

0297208

2843

ARREST NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.3. Request for Warrant  
4. Request for Capias

Juvenile

1

ADMINISTRATIVE	OBTS Number			ARREST NOTICE TO APPEAR						Juvenile Referral Report													
	Agency ORI Number <b>FLO 500000</b>			Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number (N.T.A.'s only) <b>06-</b>			17036034													
<p>ChargeType: Check as many as apply.</p> <table border="1"> <tr> <td><input type="checkbox"/> 1. Felony</td> <td><input type="checkbox"/> 3. Misdemeanor</td> <td><input type="checkbox"/> 5. Ordinance</td> <td><input type="checkbox"/> Weapon Seized / Type</td> </tr> <tr> <td><input type="checkbox"/> 2. Traffic Felony</td> <td><input checked="" type="checkbox"/> 4. Traffic Misdemeanor</td> <td><input type="checkbox"/> 6. Other</td> <td><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</td> </tr> <tr> <td colspan="4">Multiple Clearance Indicator</td> </tr> </table>												<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> Weapon Seized / Type	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Multiple Clearance Indicator			
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Multiple Clearance Indicator																							
Location of Arrest (Including Name of Business) <b>Southern Blvd at Fl Turnpike West Palm Beach FL 33413</b>						Location of Offense (Business Name, Address) <b>Southern Blvd at Fl Turnpike West Palm Beach FL 33413</b>																	
Date of Arrest <b>2/5/2017</b>		Time of Arrest <b>23:50</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Sisters Towing</b>															
<p>Name (Last, First, Middle) <b>Almonte, Johnathan</b></p> <p>Alias (Name, DOB, Soc. Sec. #, Etc.)</p>																							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>W</b>		Date of Birth <b>1/7/1985</b>	Height <b>5'10</b>	Weight <b>200</b>	Eye Color <b>Bro</b>	Hair Color <b>Bla</b>	Complexion <b>Med</b>	Build <b>Med</b>													
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>Sing</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence Drug Influence															
Local Address (Street, Apt. Number) <b>8662 Tally Ho Ln Royal Palm Beach FL 33411</b>						Phone <b>(561) 267-0034</b>	Residence Type: 1. City 2. County			3. Florida 4. Out of State													
Permanent Address (Street, Apt. Number)						Phone	Address Source																
Business Address (Name, Street)						Phone	Occupation																
D/L Number, State <b>A455421850070</b>			Soc. Sec. Number			INS Number	Place of Birth (City, State) <b>Queens NY</b>		Citizenship <b>US</b>														
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth															
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth															
<p><input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:</p> <p>Name (Last) <b>John</b> (First) <b>Almonte</b> (Middle)</p> <p><i>John Almonte</i> <b>case</b> <b>10/21/17</b></p>						<p><input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large</p> <p><input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large</p>			Residence Phone <b>( )</b>														
Address (Street, Apt. Number)						(City)	(State)	(Zip)	Business Phone <b>( )</b>														
Notified by: (Name)						Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released.			2. TOT HRS / DYS 3. Incarcerated												
Released To: (Name)						Relationship			Date	Time													
The above address 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 (Phone 355-2526) informed of any change of address.						School Attended			Grade														
<p><input type="checkbox"/> Yes, by: (Name)</p> <p><input type="checkbox"/> No: (Reason)</p>																							
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 E. Heroin	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other												
CHARGE	Charge Description <b>DUI</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>			Violation of ORD #													
CHARGE	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>17036034</b>	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			Bond													
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CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			Bond													
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>3228 Gun Club Rd West Palm Beach FL 33406</b>																						
NOTICE TO APPEAR	Court Date and Time Month <b>March</b> Day <b>2</b> Year <b>2017</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																						
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 Adult and Parent / Custodian)						Date Signed																	
ADMIN	HOLD for other Agency Name: <i>John Almonte</i>			Signature of Arresting Officer <i>J. Schneider</i>			Name Verification (Printed by Arrestee) <b>FEB 6 AM 2:09</b>																
							(PRINT)																
							PAGE																
							1 OF 1																
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)																							

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF February 20 17, AT 23:32 AM PM ✓  
SUBJECT: Almonte, Johnathan CASE NUMBER: 17036034  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider  
**PERSONAL CONTACT**

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

**Was observed traveling westbound on Southern Blvd in lane 2 at 82 mph in a posted 50 mph zone. Upon making contact with the driver I observed him to be a white male wearing a gray and black shirt and black slacks. The driver was the sole occupant of the vehicle.**

## OBSERVATION OF DRIVER:

**Blooshot and watery eyes. Fumbled thru paperwork to locate requested items.**

## DRIVER'S STATEMENTS:

**Ive not had anything to drink. Replying to if there was any other reason besides consuming alcohol for the odor of a alcoholic beverage emanating from him he replied no.**

## ODORS:

**Distinct odor of a unknown alcoholic beverage coming from his person.**

## **GENERAL OBSERVATIONS**

### SPEECH:

**ATTITUDE: Cooperative**

**CLOTHING: Gray/Black shirt, black slacks, black shoes**

**MEDICAL/OTHER: Stated none except digestive**

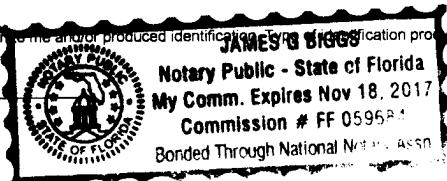
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of February 20 17 by Inv. J. Schneider #8501

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



Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

**SCANNED**  
**FEB 06 2017**

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

**Other Observations:**

No vertical nystagmas present. Eyes continued to drift back to center from maximum deviation. Almonte had to be reminded to follow the stimulus and not instructed not to anticipate the movement simply follow the stimulus.

**WALK & TURN:**

Almonte swayed in place during the instructions and attempted to lean against his vehicle. During the performance of the task he failed to count during the first nine steps and missed heel to toe on several occasions. Almonte did not take a series of small steps to turn as instructed and simply pivoted before walking ten steps the opposite way missing heel to toe on every step. Almonte did count walking the opposite way.

**ONE LEG STAND:**

Almonte stated he understood the instructions. Upon beginning he lifted his foot but failed to stare at it as instructed. Almonte raised his right foot and counted to nine before placing his foot to the ground despite being told to continue until told to stop. Almonte was prompted to continue where he raised the left foot and counted to nine before lowering his foot. After the second attempt Almonte was re instructed on the task and once again stated he understood. Raising his right foot for a second time Almonte leaned and lifted his arms to avoid losing balance. Almonte continued to look away from his foot contrary to his instruction and once again had to be reminded to continue until told to stop.

**FINGER TO NOSE:**

During the instructions Almonte had to be reminded stand with his feet together. Almonte stated he understood the instructions. Upon beginning the task Almonte tilted his head back but failed to close his eyes and lifted his right finger to his nose without any commands. I re explained the task and Almonte once again stated he understood. Starting once again Almonte tilted his head back but failed to close his eyes. I once again had to remind him to close his eyes before beginning. The first left he touched under his nose contrary to instruction. The first right he touched the pad of his finger to the tip of his nose. The second left he touched the pad of his finger to the tip of his nose. The second right he touched the pad of his finger to the tip of his nose. The third right he touched the pad of his finger to the tip of his nose. The third left he touched the pad of his finger to the tip of his nose.

**ROMBERG ALPHABET:**

Almonte stated he understood the instructions. He stated a-h then l-p missing i, j, and k. Upon stopping at p I looked at Almonte in shock and stated "your going to stop at p" where he replied I said z. I reminded him he stated l, m, n, o, p and he attempted to continue stating l, m, n, o, p, x, l, r, y.

BREATH TEST RESULTS: 1) Refused 2) 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

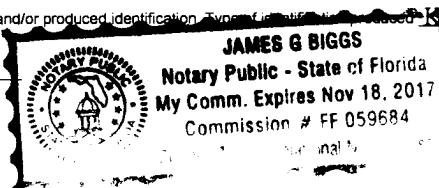
Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of February 2017 by Inv. J. Schneider #8501

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

Notary Public, Clerk of Court, Officer (F S S 117.10)



SCANNED  
FEB 06 2017

# WITNESS LIST

17036034

CASE NUMBER:

**Inv. J. Schneider**

ARRESTING OFFICER:

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: Stop and investigation.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED

FEB 06 2017



Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFICATE

SCANNED  
FEB 06 2017

SUBJECT: Almonte, Johnathan A. CASE NUMBER: 17-CR-034

## **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 Inv. Schneider of the PB50

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) Read on Camera

## **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) Read on Camera

**SCANNED**  
**FEB 06 2017**

**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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Southern Blvd @ FC Turnpike

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? Relaxing

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? \_\_\_\_\_

**SCANNED**

**FEB 06 2017**

INTERVIEWER:

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

# TESTING FACILITY TASK REPORT

AGENCY: PBSO-SCHNEIDER

SUBJECT: ALMONTE, JOHNATHAN A

CASE NUMBER: 17-036034

DATE: Feb 6, 2017

VIDEO DVD NUMBER: 62090

BEGINNING TIME: 0029

ENDING TIME: 0033

BREATH TESTS RESULTS: 1) REF TIME 0031 A.M.  P.M.  2) XX TIME XX A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED AT TIMES

ATTITUDE: COOPERATIVE

CLOTHING: GRAY/BLACK SHIRT, BLACK SLACKS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES GLASSY

## COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0009  
SUBJECT REFUSED THE TEST INITIALLY  
SUBJECT WAS READ IMPLIED CONSENT  
SUBJECT REFUSED THE TEST ONCE AGAIN  
MIRANDA WAS READ AND UNDERSTOOD  
SUBJECT ANSWERED SOME OF THE QUESTIONS THEN STOPPED

SCANNED  
FEB 06 2017