

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

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

OBTS Number	Agency ORI Number		Agency Name Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 18-000579	
Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type 1. Yes 2. No 2	
Location of Arrest (Including Name of Business) 139 North County Road		Location of Offense (Business Name, Address) 139 North County Road Palm Beach, FL 33480		Multiple Clearance Indicator UNK		
Date of Arrest 04/18/2018	Time of Arrest 0016	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 139 North County Road palm beach, FL 33480

Name (Last, First, Middle) Malmquist Jr, Paul J		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian	Sex M	Date of Birth 06/20/1984	Height 509	Weight 190	Eye Color blue	Hair Color bro	Complexion fair	Build medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status Single	Religion NONE	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 2205 Spring Harbor Dr Apt P		(City) Delray Beach	(State) FL	(Zip) 33445	Phone (561) 353 8725	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Address Source FL DL		
D/L Number, State M452690842200 FL		Soc. Sec. Number		INS Number	Place of Birth (City, State) Manhasset, NY		Citizenship US	

Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <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"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent	Name (Last)	(First)	(Middle)	Residence Phone		
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)			(City)	(State)	(Zip)
<input type="checkbox"/> Other:				(City)	(State)	(Zip)

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
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.		School Attended	
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property	

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. Amphetamines	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description D.U.I.		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #		Bond		
Drug Activity N	Drug Type N	Amount / Unit	Offense # 18-000579	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) 3228 Gun Club Rd., West Palm Beach, FL	
Court Date and Time Month MAY Day 10 Year 2018 Time 8:30 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 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

HOLD for other Agency Name:	Signature of Arresting Officer X	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Name of Arresting Officer (Print) Aaugustin I.D. # 1100003	(PRINT)
Intake Deputy I.D. # Pouch #	Transporting Officer Aaugustin ID # 1100003 Agency PBPD	Witness here if subject signed with me

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF April, 20 18, AT 1140 AM PM

SUBJECT: Malmquist Jr, Paul J CASE NUMBER: 18-000579

AGENCY: Palm Beach Police Department ARRESTING OFFICER: Augustin

PERSONAL CONTACT

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

Traffic stop for swerving between lane, slow speed, and improper turn.

OBSERVATION OF DRIVER:

Slurred speech. Was unable to retrieve registration.

DRIVER'S STATEMENTS:

Stated he could not perform the tasks because he was "a little fucked up".

ODORS:

Unknown alcoholic beverage was emanating from his person.

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Unaware of what was happening**

CLOTHING: **Dress Shirt and Slacks.**

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

Augustin

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of April, 20 18 by _____

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

FILING PACKAGE RECEIPT FORM

Check One:

- DHSMV - Bureau of Driver Improvement Hearing Office
- State Attorney's Office D.U.I. Intake
- Felony/Misdemeanor Filing Documentation

Case Number: 18-000579

Defendant: Malmquist Jr, Paul J

Officer: Augustin ID, # 1100003

District: Patrol

Date Submitted: _____

Sent By: Aaugustin

Supervisor Approval: _____

Received By Court Liaison: _____

Date/Time Received: _____

FILING PACKAGE LOGGED BY LIAISON
ON DATE AND TIME LISTED ABOVE

RETURN THIS ORIGINAL RECEIPT TO OFFICER

SUBJECT: Malmquist Jr, Paul J

CASE NUMBER 18-000579

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Eyes glassy and bloodshot. Extreme swaying of body while speaking.

WALK & TURN

Could not keep balance during instruction stage. Missed heel to toe on multiple steps. Stepped off line multiple times. Improper turn.

ONE LEG STAND:

Used arms for balance, put foot down, swayed back and forth, slow counting (counted to 1011 in a 30 second time period).

FINGER TO NOSE:

Started before being told to do so. Used wrong hand for test. Swayed back and forth.

ROMBERG ALPHABET:

Swayed back and forth more than two inches. Incorrectly recited the alphabet (started at A and stopped at S).

BREATH TEST RESULTS: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

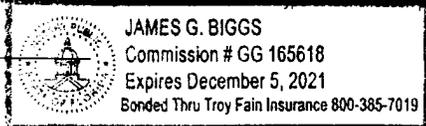
Augustin

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of April 2018 by _____

(Print name of Arresting/Investigative Officer), who is personally known to me and for production of identification produced _____

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



SCANNED
APR 19 2018
APR 19 2018

WITNESS LIST

CASE NUMBER: 18-000579

ARRESTING OFFICER: Augustin

ADDRESS: 345 S. County Rd Palm Beach FL, 33480

PHONE NUMBERS (HOME): (561)838-5454 (WORK) _____

CAN TESTIFY TO: Arrest

NAME: G. Dasilva

ADDRESS: 345 S. County Rd. Palm Beach FL, 33480

PHONE NUMBERS (HOME) (561)838-5454 (WORK) _____

CAN TESTIFY TO: Arrest

NAME: C. Machate

ADDRESS 345 S. County Rd. Palm Beach FL, 33480

PHONE NUMBERS (HOME) (561)838-5454 (WORK) _____

CAN TESTIFY TO: SFST

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: _____

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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: _____

NOT A CERTIFIED COPY

SCANNED
APR 19 2018

SUBJECT: _____ 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.

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APR 19 2018

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: _____ CASE NUMBER: 18-10005777

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 _____

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: _____

SCANNED
APR 19 2018