |                |
|  | Charge Description   |                          | Charge Description  |                        | Charge Description   |   | Charge Description   |                      |                |
| VICTIM   | Victim's Name (Last, First, Middle)  |                          | Race  |                        | Sex  |   | Date of Birth  |                      |                |
|  | Local Address (Street, Apt. Number)  |                          | (City)  | (State)                | (Zip)  | Phone   |  | Address Source       |                |
| PROBABLE CAUSE STATEMENT                                 | Business Address (Name, Street)  |                          | (City)  | (State)                | (Zip)  | Phone   |  | Occupation           |                |
|  | The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.<br>The Person taken into custody ...<br><input type="checkbox"/> committed the below acts in my presence.<br><input type="checkbox"/> confessed to _____<br>admitting to the below facts. |                          | <input type="checkbox"/> was observed by _____ who told _____<br>that he/she saw the arrested person commit the below acts.<br><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. |                        | On the _____ day of _____ 19 ____ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.) |   |  |                      |                |
| ADMINISTRATIVE   | AND HER RIGHT SHOULD BE.   |                          |   |                        |  |   |  |                      |                |
|  | FROM THE ABOVE FACTS I FEEL THAT ENOUGH PROBABLE CAUSE EXISTS  |                          |   |                        |  |   |  |                      |                |
|  | FOR TWO CHARGES OF LEAVING THE SCENE OF A CRASH INVOLVING INJURIES   |                          |   |                        |  |   |  |                      |                |
|  | F.S.S. 316.027 (2)(a).   |                          |   |                        |  |   |  |                      |                |
|  |  |                          |   |                        |  |   |  |                      |                |
|  |  |                          |   |                        |  |   |  |                      |                |
|  |  |                          |   |                        |  |   |  |                      |                |
|  |  |                          |   |                        |  |   |  |                      |                |
|  |  |                          |   |                        |  |   |  |                      |                |
|  |  |                          |   |                        |  |   |  |                      |                |
|  |  |                          |   |                        |  |   |  |                      |                |
|  |  |                          |   |                        |  |   |  |                      |                |
|  |  |                          |   |                        |  |   |  |                      |                |
|  |  |                          |   |                        |  |   |  |                      |                |
|  |  |                          |   |                        |  |   |  |                      |                |
| SWORN AND SUBSCRIBED BEFORE ME.                          |  |                          |   |                        |  |   |  |                      |                |
| Notary Public / Clerk of Court / Officer (F.S.S. 117.10) |  |                          |   |                        |  |   |  |                      |                |
| 6/12/2017 1005 HRS                                       |  |                          |   |                        |  |   |  |                      |                |
| DATE   |  |                          |   |                        |  |   |  |                      |                |
| SIGNATURE OF ARRESTING / INVESTIGATING OFFICER           |  |                          |   |                        |  |   |  |                      |                |
| OFF. BRAD FIDLER   |  |                          |   |                        |  |   |  |                      |                |
| NAME OF OFFICER (PLEASE PRINT)                           |  |                          |   |                        |  |   |  |                      |                |
| 06/07/17   |  |                          |   |                        |  |   |  |                      |                |
| DATE   |  |                          |   |                        |  |   |  |                      |                |
| PAGE   |  |                          |   |                        |  |   |  |                      |                |
| 2 of 2   |  |                          |   |                        |  |   |  |                      |                |