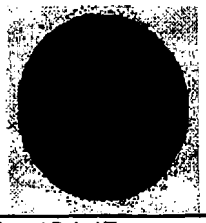
J-0502835 P-3022

18CT020099



Arrest Report

FLORIDA HIGHWAY PATROL
P.O. BOX 16007, LAKE WORTH, FL 33416

Report Date / Time	Report Number	Case Number/CAD Number	Reporting Officer Name
11/7/2018 2:10:37AM	FHP99ARR771957	FHPK18OFF081311 / LWRC18CAD201896	KUEBLER, COLE R

Originating Agency ORI	Occurrence Date Time Range	Jurisdiction	Clearance
FL0509000	11/ 7/2018 1:04:14 AM -		

Location of Occurrence

Location Type	Location Description
PUBLIC PLACE	SR-91 (FL TURNPIKE) NB MM 87

Street Number	Street	Apt/Lot/Bldg
	FLORIDA'S TPKE NB	

County	City	State	Zip
PALM BEACH	BOYNTON BEACH	FL	33437

Defendant

First Name	Middle Name	Last Name	Suffix	Date Of Birth	Age	Race	Sex
OMAR	AHMAD	HAMMAD		2/28/1986	32	~~ORIENTAL~~ White	MALE

SSN	MNI #	Place of Birth	Height	Weight	Hair	Eyes
[redacted]		AMMAN, FF, JORDAN	509	184	BRO	BRO

DL or ID Number	ID State	ID Type	Address Type
H530641860680	FL	E	OTHER

Street Number	Street	Apt/Lot/Bldg
9577	EXBURY COURT	

County	City	State	Zip	Phone Number	Extension
BROWARD	PARKLAND	FL	33076		

Location Description: SR-91 (FL TURNPIKE) NB MM 87

Arrest

Arrest Date/Time	Arrest Location Type	Arrest Location Description
11/7/2018 1:52:00AM	PUBLIC PLACE	SR-91 (FL TURNPIKE) NB MM 87

Street Number	Street	Apt/Lot/Bldg	County
	FLORIDA'S TPKE NB		PALM BEACH

City	State	Zip
BOYNTON BEACH	FL	33437

Charge(s)

Counts	Charge	General Offense Code	Bond Amount	No Bond
1	316.193.1		$0.00	☐

Charge Degree	Charge Level	Arrest Offense Code Description
N	MISDEMEANOR	DUI-UNLAW BLD ALCH

Charge Description: DUI ALCOHOL OR DRUGS

RECEIVED
NOV - 8 2018

Probable Cause

On ttihe above dattie and ttime, Trooper Kuebler, I.D #1614, was dispattiched by ttihe Lake Worttih Regional Communicattions Centtie (LWRCC) ttio a vehicle ttihatti was ttiraveling souttihbound in ttihe norttihbound lanes of SR 91 (FL Turnpike) atti ttihe 87 mile marker. LWRCC advised me ttihatti ttihe Road Ranger was on scene atti ttihe ttime ttio be asleep atti ttihe wheel when I arrived on scene atti around approximattiely 1:15 AM and observed a grey Lexus ftour door SUV ttihatti was ftacing souttihbound in ttihe norttihbound lanes oft ttihe rightti hand paved shoulder oft ttihe roadway. I observed ttihe driver oft ttihe vehicle atti ttihe ttime ttio be asleep atti ttihe wheel when I arrived on scene. I approached ttihe vehicle and knocked on ttihe driver side windowl knocked several ttimes on ttihe window beftore ttihe driver woke up. I opened up ttihe door ttio see ift ttihe driver was alrightti. As I opened ttihe door, I ordered ttihe driver outti oft ttihe vehicle so he could explain ttio me whatti was going on

2018 NOV -7 AM 7:59

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Report Date / Time	Report Number	Case Number/CAD Number	Reporting Officer Name
11/7/2018 2:10:37AM	FHP99ARR771957	FHPK18OFF081311 / LWRC18CAD201896	KUEBLER, COLE R

Originating Agency ORI	Occurrence Date Time Range	Jurisdiction	Clearance
FL0509000	11/ 7/2018 1:04:14 AM -		

Jail Booking Facility

Booking Date/Time	Booking County	Booking Facility	Booking Facility Phone Number
	PALM BEACH	PALM BEACH COUNTY CORRECTIONS	(561) 688-4400

Booking Facility Location	Booking Number
3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406	

Booking Comments

Court

Court County	Court Location
PALM BEACH	3188 PGA BLVD. PALM BEACH GARDENS, FL 33410

Court	Court Phone	Court Appearance Date / Time	Court Fine
PALM BEACH NORTH COUNTY COURTHOUSE	561-624-6608	11/28/2018 8:30AM	

Comments

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name	Officer Rank	Officer ID No
KUEBLER, COLE R	TROOPER	4183

Officer Agency
FLORIDA HIGHWAY PATROL

Officer Signature 

Sworn and subscribed before me, the undersigned authority
This the 7 day of November, 2018
DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER



Approving Supervisor

Officer Name	Officer Rank	Officer ID No	Officer Agency

Officer Signature

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 11/07/2018

Date of Last Agency Inspection: 10/19/2018
Observation Period Began: 03:05
Subject's Name: OMAR A HAMMAD DOB: 02/28/1986 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	03:32
Air Blank	0.000	03:33
Control Test	0.080	03:33
Air Blank	0.000	03:34
Subject Sample #1	0.119	03:34
Air Blank	0.000	03:35
Air Blank	0.000	03:37
Subject Sample #2	0.117	03:38
Air Blank	0.000	03:39
Control Test	0.081	03:39
Air Blank	0.000	03:40
Diagnostics Check	OK	03:40

Cylinder Lot: 05218080A3
Exp: 05/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I PARIS D POUND, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 11/07/18
Signature

Sworn to (or affirmed) before me this 7th day of November, 2018

_____ Tep. C. Kuebler
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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TESTING FACILITY TASK REPORT

AGENCY: FHP A

SUBJECT: HAMILAD OMAR A CASE NUMBER: 15-191425

DATE: 11/7/15 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0329 ENDING TIME: 0342

BREATH TESTS RESULTS: 1) .119 TIME 0334 (A.M.)/P.M. 2) .111 TIME [illegible] A.M./P.M.

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

BREATH OPERATOR: P POWELL # 2467

MAINTENANCE TECHNICIAN: J. KAKECKI # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCURED

ATTITUDE: CALM QUIET

CLOTHING: BLUE JEANS WHITE T-SHIRT BLUE SNEAKERS

MEDICAL CONDITIONS: SEE NOTICES

MEDICATIONS: NONE

OTHER: EYES GLASSY AND BLOODSHOT

COMMENTS: -ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 0305 HRS

A. AGREED TO TAKE TEST

A/O. READ RIGHTS

A. STATED HE UNDERSTOOD RIGHTS.

TECH. READ RESULTS

A. STATED HE UNDERSTOOD RESULTS

A. REFUSED QUESTIONS.

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SUBJECT: HAMMAD, OMAR A CASE NUMBER: _____

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

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SUBJECT: HAMMAD, OMAR A CASE NUMBER: _____

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: _____

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

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REVIEW COMPLETED BY

Booking Number: 2018037223	**Date:** 11/07/2018
	Specialist Name/ID: LR/ #6673