

0482797

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

2340

OBTS Number		ARREST / NOTICE TO APPEAR						Juvenile			
Agency ORI Number		Agency Name						Agency Report Number (N.T.A.'s only)			
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE						06- 16-153090			
ChargeType: Check as many as apply:		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Weapon Seized / Type		Multiple Clearance Indicator			
						2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		01			
Location of Arrest (including Name of Business) 11800 Block S Jog Rd, Boynton Beach, FL 33473						Location of Offense (Business Name, Address) 11800 block S Jog Rd #-, Boynton Beach, FL 33437					
Date of Arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Interstate Towing			
11/17/2016 0200											
Name (Last, First, Middle) Schick, Jonathan, Andrew											
DEFENDANT	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M	Date of Birth 02/05/1987	Height 5'08	Weight 130	Eye Color Bro	Hair Color Bro	Complexion Light	Build Small	
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)						Marital Status	Religion	Indication of: Y N Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 10106 Mahogany Drive, Boynton Beach, FL 33436						Phone ()	Residence Type: 1. City 3. Florida 2. County 4. Out of State			
	Permanent Address (Street, Apt. Number) 6621 Scott St, Hollywood, FL 33024						Phone ()	Address Source FL DL/ FCIC/NCIC			
	Business Address (Name, Street)						Phone ()	Occupation			
	D/L Number, State S200421870451, FL			Soc. Sec. Number		INS Number	Place of Birth (City, State) Broward, FL		Citizenship US		
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 3. Juvenile	
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Address (Street, Apt. Number)						(City)	(State)	(Zip)	Residence Phone ()	
	Business Phone ()										
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. <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/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/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	
CHARGE											
Charge Description Driving Under the Influence				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)			Violation of ORD #		
Drug Activity N		Drug Type N	Amount / Unit	Offense # 16-153090	Warrant / Capias Number				Bond		
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Bond		
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Bond		
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Bond		
NOTICE TO APPEAR											
Location (Court, Room Number, Address) South County Court House, 200 W. Atlantic Ave, Delray Beach, FL 33444											
Court Date and Time Month December Day 12 Year 2016 Time 8:30 AM <input checked="" type="checkbox"/> PM											
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 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											
11/17/2016											
Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed											
ADMIN		HOLD for other Agency Name: <i>SPS Open 8881</i>		Signature of Arresting Officer <i>16305</i>		Name Verification (Printed by Arrestee) <i>30</i>					
		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S C. Ward		(PRINT)					
		Intake Deputy <i>SPS Open 8881</i>		Transporting Officer D/S C. Ward		ID # 16305	Agency PBSO	PAGE <i>30</i>			
Witness here if subject signed with an -X" <i>30</i>											

SCANNED

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	
ADMIN	Agency ORI Number FLO. 5 . 0 . 0 . 0 , 0 , 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 16153090				
DEF	Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor	5 Ordinance <input type="checkbox"/> 6 Other				Special Notes				
CHARGES	Name (Last, First, Middle) SCHICK JONATHAN, ANDREW			Alias		Race W	Sex M	Date of Birth 2/5/1987		
VICTIM	Charge Description		Charge Description							
	Charge Description		Charge Description							
	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth			
	Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone ()	Address Source			
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation			
PROBABLE CAUSE STATEMENT	<p>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 The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts. was found to have committed the below acts, resulting from my (described) investigation.</p>									
ADMINISTRATIVE	<p>On the <u>17</u> day of <u>NOVEMBER</u> <u>20</u> <u>16</u> at <u>0116</u> <input type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p>On November 17 2016 at approximately 0116hrs I was dispatched to the 11000 block of Jog Rd reference a vehicle in stopped in the middle of the street with 3 subjects passed out. Upon my arrival I found a black Honda Civic bearing tag 342WSL. On my approach of the vehicle I found 3 subjects sleeping in the vehicle and the vehicle still running. 1 subject later identified as Jonathan Schick was in the driver's seat. He had his head lying on the middle console. The driver's doors was locked. We knocked on the windows and shook the vehicle but no one would wake up (and yes I could see them breathing). We were able to gain access through the left rear passenger door. The front passenger and the rear passenger woke up. They tried to get Jonathan to wake up several times. We reached in the rear passenger door and were able to unlock the front driver's door. I was able to get Jonathan up. I smelled an unknown alcoholic beverage coming from his person. I helped him out of the vehicle and checked his eyes which were blood shot. Jonathan could hardly stand up so I sat him down on the side walked where he proceeded to throw up several times. Deputy Ward arrived and took the case over.</p> <p><i>[Handwritten signature]</i></p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>19</u> day of <u>SEPTEMBER</u> <u>20</u> <u>15</u> by _____</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>Notary Public, Clerk of Court, Officer (F.S.S.) 117.10</p> <p>KNOWN</p> <p>SCANNED NOV 17 2016</p>									

PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

Juvenile

N

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1	Juvenile	
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 16-153090				
ADMIN	ChargeType Check as many as apply.	1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:		
DEF	Name (Last, First, Middle) Schick, Jonathan, Andrew			Alias	Race W	Sex M	Date of Birth 02/05/1987
CHARGES	Charge Description Driving Under the Influence		Charge Description 316.193(1)				
CHARGES	Charge Description		Charge Description				
VICTIM	Victim's Name (Last, First, Middle) State of Florida, ,				Race	Sex	Date of Birth
VICTIM	Local Address (Street, Apt. Number)		(City)	(State) (zip)	Phone ()	Address Source	
VICTIM	Business Address (Name, Street)		(City)	(State) (zip)	Phone ()	Occupation	
<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>							
<p>On the <u>17</u> day of <u>November</u> <u>2016</u> at <u>0116</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>							
<p>After placing the defendant under arrest I placed him in the back seat of my PBSO patrol vehicle where he immediately fell back to sleep. The defendant stayed asleep for almost the entirity of the ride with the exception of waking up to vomit.</p> <p>Once at the Breath Alcohol Testing Center I placed the defendant in a centrally located position in order to montior him for a 20 minutes period to make sure he didn't take anything by mouth or regurgitate. During that time the defendant vomited 2 times with me restarting the observation period after each time vomiting.</p>							
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D/S C. Ward</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17</u> November <u>2016</u> by <u>D/S C. Ward</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>Notary Public - State of Florida My Comm. Expires Nov 18, 2017 Commission # FF 059684 Bonded Through National Notary Assn</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>						

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF November 20 16, AT 0116

AM PM

SUBJECT: Schick, Jonathan, Andrew CASE NUMBER: 16-153090

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S C. Ward

PERSONAL CONTACT

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

I was called to the scene of a traffic stop at the 11800 block of S Jog Rd, in unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 0137 hrs. D/S Siegel #12460 told me, in a signed sworn PC Supplement, that he arrived on scene to see the defendant's vehicle, a Black Honda Civic bearing FL tag 342WSL, parked in the middle of the road. D/S Siegel noticed that the defendant had articulable indicators of impairment, including the fact that the driver of the vehicle was passed out behind the wheel with the vehicle still running. The defendant was laying down with his head on the middle console. D/S Siegel was able to smell the odor of an unknown alcoholic beverage coming from the defendant. D/S Siegel stated that the defendant was having a hard time standing so he sat him down on the curb. The defendant then proceeded to throw up multiple times. D/S Siegel requested me to respond to conduct a possible DUI investigation. D/S Siegel identified the defendant, to me, as the driver of the defendant's vehicle, at the time when he arrived. (See his signed supplemental PC for further).

D/S Siegel stated to me that a security guard, Keith Rowlett, had seen the vehicle prior to his arrival. Rowlett stated in a sworn PC that he was going south bound on S Jog Rd when he noticed a Black Vehicle sitting in the street in the north bound lanes. He pulled his vehicle behind the Defendants vehicle and honked his horn. He stated that no one in the vehicle moved. (See signed sworn statement for further).

Upon my arrival I saw the Black Honda Civic still parked in the right most north bound lane of S Jog Rd. The defendant was sitting on the curb to the right side of the road with a puddle of puke next to him.

OBSERVATION OF DRIVER:

Upon my arrival the defendant, Jonathan Schick as later identified by his Florida Driver's License was sitting on the curb on the right side of the road. He was bent over with a puddle of vomit next to him. As I approached him I could smell the odor of an unknown alcohol beverage, known to me based on my training and life experiences, coming from his person which intensified as he spoke to me. I had the defendant stand up and he was unsteady on his feet. I had him walk to the front of my PBSO patrol vehicle and he swayed while walking. I had the defendant stand with his feet together and his hands down by his side while I spoke with him. The defendant swayed in a circular motion while I spoke with him. The defendant kept looking down and would not look me directly in the eyes. When I got him to look up at me I could see that his eyes were red, blood shot, and glassy.

DRIVER'S STATEMENTS:

I attempted to speak with the defendant prior to starting Standardized Field Sobriety Tasking (SFST). The defendant did not answer me on all questions and when he did answer it was one word answers or a shake of the head. I asked him if he had any medical conditions including diabetes or vertigo and he said no. He stated he had nothing wrong with his torso, head and limbs. He stated that he had not been involved in a car accident or struck in the head. When I asked the defendant about driving the vehicle he stated that he was a passenger. When I asked him about drinking or where he was coming from he would not answer. I asked the defendant if he would complete SFSTs and he would not answer me. At this time I gave him his Taylor warning explaining that if he refused to complete the SFSTs I would have to base my decision to arrest on the Probable cause I already had, being asleep behind the wheel, the odor of alcohol, the red blood shot and glassy eyes. The instability while walking. I explained to him that his refusal to complete the task could be used against him in the court of law. I explained to him that if he refused to answer me I would have to take it as a refusal to complete task. I again asked the defendant if he would complete the task and he again did not answer. I asked the defendant a third time and he continued to refuse to answer. The SFSTs were not completed.

ODORS:

I could smell the odor of an unknown alcoholic beverage, known to me based on my training and life experiences, that came from the person and intensified as he spoke to me.

GENERAL OBSERVATIONS

SPEECH: low volume, one word answers or shaking of head

ATTITUDE: Calm

CLOTHING: Black Long Sleever Shirt, Black Pants, Black Socks

MEDICAL/OTHER: The defendant stated that he had no medical problems, to include no diabetes or vertigo.

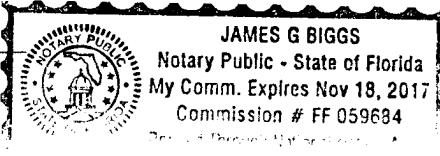
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S C. Ward

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of November 20 16 by D/S C. Ward

(Print name of Arresting/Investigative Officer), 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)

SCANNED
NOV 17 2016

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

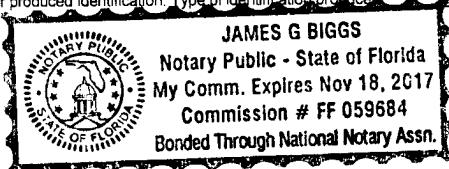
Other Observations:**Refused****WALK & TURN:****Refused****ONE LEG STAND:****Refused****ROMBERG ALPHABET:****Refused****ROMBERG ALPHABET:****Refused****BREATH TEST RESULTS:** Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH**D/S C. Ward**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of November 2016 by D/S C. Ward

(Print name of Arresting/Investigative Officer), 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)

SCANNED
NOV 17 2016

NOT A CERTIFICATE

SCANNED
NOV 17 2016

TESTING FACILITY TASK REPORT

AGENCY: PBSO-WARD

SUBJECT: SCHICK, JONATHAN A

CASE NUMBER: 16-153090

DATE: Nov 17, 2016

VIDEO DVD NUMBER: 61665

BEGINNING TIME: 0340

ENDING TIME: 0346

BREATH TESTS RESULTS: 1) REF TIME 0344 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 TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSHED MOUTH

ATTITUDE: COOPERATIVE, LETHARGIC

CLOTHING: BLACK SHIRT, BLACK JEANS, VOMIT STAINED

MEDICAL CONDITIONS: UNK

MEDICATIONS: UNK

OTHER:

EYES GLASSY
UNSTEADY ON FEET

COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0258 HOURS
SUBJECT KEPT VOMITTING, SO 20 MINUTE OBSERVATION WAS PUSHED BACK TO 0320
SUBJECT REFUSED THE TEST INITIALLY
IMPLIED CONSENT WAS READ, SUBJECT REFUSED TEST AGAIN
MIRANDA WAS READ AND UNDERSTOOD
SUBJECT REFUSED TO ANSWER QUESTIONS

SCANNED
NOV 17 2016

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 or the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

DIS Warr

of the PBSD

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 REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SCANNED
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SUBJECT'S SIGNATURE: (X) Read on (camera)

QUESTIONS AND ANSWERS

MNOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

HERE WERE YOU GOING? _____

AT STREET OR HIGHWAY WERE YOU ON? _____

RECTION OF TRAVEL? _____ WHERE DID YOU START? _____

AT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

AT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

AT COUNTY AND CITY ARE YOU IN NOW? _____

EN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

AT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

W MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

W MUCH? _____ WHERE? _____ WITH WHOM? _____

EN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

W DID YOU CONSUME YOUR LAST TWO DRINKS? _____

J YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

WE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

AT? _____ WHERE? _____ WHEN? _____

AT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

RE YOU IN AN ACCIDENT TODAY? _____

WE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

WE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

YOU HAVE: EPILEPSY? _____

GLASS EYE? _____

FALSE TEETH? _____

EAR INFECTION? _____

INNER EAR TROUBLE? _____

DIABETES? _____

YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

WE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

VIEWER:

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

WITNESS LIST

CASE NUMBER: 16-153090

ARRESTING OFFICER: D/S C. Ward

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME): 561-688-3000 (WORK) _____

CAN TESTIFY TO: DUI Investigation

NAME: Lt. Porath

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) _____

CAN TESTIFY TO: Wheel Witness

NAME: D/S P. Siegel

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) _____

CAN TESTIFY TO: Wheel Witness

NAME: Keith Rowlett

ADDRESS 5995 Bannock, Boynton Beach, FL

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: Wheel Witness

NAME: D/S J. Shears

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) _____

CAN TESTIFY TO: Scene Security/Monitor passengers

NAME: D/S R. Rodriguez

ADDRESS 3228 Gun Club Rd, West Palm beach, FL 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) _____

CAN TESTIFY TO: Scene Security/Monitor Passengers

NAME: D/S A. Pagan

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
NOV 17 2016