

ARREST / NOTICE TO APPEAR

180 0592 NTS

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

1 JUVENILE

AD M I N I S T R A T I O N	ORIS Number	Agency ORIS Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A's only) 5, 4 18-002905		
	Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Offense <input type="checkbox"/> 6 Other	Wagon Seized Enter Type NONE	Multiple Offenses Indicator 01	
	Location of Arrest (Including Name of Business) 6000 BLK W INDIANTOWN RD, JUPITER FL		Location of Offense (Business Name, Address) 1299 W INDIANTOWN RD/N DELAWARE BLVD, JUPITER, FL			
	Date of Arrest 06/01/2018	Time of Arrest 22:46	Booking Date 06/01/2018	Booking Time 22:56	Jail Date	Jail Time ALL HOOKED UP TOWING
	Name (Last, First, Middle) CALLAHAN, MICHAEL LEE			Alias: Alias (Name, DOB, Sex, etc.)		
	Race W - White B - Black	I - American Indian Q - Other/Asian	Sex M	Date of Birth 04/03/1961	Height 6'02	Weight 235
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Married Status D	Religion	Complexion LIGHT	Build Medium
	Local Address (Street, Apt. Number) 6752 SW LASSOO LN, PALM CITY, FL 34990		(City)	(State)	(Zip)	Phone (561) 670-9699
	Permanent Address (Street, Apt. Number) 6752 SW LASSOO LN, PALM CITY, FL 34990		(City)	(State)	(Zip)	Phone (561) 670-9699
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone
	DL Number, State C450552611230 / FL		INS Number	Place of Birth (City, State) WPB, FL	Citizenship	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor
	Parent <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)			Residence Phone
	Legal Custodian <input type="checkbox"/>		Address (Street, Apt. Number)			Business Phone
	Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1 Released/Paroled without Department and Released 2 TOT IAC 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.					Grade
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
	Drug Activity N N/A P Possess	S Sell T Traffic	R. Seizure D Deliver E Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z Other
	Drug Type N N/A A. Amphetamines	B. Barbiturates C. Cocaine E Heroin	H. Hallucinogens M. Marijuana O. Opium/Deriv	P. Pharmaceutical/ Equipment S Synthetic	U. Unknown Z Other	
	Charge Description DUI - DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)	Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	Charge Description		Statute Violation Number	Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	Charge Description		Statute Violation Number	Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	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 O.R. <input type="checkbox"/> Released to Parent/Custodian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By	Released To
	Transported By		Date Transported	Time Transported	Other	
	<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) North County PALM BEACH GARD		No Photo Available	
	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		Date and Time 07/11/2018 08:30:00		2018 JUN 2 4 10:10	
	Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed 6/2/18			
	HOLD for Other Agency		Signature of Arresting Officer G. ARB		Name Verification (Printed by Arrestor)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Released Arrest <input type="checkbox"/> Seized <input type="checkbox"/> Other	Name of Arresting Officer (Print) BORROWS, ANDREW		ID # 1138	(PRINT)	
	Station Deputy ID #	Punch #	Transporting Officer OFC A BORROWS	ID # 380	Agency JPD	PAGE 1 of 1

SCANNED JUN 04 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF June 20 18 AT 2228 AM PM

SUBJECT: Callahan Michael Lee CASE NUMBER: 18-002905

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138

PERSONAL CONTACT

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

I was dispatched to the area of westbound East Indiantown Road and US Highway 1 in reference to a possible drunk driver. Kristen Murgio, the manager at Double Roads Tavern called Jupiter Police Dispatch in reference to a male that was seen apparently intoxicated in the bar. The male was reportedly touching and bothering female customers and tried to take some money from the bar. The male was last seen turning west on East Indiantown Road driving a red Toyota Prius bearing Florida license plate BGUE98. PFC Counts was in the area of West Indiantown Road and Military Trail and saw the vehicle traveling west. PFC Counts noted that the vehicle's tag light was not illuminated as required. PFC Counts initiated a traffic stop of the vehicle and it pulled into a business located near West Indiantown Road and Carver Avenue. Upon my arrival, I observed the defendant (registered owner of the vehicle), Michael Callahan, sitting in the driver's seat of the vehicle.

OBSERVATION OF DRIVER:

Callahan had bloodshot, glassy eyes. His speech was slurred. Callahan was sweating profusely. I could immediately smell the odor of an unknown alcoholic beverage on Callahan's breath. Callahan had an unsteady gait when he walked.

DRIVER'S STATEMENTS:

Callahan stated he'd been in Abacoa at a work function. Callahan stated he'd consumed 2 beers when I asked.

ODORS:

Odor of unknown alcoholic beverage on his breath and about his person.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Quiet, Cooperative

CLOTHING: Blue shirt, blue jeans, blue and white sneakers

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ofc. A. Borrows 380 / 1138

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of June 20 18 by Ofc. A. Borrows 380 / 1138

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

Keriane Marie Moynihan

Notary Public, Clerk of Court, Officer (F S S 117 10)



KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm Expires Oct 5, 2020
Bonded through National Notary Assn

SCANNED
JUN 04 2018

SUBJECT: Callahan

Michael

CASE NUMBER 18-002905

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Significant sway side to side, difficulty keeping head still

WALK & TURN:

Callahan lost his balance several times during the instructional phase. Callahan stopped between every step for balance. Callahan missed heel to toe on every step on the first leg. On the 5th step, Callahan stepped off the line to the right. Callahan stepped off the line to the left on the sixth step. Callahan then took two steps back. Callahan turned improperly, by pivoting on the balls of his feet and stumbled to the right. Callahan again stopped between every step and missed heel to toe on every step. Callahan stepped off the line to the right on the 6th step. Callahan did not count out loud as instructed.

ONE LEG STAND:

Callahan counted "1" before putting his foot down and stumbling backwards. Callahan lifted and put his foot back down several times before counting "1" and putting his foot down again. Callahan did the same for "2". Callahan then looked at me and stopped for a moment. Callahan picked only his heel up for several seconds before again raising and lowering his foot again and counting to "2" before I terminated the task.

FINGER TO NOSE:

L1: Callahan lift his left foot and left finger, and stumbled around, I reminded him to put tip of finger on tip of nose. Callahan touched his nose with the pad of his finger. R2: Callahan lifted his right foot and finger and touched the pad of his nose. L3: Callahan again touched the tip of his nose with the pad of his finger while lifting his left foot. Callahan again stumbled backwards. I terminated the task for Callahan's safety as I was concerned he would fall over.

ROMBERG ALPHABET:

At first appeared to forget instructions and just closed eyes and kept head back. I reminded Callahan of instructions and told him to start. Callahan was swaying visibly and separated his feet in spite of instructions not to do so. Stated alphabet correctly.

BREATH TEST RESULTS: **Refused**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ofc. A. Borrows 380 / 1138 *A. Borrows*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of June 2018 by Ofc. A. Borrows 380 / 1138

(Print name of Arresting/Investigative Officer), who is personally known to me and the facts and identification of the signatory are established PERSONALLY KNOWN

Keriane Marie Moynihan
Notary Public, Clerk of Court, Officer (F S S 117 10)



SCANNED
JUN 04 2018

WITNESS LIST

CASE NUMBER: 18-002905

ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME): _____ (WORK) 561 746 6201

CAN TESTIFY TO: PC

NAME: PFC Russell Counts #347

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) _____ (WORK) 561 746 6201

CAN TESTIFY TO: Initial stop, Supp PC

NAME: MPO Micahel Salvemini 335

ADDRESS 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) _____ (WORK) 561 746 6201

CAN TESTIFY TO: Obtained Statements from Double Roads

NAME: Kristen Murgio

ADDRESS 251 South US Highway 1, Jupiter Fl

PHONE NUMBERS (HOME) 561 262 8294 (WORK) 0

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: _____

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: _____

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: William, Maxwell

CASE NUMBER: 18-031157

DATE: 06/01/18

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 23:49

ENDING TIME: 23:51

BREATH TESTS RESULTS: 1) R TIME 23:50 A.M./P.M. 2) N/A TIME --- A.M./P.M.

3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: K. Moynihan #22079

MAINTENANCE TECHNICIAN: J. Korlecke #61107

TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal

ATTITUDE: Relaxed, cooperative

CLOTHING: Dark Blue J.P.M. Blue Sweater + tan pants, white socks, black shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes passively directed, No abnormal reactions during
or after test

COMMENTS: Arrived at Testing Center. A/D began to monitor
observation period at 23:20

REFUSED

A refused to take test.

All read I/c

A stated he understood I/c and again refused to take
test.

All read rights

A stated he understood his rights

No Q/A. A waived rights to counsel.

REFUSED

SUBJECT: Haltom, Michael L CASE NUMBER: 10-000000

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) _____

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

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

SUBJECT: Callahan, Michael L CASE NUMBER: 19-000000

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

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? _____

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? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/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: 2018018404	Date: 6/2/2018
	Specialist Name/ID: L.Rouse/#6673