

18CT10015

ARREST / NOTICE TO APPEAR

ADMI STRAT TION	ORBS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2018-0009592		1 Arrest 2 N.T.A.	1 Request for Warrant 4 Request for Capias	1	JUVENILE		
DEFENDANT	Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 1 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	If Weapon Seized Enter Type: NOT APPLICABLE		Multiple Clearance Indicator						
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)								
	4715 BROADWAY				4715 BROADWAY, WEST PALM BEACH, FL 33401								
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle TOWED						
	06/07/2018	01:17	06/07/2018	01:27	//	:							
	Name (Last, First, Middle) MANZER, JOSHUA STEPHEN				Alias: Alias (Name, DOB, Sex, etc., Etc.)								
	Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 01/29/1982	Height 6'01	Weight 190	Eye Color BLUE	Hair Color BROWN	Complexion LIGHT	Build Medium				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status U	Religion	Indication of Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>						
	Local Address (Street, Apt. Number) 145 ROSEWOOD CIRCLE, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (561) 401-7600	Residence Type 1 City 3 Florida 2 County 4 Out of State 2				
	Permanent Address (Street, Apt. Number) 145 ROSEWOOD CIRCLE, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (561) 401-7600	Address Source VERBAL				
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation					
D/L Number, State M52643782090 / FL				Sex, Eye Number	INS Number	Place of Birth (City, State) PALM BEACH GARDENS FL		Citizenship					
CODEF	Co-Defendant Name (Last, First, Middle)				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)				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			
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other Name (Last, First, Middle)				Residence Phone								
	<input type="checkbox"/> Legal Custodian				Business Phone								
	Address (Street, Apt. Number)				(City)	(State)	(Zip)						
	Notified by (Name)				Date	Time	JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT JAC 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				School Attended				Grade					
<input type="checkbox"/> Yes, by <input type="checkbox"/> No				Property Crime* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property					
Drug Activity S Sell N N/A P Possess				S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Depressant/Drainetic	M Manufacture/Production/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	Charge Description DUI-DAMAGE TO PERSON/PROPERTY				Statute Violation Number 316.193(3)(C)(1)				Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond OR					
	N				1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
CHARGE	Charge Description				Statute Violation Number				Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond					
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
CHARGE	Charge Description				Statute Violation Number				Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond					
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
INTAKE	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 OR <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT County Jail <input type="checkbox"/> Postal Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Released By				Released By				
	Transported By				Date Transported	Time Transported	Other						
NOTICE TO APPEAR	<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) Criminal Justice CRIMINAL JUSTICE COMPLEX				No Photo Available				
					Court Date and Time 06/14/2018 08:30:00				3228 GUN CLUB ROAD				
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							
ADMI STRAT TION	HOLD for Other Agency				Signature of Arresting Officer 2094				Name Verification (Printed by Arrestor)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Revoked Arrest <input type="checkbox"/> Escaped <input type="checkbox"/> Other				Name of Arresting Officer (Print) THOMAS, MICAH				(PRINT) THOMAS, MICAH				
	Transporting Officer THOMAS, MICAH				ID # 2094	Agency WPBPD		PAGE 1 OF 1					

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

0253481

2856

SCANNED JUN 14 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 07 DAY OF June 2018 AT 0117 hours A.M./P.M.:
SUBJECT: Manzer, Joshua S. CASE NUMBER: 18-0009592
AGENCY: West Palm Bch. Police Dept. ARRESTING OFFICER: M. Thomas 2094

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE PUTTING DRIVER BEHIND THE WHEEL)
Driver was observed in actual physical control of his red Infiniti during and after being involved in a traffic crash. Drivers seatbelt was locked in position after the crash. Driver was observed to be the sole occupant of his motor vehicle.

OBSERVATION OF DRIVER: Driver was cooperative during roadside exercises, but on numerous time requested the presence of a lawyer. Driver's eyes were watery and the odor of alcoholic beverage(s) emanated from his head and mouth area.

DRIVER'S STATEMENTS: Did not wish to cooperate with the remainder of the investigation without the presence of a lawyer. Driver advised on-scene that he had a beer before leaving his residence. Driver also advised he considered not driving to Clematis upon leaving his residence.

ODORS: Alcoholic beverage(s) emanating from defendant's head and mouth area, strongly. Defendant's eyes (blue) were watery.

GENERAL OBSERVATIONS

SPEECH: Talkative
ATTITUDE: Calm but considered me racist because of my skin color.
CLOTHING: Orange T-Shirt, Long Denim Jeans, Black Tennis Shoes
MEDICAL PROBLEMS: Advised he has had a bypass in his neck after being shot in his face.
MEDICATIONS: N/A
OTHER:

Lighting: Streetlights Headlights Daylight
Weather: Clear Cloudy Raining Overcast Windy
W n T: Sidewalk Pavement Concrete Line No Line

SCANNED
JUN 08 2018

SUBJECT: Manzer, Joshua S.

CASE NUMBER: 18-0009592

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> LEFT EYE DOES NOT FOLLOW SMOOTHLY | <input checked="" type="checkbox"/> RIGHT EYE DOES NOT FOLLOW SMOOTHLY |
| <input checked="" type="checkbox"/> LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS | <input checked="" type="checkbox"/> RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS |
| <input checked="" type="checkbox"/> DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION | <input checked="" type="checkbox"/> DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION |

As noted above

WALK AND TURN: Driver failed to make heel to toe contact at various times during the exercise. Driver stopped to steady himself at various times during this exercise. Driver stepped off the line twice during the exercise. At 9th step Driver failed to take series of smaller step to began walking in the opposite direction.

ONE LEG STAND: Driver's failed to keep leg completely straight. Driver failed counted in order not requested and less than 30 second timeframe. Driver counted to 22.

FINGER TO NOSE: During exercise, driver failed to touch tip of nose numerous times. Sequence was left, right, left, right, right, left.

ROMBERG/ALPHABET: N/A

BREATH TEST RESULTS:

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STATE OF FLORIDA
COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS 6/7/18 (DATE)

 2018

NOTARY/CLERK OF COURT OFFICER (F.S. 117.10)



SIGNATURE OF ARRESTING OFFICER

SCANNED
JUN 08 2018

SUBJECT: Manzer, Joshua S.

CASE NUMBER: 18-0009592

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION

- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

As noted above

WALK AND TURN: Driver failed to make heel to toe contact at various times during the exercise. Driver stopped to steady himself at various times during this exercise. Driver stepped off the line twice during the exercise. At 9th step Driver failed to take series of smaller step to began walking in the opposite direction.

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FINGER TO NOSE: During exercise, driver failed to touch tip of nose numerous times. Sequence was left, right, left, right, right, left.

ROMBERG/ALPHABET: N/A

BREATH TEST RESULTS:

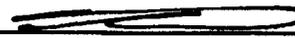
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STATE OF FLORIDA
COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS 6/7/18 (DATE)

 2042

NOTARY/CLERK OF COURT OFFICER (F.S. 117.10)

 2044

SIGNATURE OF ARRESTING OFFICER

SCANNED
JUN 08 2018

SUBJECT: Manzer, Joshua S CASE NUMBER: 2018-0009592

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 _____ of the _____

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) On Video

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) On Video



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018018978	Date: 06/07/18
	Specialist Name/ID: Drucker/9206

SCANNED
JUN 08 2018