

0494122

17CT 22390

3305

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17163666				
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1						
DEFENDANT	Location of Arrest (Including Name of Business) South Jog Rd at Champion Blvd Delray Beach FL 33496				Location of Offense (Business Name, Address) South Jog Rd at Champion Blvd Delray Beach FL 33496						
	Date of Arrest 12/14/2017	Time of Arrest 22:51	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
CO-DEF	Name (Last, First, Middle) Trattner Kenneth F				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 8/31/1962	Height 5'6	Weight 155	Eye Color Grn	Hair Color Gry	Complexion Med			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Married	Religion Jewish	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	Local Address (Street, Apt. Number) 19260 Natures View Ct		(City) Boca Raton FL 33498	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Retired					
D/L Number, State T635506623110		Soc. Sec. Number		INS Number		Place of Birth (City, State) New York, NY	Citizenship US				
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"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone ()			
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	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							
CHARGE	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Producer/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
	Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(c)(1)		Violation of ORD #				
	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17163666	Warrant / Capias Number		Bond OR.				
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996										
	Court Date and Time Month Jan Day 4 Year 2018 Time 08:30 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 IF 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. 12/14/2017											
Signature of Defendant (or Juvenile and Parent /Custodian)					Date Signed						
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer J. Schneider		Name Verification (Printed by Arrestee) DEC 15 AM 12:50						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Inv. J. Schneider		I.D. # 8501		(PRINT) SCANNED PAGE		
	Intake Deputy D/S J. THOMAS #7956		I.D. # Pouch #		Transporting Officer Inv. J. Schneider		ID # Agency 8501 PBSO		Witness here if subject signed with an "X" DEC 15 2017 1 OF 1		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF December 20 17, AT 21:54 AM PM
SUBJECT: Trattner Kenneth F CASE NUMBER: 17163666
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 involved in a motor vehicle crash which was investigated under PBSO case 17136658. I captured photos of the crash scene and independently evaluated each vehicles damage. While doing so I spoke to all occupants of the vehicles. A sworn written statement was collected from the passenger of one of the vehicles who placed the driver of a gray Audi as Kenneth Trattner. The Audi is also registered to Trattner.

OBSERVATION OF DRIVER:

As I spoke to Trattner I found his speech to be thick and slurred with the odor of a unknown alcoholic beverage coming from it. His eyelids were droopy and his movements lethargic. His eyes were red, bloodshot and glossy. As he walked he stumbled at times and swayed while standing stationary. While informing him that I was not conducting a crash investigation he also stumbled and moved to maintain his balance. Upon having him sit within the back seat of my vehicle he nearly fell to the ground requiring me to grab a hold of him.

On arrival at the BAT facility he was seated in a chair which is bolted down to the floor. While sitting there he fell off the chair and to the ground.

DRIVER'S STATEMENTS:

I was drinking Vodka on the rocks. I had two. I feel the alcohol slightly. I think I'm slightly under the influence.

ODORS:

Distinct and profound odor of a unknown alcoholic beverage which also filled the interior of my patrol vehicle upon placing him inside.

GENERAL OBSERVATIONS

SPEECH: Very thick and slurred

ATTITUDE: Cooperative and talkative

CLOTHING: Blue sweater, Blue Jeans, Black shoes

MEDICAL/OTHER: None

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 15 day of December 20 17 by **Inv. J. Schneider**

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

Jeanette Cain (#2109)

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

SCANNED
DEC 15 2017

SUBJECT: Trattner

Kenneth

CASE NUMBER 17163666

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 - Taylor warnings issued. He acknowledged and still refused

WALK & TURN:

Refused

ONE LEG STAND:

Refused

ROMBERG ALPHABET:

Refused

ROMBERG ALPHABET:

Refused

BREATH TEST RESULTS:

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 15 day of December 20 17 by Inv. J. Schneider

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

Jeanette Cain (#2109)

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

SCANNED

DEC 15 2017

NOT A CERTIFIED COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #:	17163666	ZONE:	421	SUSPECT:	Kenneth Tashner	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	12/14/17 2154
EVENT TYPE:	BUI	DEPUTY:	Schneider	ID#:	8501		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Frattner	FIRST NAME:	USA	MIDDLE INITIAL:	S	RACE:	W	SEX:	F
DATE OF BIRTH: (MM/DD/YYYY)	3/29/67	YOUR HEIGHT:	52	YOUR WEIGHT:	155	YOUR HAIR COLOR:		YOUR EYE COLOR:	
YOUR HOME ADDRESS:	192960 Natures View	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	Boca Raton	STATE:	FL	ZIP:	33497
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:		ZIP:	
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	() ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	561 414 9689	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	() ()	EMAIL:	US0329@BOK.com	<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	USA Frattner	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>went to light on Jog Crash on Jog & Polo Club Kenneth Frattner was driving</p>		
PAGE <u>1</u> OF <u>1</u>		

READ AND SIGN	
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: <u>X</u>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 12/14/17 TIME: 2253
	SIGNATURE:
	ID: 1639

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE

WITNESS LIST

CASE NUMBER: 17163666

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688-4001

CAN TESTIFY TO: DUI Investigation

NAME: Lisa Trattner

ADDRESS: 142960 Natures View Ct Boca Raton FL 33498

PHONE NUMBERS (HOME) 561 414 9699 (WORK) _____

CAN TESTIFY TO: Driver of gray Audi and sequence of collision as a passanger

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

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TESTING FACILITY TASK REPORT

AGENCY: PRSO
SUBJECT: TRATTNER, KENNETH FRED CASE NUMBER: 17-163666
DATE: DEC. 14th, 2017 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 23:45 hrs. ENDING TIME: 23:55 hrs.
BREATH TESTS RESULTS: 1) **REFUSED** TIME: 48 A.M./P.M. (P.M. circled) 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.
BREATH OPERATOR: J. CAIN #2109
MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred
ATTITUDE: talkative, indifferent
CLOTHING: blue jeans, white shirt
MEDICAL CONDITIONS: HBP
MEDICATIONS: lisinopril, timolol eye drops
OTHER: bn/grn

COMMENTS: Eyes Red + glassy

20 MIN. OBSERV DONE BY ARRESTING INV.

A fell out of chair during observ.
Said no to Dft.
Inv. read the Implied Consent. Also broke it down for
Δ. Stated NO again - Inv. accepted refusal.
Rights read by Inv. / said he understood rights.
Answered questions.
Was @ the Pops Club - Rest. & Bar.
Drank vodka - straight, on the rocks - 2

SCANNED
DEC 15 2017

SUBJECT: **TRATNER, KENNETH FRED**

CASE NUMBER: **17-163666**

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.

REFUSED

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) **READ** **OR** **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.

SCANNED

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SUSPECT'S SIGNATURE: (X) **READ** **OR** **CAMERA**

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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? Correct

WHERE WERE YOU GOING? On my way home

WHAT STREET OR HIGHWAY WERE YOU ON? Champions way / Ave

DIRECTION OF TRAVEL? W WHERE DID YOU START? Club house in Polo Club Development

WHAT TIME DID YOU START? Just before coll WHAT TIME IS IT NOW? Unk. 10:30pm Guess

WHAT IS TODAY'S DATE? 12/14/17 WHAT DAY OF THE WEEK IS IT? Thurs.

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

WHEN DID YOU LAST EAT? 7:00pm WHAT DID YOU EAT? Cheese crackers, Cul. Flavors

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? 2 with you prior to that at Polo Club. Post

HOW MUCH DO YOU WEIGH? 155 HAVE YOU BEEN DRINKING? Yes WHAT? Vodka - Shot ^{1 shot} on rocks

HOW MUCH? 2 WHERE? Polo Club Clubhouse WITH WHOM? wife

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:30-7:00 AND YOUR LAST DRINK? 7:30pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Glass

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Slightly ARE YOU UNDER THE INFLUENCE? Slightly

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? nila

WHAT? nila WHERE? nila WHEN? nila

WHAT LINE OF WORK ARE YOU IN? Retired WHEN DID YOU LAST WORK? nila

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? None WHAT? nila

ARE YOU SICK OR INJURED? No WHAT'S WRONG? nila

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? nila

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? J/A WHY? nila

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Cicaphil
Timolol WHEN? Last Night

DO YOU HAVE: 1x per day

- DO YOU HAVE: EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? NO

SCANNED
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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Tx, Nj