0480833

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	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 16-123175

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☑ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
SEMINOLE PRATT AND WHITNEY RD/63RD RD N LOX FL	SEMINOLE PRATT AND WHITNEY RD/63RD RD N LOX FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/05/16	0901					KAUFF'S TOWING

DEFENDANT

Name (Last, First, Middle): SHATARA MOHAMMAD H — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	04/02/1969	508	155	BRO	BLK	MED	SML

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description)	Marital Status	Religion	Indication of:	Y	N	Unk.
NONE	S	NONE	Alcohol Influence	☑	☐	☐
			Drug Influence	☐	☑	☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
16395 70TH STREET NORTH	LOXAHATCHEE	FL	33470	(917) 972 3572	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
				( )	DEFENDANT

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
PALM BEACH STATE COLLEGE	LAKE WORTH	FL		(561)	PROFESSOR

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
(FL)S-360-548-69-122-0	[redacted]		AMNAN JORDAN	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ ☐	☐ ☐ ☐
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ ☐	☐ ☐ ☐

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: | Name (Last) (First) (Middle) | 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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ 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 A. Amphetamine | 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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐Y ☑N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	N/A	16-123175		

SEP 5 PM12:20
SEP 5 PM12:13

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount I Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 GUN CLUB RD WEST PALM BEACH FL 33406

Court Date and Time: Month SEPTEMBER Day 29 Year 2016 Time 0830 AM ✓ 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 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

X Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed 9/5/16

ADMIN

HOLD for other Agency Name:	Signature of Arresting Officer X	Name Verification (Printed by Arrestee)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:	Name of Arresting Officer (Print) Inv. E.K. White 7209 I.D. # 7209	(PRINT) SCANNED
Intake Deputy I.D.# Deputy#	Transporting Officer Inv. E.K. White ID # 7209 Agency PBSO	Witness hearing signature shall sign an -X" SEP 06 2016

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF SEPTEMBER 20 16, AT 0840 AM ✓ PM

SUBJECT: SHATARA MOHAMMAD H CASE NUMBER: 16-123175

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. E.K. White 7209

PERSONAL CONTACT

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

On September 5, 2016 at approximately 0840 hours, while traveling northbound on Seminole Pratt and Whitney Road and 63rd Road North, Loxahatchee (Palm Beach County) Florida, I saw a blue car resting in the median facing north. I noticed a white male subject sitting in the driver seat attempting to reverse the vehicle back onto the roadway. White smoke began billowing from the front of the car. As I approached the vehicle it gained way and began moving back onto the roadway. I told the driver, who was later identified as Mohammad Shatara, to shut his vehicle off. I could see where the passenger side air bag had deployed and I noticed damage to the vehicle left front side. The right front tire of the vehicle was ruptured and slightly off the rim. This led me to believe that the vehicle was possibly in a traffic crash. I made contact with the driver and noticed he had no balance. His eyes were squinted and glossy. He spoke with a thick, slow and slurred speech. I could smell an overwhelming odor of an unknown alcoholic beverage coming from his breath. When he stood I he was unable to maintain his balance. While escorting him I could feel most of his body weight as I supported him. On more than one occasion I had to catch him to prevent him from falling. I investigated the crash scene where I noticed his vehicle strike a curb and entered into the median. The vehicle continued north in the inside lane before traveling through the paved middle portion. The vehicle struck another curb and came to final rest with its front tires resting in the median. I located a half consumed plastic bottle of 200 ML Jim Beam Bourbon inside a plastic bag.

OBSERVATION OF DRIVER:

After completing my crash investigation I informed the driver how the crash occurred. I told him I would provide him with the case number and a copy of the tow receipt. Afterward I told I had a suspicion he had been drinking an unspecified amount of alcoholic beverages. Subsequently I added I would be conducting a criminal investigation for DUI. I explained the personal indicators he exhibited. I asked if he would performing Standardized Field Sobriety Tasks (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He told me he would perform the evaluations. Prior to administering the SFSTs, I asked if he had any physical problems with his body that would inhibit him from performing light physical movements. I also asked if he was on medication. The driver said he suffers from high blood pressure. He said he had no physical problems, however. I intended to administer the following SFSTS, HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. While placing him in the area where the SFSTs would have been performed, He began supporting himself against me whereas I felt most of his body weight. As I tried to explain the procedures I noticed his eyes were closed as if he was falling asleep. At this time I thought administering the SFSTs would place him at great risk of injuring himself. Thus I decided to forgo SFSTs. Based on his personal indicators of impairment exhibited, coupled with my observation of him operating his vehicle by backing it out of the median, I established probable cause for DUI.

DRIVER'S STATEMENTS:

I messed up

ODORS:

Overwhelming odor of an unknown alcoholic beverage coming from subject's breath.

GENERAL OBSERVATIONS

SPEECH: **slow, thick and slurred.**

ATTITUDE: **lethrgic**

CLOTHING: **disheveled and untidy**

MEDICAL/OTHER: **high blood pressure.**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. E.K. White 7209
(Signature of Arresting/Investigative Officer)

PAMELA F. DORSEY
Notary Public - State of Florida
My Commission Expires Jul 11 2017
Commission # FF 7211
Bonded Through National Notary

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of September 20 16 by D/S WHITE

(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
SEP 0 8 2016

SUBJECT: SHATARA MOHAMMAD H **CASE NUMBER** 16-123175

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:

Not administered due to complete balance loss and safety concerns

WALK & TURN:

Not administered due to complete balance loss and safety concerns

ONE LEG STAND:

Not administered due to complete balance loss and safety concerns

FINGER TO NOSE:

Not administered due to complete balance loss and safety concerns

ROMBERG ALPHABET:

Not administered due to complete balance loss and safety concerns

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BREATH TEST RESULTS: 1) .192 2)

PAMELA F. DORSEY
Notary Public - State of Florida
My Comm. Expires Apr 11, 2017
Commission # FF 7211
Bonded Through National Notary Assn

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. E.K. White 7209
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of September 2016 by D/S WHITE

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

SCANNED
SEP 08 2016

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

WITNESS LIST

CASE NUMBER: 16-123175

ARRESTING OFFICER: Inv. E.K. White 7209

ADDRESS: DUI/Traffic

PHONE NUMBERS (HOME): _____ (WORK) 561 681 4500

CAN TESTIFY TO: DUI Investigation

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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: _____

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SCANNED
SEP 08 2016

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: 61556

BEGINNING TIME: 1030 ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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SEP 08 2016

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

PBSO #0129A REV.11/02

SUBJECT: Shaun Mohammed CASE NUMBER: 16-12[illegible]

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 [illegible] of the [illegible].

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) [illegible]

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.

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SEP 08 2016

SUSPECT'S SIGNATURE: (X) Read on camera

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

SUBJECT: [redacted] CASE NUMBER: 16-125175

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? Couple Sips I Had No Yes Idea I Had That To It.

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Seminole Trail

DIRECTION OF TRAVEL? North WHERE DID YOU START? Gas Shack Plaza

WHAT TIME DID YOU START? 8 ish WHAT TIME IS IT NOW? I Don't Know

WHAT IS TODAY'S DATE? 4th WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? WPB Loxahatchee

WHEN DID YOU LAST EAT? Yesterday WHAT DID YOU EAT? Pizza Sub

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Hanging at home

HOW MUCH DO YOU WEIGH? 140 HAVE YOU BEEN DRINKING? Yes WHAT? Vodka

HOW MUCH? Couple Shots WHERE? Home WITH WHOM? Self

WHEN DID YOU HAVE YOUR FIRST DRINK? 8 AM 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? _____

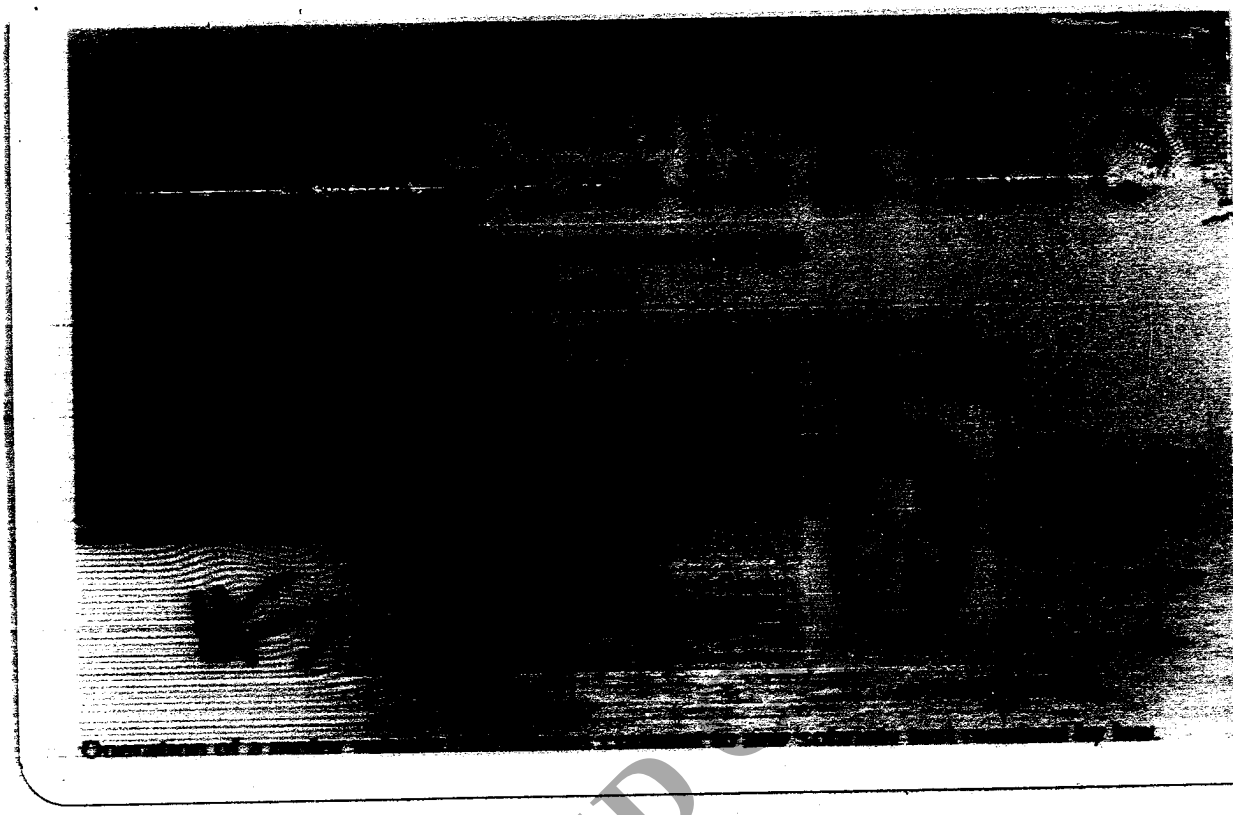
INTERVIEWER: Inv. E. K. White

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

PBSO #0129C REV. 9/93



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